CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

REQUEST FOR APPLICATIONS

RFA P-10-PET1

Health Care Professional Education and Training

2009–2010

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1. ABOUT CPRIT

The State of Texas has established the Cancer Prevention and Research Institute of Texas (CPRIT); CPRIT may issue $3 billion in general obligation bonds over 10 years to fund grants for cancer research and prevention.

CPRIT is charged by the Texas Legislature to:

- Create and expedite innovation in the area of cancer research, thereby enhancing the potential for a medical or scientific breakthrough in the prevention of cancer and cures for cancer;
- Attract, create, or expand research capabilities of public or private institutions of higher education and other public or private entities that will promote a substantial increase in cancer research and in the creation of high-quality new jobs in this State; and
- Continue to develop and implement the Texas Cancer Plan by promoting the development and coordination of effective and efficient statewide public and private policies, programs, and services related to cancer and by encouraging cooperative, comprehensive, and complementary planning among the public, private, and volunteer sectors involved in cancer prevention, detection, treatment, and research.

2. EXECUTIVE SUMMARY

Cancer is the second leading cause of death in the United States and Texas. Several types of cancer can be prevented, and the prospects for surviving cancer continue to improve. CPRIT will foster prevention of cancer in Texas by providing financial support for a wide variety of projects relevant to cancer prevention, risk reduction, early detection, and survivorship. This RFA solicits applications for health care professional education on prevention, early detection, and survivorship of cancer. The target audience is healthcare professionals involved in cancer outreach, care, and treatment, including but not limited to physicians, nurses, dentists, physician's assistants, pharmacists, physical therapists, social workers, psychologists, and nutritionists. The ultimate goal is to increase the number of people who improve their health behaviors related to the prevention of cancer, obtain recommended cancer screening tests, have cancers detected at earlier stages, and improve their quality of life if they are survivors of cancer.

3. FUNDING OPPORTUNITY DESCRIPTION

3.1. Program Objectives

Background: It is estimated that 97,847 persons will be diagnosed with cancer and 37,285 persons will die from cancer in Texas during 2009[1]. The risk of developing many cancers can be reduced by personal behavior changes; e.g., smoking cessation, improved nutrition, and increased physical activity. Some cancers can be prevented if tissue changes are detected early and the tissues are removed at a precancerous stage; e.g., precancerous colon polyps or precancerous changes in cervical tissue. Research has shown that several types of cancer can be "cured" if detected during early stages of development and treated promptly and appropriately. Other cancers can be controlled for many years with appropriate treatment and support services. Education and awareness are key to changing personal behaviors that lead to cancer prevention, risk reduction, and early detection.

Objectives and Scope: CPRIT's Health Care Professional Education and Training Program will focus on the delivery of education for healthcare providers that is designed to improve practice behaviors related to primary and secondary prevention of cancer as well as cancer survivorship issues. One of the strongest predictors of whether a person will receive recommended screenings for cancer is whether his/her healthcare professional recommends it [2,3]. Some examples from research on the role of the healthcare professional indicate that smoking cessation advice given by physicians or nurses increases abstinence rates and that physician advice has modest affects on patient diet, increases the proportion of women who have a mammogram, and may increase the proportion of women who have a PAP smear [4].

Educational programs proposed under this RFA should clearly describe the need for the program based on the target audience's current level of knowledge and practice behaviors, and provide a baseline of knowledge and practice behavior from which to measure change. In addition, the applicant should describe why the proposed program is not otherwise available or easily accessible to the target audience (nonduplicative).

This RFA seeks to fund projects that employ instructional methods based on established adult learning principles. Multicomponent educational interventions have consistently been shown to be more likely to result in behavior change than single-component interventions. Less active

interventions, such as conferences, medical journals, or mailed clinical practice guidelines, have not been shown to be effective in changing provider behavior (*Diffusion and Dissemination of Evidence-based Cancer Control Interventions*. Summary, Evidence Report/Technology Assessment: Number 79. AHRQ Publication Number 03-E032, May 2003. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/clinic/epcsums/canconsum.htm). Healthcare provider education may include efforts aimed at primary prevention (e.g., education on vaccine-conferred immunity to human papillomavirus or on modifiable lifestyle factors, such as smoking cessation) and secondary prevention; e.g., age-appropriate screening guidelines. Provider education efforts may also include tertiary prevention; e.g., survivorship issues, such as physical rehabilitation, pain control, and social and emotional health.

Examples of topics for professional education include but are not limited to:

- Primary Prevention: Counseling patients on primary preventive measures (e.g., smoking cessation, healthy diet, physical activity, vaccine-conferred immunity to human papillomavirus);
- Secondary Prevention: Patient risk assessment, screening guidelines, and techniques to improve patient compliance; and
- Tertiary Prevention: Addressing patients' quality of life and survivorship issues; e.g., physical rehabilitation, pain control, and social and emotional health.

Applicants may also propose to evaluate the effectiveness of different methods and strategies of professional education. However, prevention research will not be funded through this award mechanism. Prevention research projects should be submitted in response to CPRIT's Research RFAs. Refer to the Centers for Disease Control and Prevention's document titled *Guidelines for Defining Public Health Research and Public Health Non-Research* as guidance in defining prevention research and nonresearch: (http://www.cdc.gov/od/science/regs/hrpp/researchDefinition.htm).

3.2. Award Description

3.2.1. Priority Areas

Priority will be given to applications that propose innovation in the delivery of evidence-based and needs-based professional education on primary prevention, early detection, and

survivorship of cancer; leveraging of existing resources; and capability to measure patient and healthcare provider outcomes. CPRIT's priority for screening/early detection is on breast, cervical, and colorectal cancer. Healthcare providers include but are not limited to physicians, dentists, psychologists, nurses, physician's assistants, pharmacists, physical therapists, social workers, and nutritionists.

Priority will also be given to proposals that target hard-to-reach provider populations, such as rural- and community-based providers who may not have ready access to continuing medical education or national meetings, as well as healthcare professionals who care **primarily** for populations who are disproportionately affected by cancer. Priority populations include, but are not limited to, underinsured and uninsured individuals age 50 and older, especially those who have not been recently screened; geographically or culturally isolated populations; medically unserved or underserved populations; racial, ethnic, and cultural minority populations; and any other populations with low screening rates, high incidence rates, and high mortality rates.

3.2.2. Outcome Metrics

The applicant will be expected to describe the desired outcomes and report final outcome measures for the project. Applicants must evaluate changes in healthcare provider knowledge and performance after the program. This will require followup after the program. Applicants that can demonstrate the impact on patient health behaviors in taking preventive measures will have a competitive advantage in the review process. Applicants should describe their assessment and evaluation methodology and provide baseline data describing how funds from the CPRIT grant will improve outcomes over baseline. Applicants providing baseline data will be more competitive, but in the case where no baseline data exists for the target population, the applicant should present clear plans to collect the baseline data at the beginning of the proposed project.

Specific patient and provider outcomes to be measured will depend on the objectives of each project; however, outcome metrics may include, but are not limited to, the following:

Provider Outcomes

- Knowledge increase

- The increase over baseline of healthcare providers' knowledge and ability to counsel patients on preventive measures such as screening guidelines, healthy lifestyles, tobacco cessation, and available prevention services; and
- The increase over baseline of healthcare providers' knowledge of cancer survivorship issues and services.

- Provider practice improvement or behavior change
  - The increase over baseline of healthcare providers who counsel their at-risk patients about tobacco use and cessation, healthy lifestyles, cancer screenings, etc.; and
  - The increase over baseline of healthcare providers who address patients' postdiagnosis issues, including counseling and referral to survivorship programs and services.

Patient Outcomes

- An increase over baseline of priority patient populations who take preventive measures after receiving counseling from healthcare provider; and
- An increase over baseline of improvements in quality-of-life measures for survivors of cancer.

3.3. Eligibility

3.3.1. Institutional Applicant

- The applicant must be a Texas-based entity, including a public or private institution of higher education, health institution, university, government organization, nongovernmental organization, other public or private company, or an individual residing in Texas.
- The applicant must designate a single Program Director (PD) who will be responsible for the overall performance of the funded project. The PD may submit more than one application under this RFA during this funding cycle, provided that each application is for a distinctly different program.
- Collaborations are permitted and encouraged, and collaborators may or may not reside in Texas. However, collaborators who do not reside in Texas are not eligible to receive CPRIT funds. Collaborating organizations may include public, not-for-profit, and for-profit entities. Such entities may be located outside of the State of Texas, but non–Texas-based organizations are not eligible to receive CPRIT funds.

- CPRIT grants will be awarded by contract to successful applicants. CPRIT grants are funded on a reimbursement-only basis. Certain contractual requirements are mandated by Texas law or by administrative rules. Although the applicant need not demonstrate the ability to comply with these contractual requirements at the time the application is submitted, applicants should make themselves aware of these standards before submitting a grant application. Significant issues addressed by the CPRIT contract are listed in Section 7. All statutory provisions and relevant administrative rules can be found at www.cprit.state.tx.us.

3.3.2. Program Management

- The PD must have relevant educational background and an appropriate level of education as well as management experience suitable for the proposed project. The PD must reside in Texas during the time the project that is the subject of the grant is conducted.
- The educational program must be delivered or taught by qualified persons with demonstrated expertise in professional education and the field of cancer prevention and/or survivorship.
- The evaluation of the project must be headed by a professional who has demonstrated expertise in the field (e.g., outcomes measurement, statistics) and who resides in Texas during the time the project is conducted.

3.4. Funding Information

Applicants may request up to $300,000 in direct costs for up to 24 months. It is anticipated that the educational program would be delivered in the first 12 to 18 months, with the remaining time used to follow up to identify changes in provider and patient outcomes. Because of the nature of this funding mechanism, renewal applications will not be accepted. Grant funds may be used for salary and fringe benefits, supplies, equipment, and travel of project personnel to project site(s). Requests for funds for travel to professional meetings are not appropriate for this funding mechanism nor are requests for funds to support construction, renovation, or any other infrastructure needs.

Applicants should be aware that Texas law limits the amount of indirect costs that may be funded by CPRIT grants. Guidance regarding indirect cost recovery can be found in the administrative rules proposed by CPRIT. While State law does not specifically address a limit on

indirect cost recovery for CPRIT-funded prevention programs, it is CPRIT's policy not to allow recovery of indirect costs for prevention programs except under exceptional circumstances. The rules and the statute can be found at www.cprit.state.tx.us.

4. KEY DATES

RFA release	December 7, 2009
Online application opens	December 18, 2009
Application due	March 1, 2010, 3 p.m. Central Time
Application review	April to May 2010
Award notification	June 2010
Anticipated start date	September 1, 2010

5. SUBMISSION GUIDELINES

5.1. Online Registration

Applications will be accepted beginning at **7 a.m. Central Time on December 18, 2009** and must be submitted via the CPRIT Application Receipt System (https://CPRITGrants.org). **Only applications submitted at this portal will be considered eligible for evaluation.** All applicants must register a user name to start and submit an application.

5.2. Application Submission Deadline

All applications must be submitted by 3 p.m. Central Time on March 1, 2010**.**

5.3. Application Components

Applicants are advised to follow all instructions to ensure accurate and complete submission of the online application.

5.3.1. Contact Information

Enter all required applicant and Application Signing Official (ASO) information along with the application title. In addition to the PD, an ASO (a person authorized to sign for the organization) will need to create an account in CARS. There are two different roles/accounts required (one for the PD and a separate one for the ASO) in order to submit the proposal.

5.3.2. Abstract (3,000 characters)

Clearly explain the problem to be addressed, the need for this education, and the approach(es) to be used in addressing the problem(s). Describe the need that the proposed project will address and how the project will overcome the barriers. Clearly outline the goals and/or specific aims of the program, the population that will be served, estimated number of individuals served, and specific educational services that will be provided as a part of the program.

5.3.3. Significance (3,000 characters)

Clearly address how the proposed project, if successful, will have a major impact on the field of cancer prevention and how the impact will be measured. Summarize how the proposed education effort is innovative in the delivery of evidence-based and needs-based professional education.

5.3.4. Project Plan (15 pages; applicants may submit fewer than the maximum number of allowed pages)

Background: Briefly present the rationale behind the proposed project, emphasizing the pressing problem in cancer prevention that will be addressed and how the project will have a major impact on changing healthcare providers' and patients' behaviors to prevent cancer, reduce the risk of cancer, or improve the quality of life for survivors within a relatively short timeframe (2 years). Clearly demonstrate the ability to complete the proposed project, and describe how results will be improved over baseline knowledge and practice behaviors. Clearly demonstrate the ability to reach the target population. **Specific Aims:** Concisely state the specific aims that will be pursued and the target population.

Components of the Project: Clearly describe the need, educational design, delivery method, and evidence base for the method selected as well as instructors and anticipated results. Describe why this project is nonduplicative or unique.

Evaluation Strategy: Describe the impact on ultimate outcome measures (e.g., reduction of cancer incidence, mortality, and morbidity) and interim outcome measures (e.g., increase of the proportion of individuals receiving cancer screening counseling from their healthcare providers) as outlined in Section 3.2.2. Describe the plan for outcomes measurement, including data collection and management methods, statistical analyses, and anticipated results. Evaluation and reporting of outcomes are critical components of this RFA and must be headed by a

professional who has demonstrated expertise in the field. Applicants should budget accordingly for the evaluation activity.

5.3.5. Supplemental Documents

References: Provide a concise and relevant list of references cited for the application. The successful applicant will provide referenced evidence of need and literature support for the proposed education and outreach methods.

Budget and Justification: Provide a brief outline and justification of the budget for the entire proposed period of support, including salaries and benefits, supplies, equipment, other expenses, and indirect costs. Equipment having a useful life of more than 1 year and an acquisition cost of $5,000 or more per unit must be specifically approved by CPRIT (approval requests will be processed after successful applicants are notified). CPRIT funds will be distributed on a reimbursement basis. (See the Instructions for Applicants document for budget guidance.) Applications requesting more than $300,000 (total costs) will be administratively withdrawn from consideration.

Biographical Sketches: The PD should provide a biographical sketch that describes his or her education and training, professional experience, awards and honors, and publications and/or involvement in health education programs relevant to cancer prevention and/or service delivery. Up to four additional biographical sketches for key personnel may be provided. Each biographical sketch must not exceed two (2) pages.

Current and Pending Support: For all current and pending awards/grants for this education program, provide the funding source, amount, duration, title, and a two-line summary of the goal/use of the funds, including expected revenue from registration fees, exhibits, etc. Current and pending support may be reported for the PD and other key personnel on an individual basis or on an organizational level for the applicant. If relevant, also describe how the CPRIT funds will extend or complement other awards. Applicants are encouraged to demonstrate how other resources from State, Federal, nonprofit, and other sources will be leveraged.

Letters of Support: Applicants should provide letters of support from community organizations, key faculty, or any other component essential to the success of the program. For example, if the goal is to provide education to rural, community-based providers, the applicant should provide letters of support demonstrating connections with the targeted population.

Applications that are missing one or more of these components; exceed the specified page, word, or budget limits; or do not meet the eligibility requirements listed above will be administratively rejected without review.

6. APPLICATION REVIEW

6.1. Outline

All eligible applications will be reviewed using a two-stage process: (1) Peer review, and (2) programmatic review. In the first stage, applications will be evaluated by an independent review panel using the criteria listed below. In the second stage, applications judged to be most meritorious by review panels will be evaluated and recommended for funding by the CPRIT Prevention Review Council based on comparisons with applications from all of the merit review panels and programmatic priorities. Each stage of application review is conducted completely confidentially, and all panel members are required to sign nondisclosure statements regarding the contents of the applications. All panel members will be non–Texas residents and operate under strict conflict-of-interest prohibitions. Under no circumstances should institutional personnel and/or individual applicants initiate contact with any member involved in the peer review process (with the exception of members of the CPRIT Prevention Review Office) regarding the status or substance of the application. Violations of this prohibition will result in the administrative withdrawal of the application.

6.2. Review Criteria

Peer review of applications will be based on primary scored criteria and secondary unscored criteria, listed below. Review panels will evaluate and score each primary criterion and subsequently assign a global score that reflects an overall assessment of the application. The overall assessment will not be an average of the scores of individual criteria; rather, it will reflect the reviewers' overall impression of the application.

6.2.1. Primary Criteria

Primary criteria will evaluate the impact on public health, potential to demonstrate outcomes, and innovation of the proposed work. Concerns with any of these criteria potentially indicate a major flaw in the significance and/or design of the proposed project.

Impact and Innovation

- Does the project address an important problem? Does clear evidence exist of the need for this professional education, and can that professional education effectively address the need?
- Will the project ultimately make a difference in cancer incidence, mortality, and/or quality of life? Has the application demonstrated how the impact on cancer incidence, mortality, and/or quality of life are linked to the proposed educational project?
- Is project is original and innovative? For example, does the project challenge existing paradigms or address a critical barrier? Does the project develop or employ novel concepts, approaches, and educational methodologies for this area?
- Is the proposed program nonduplicative? That is, does the application demonstrate knowledge of similar resources that are available and avoid duplication of effort? Is the program/content not readily available from other sources for this population?
- Does the project leverage resources and partners to maximize reach of the proposed goals?

Organizational Capacity and Feasibility

- Are the proposed objectives and activities feasible within the duration of the award? Has the application convincingly demonstrated the length of time to impact behavior change of the provider and patient population?
- Is the program design supported by established theory and practice?
- Does the organization have clearly described strategies and the ability to access the target audience?
- Does the organization demonstrate competence of the subject area and credibility with the target audience?
- Does the organization have the necessary resources and infrastructure for the evaluative portion of the project?
- Does the track record and the internal organizational position of the PD support the proposed project and expected outcomes?

Target Population

- Does the application target hard-to-reach provider populations (e.g. rural providers who do not have access to academic center CME, national meetings, etc.), those with direct patient contact, and those with the potential to change patient behaviors?
- Is the target population clearly described, including, but not limited to, their roles and specific educational needs? Are barriers to access to education clearly described and addressed?

Outcomes Evaluation

- Does the applicant provide a clear plan to demonstrate an impact on provider outcomes; i.e., changes in knowledge and in performance/behavior after the program?
- Does the applicant provide a clear plan to demonstrate a potential impact on patient care/prevention interventions?
- Are the proposed outcome measures appropriate for the project, and are the expected changes significant?
- Do clear baseline data exist for the target population, or are clear plans included to collect baseline data at the beginning of the proposed project?
- Does the project provide a clear and appropriate plan for data collection and management, statistical analyses, and interpretation of results?

6.2.2. Secondary Criteria

Secondary criteria contribute to the global score assigned to the application.

Budget: Is the budget appropriate for the scope and/or educational services of the proposed work? Is the cost per person served appropriate and reasonable? Is it a good investment of Texas' public funds?

Potential for Replication: Does the program lend itself to replication by others in the State? If so, does the program describe a plan for doing so?

Personnel: Do project personnel have the needed expertise, facilities, and resources to accomplish all aspects of the proposed project? Are the levels of effort of the key personnel appropriate?

Collaborations: If collaborations or partnerships are proposed, are they complementary? Do they add value to the project?

7. AWARD ADMINISTRATION

Texas law requires that CPRIT awards be made by contract between the applicant and CPRIT. Award negotiation will commence once the applicant has accepted an award. Texas law specifies several components that must be addressed by the award contract, including needed compliance and assurance documentation, confirmation of the negotiated indirect rate agreement, budgetary review, and terms relating to intellectual property rights. These contract provisions are specified in CPRIT's administrative rules, which are available at www.cprit.state.tx.us. All CPRIT awards will be made to institutions, not to individuals. If the PD changes institutional affiliation during the time period of the award, a written request must be submitted to CPRIT to transfer the award to the new institution. If the award is not transferred, the applicant institution may be required to provide evidence of the qualifications of the new PD in order to maintain awarded funding.

CPRIT requires the PD of the award to submit annual progress reports. These reports summarize the progress made toward project goals and address plans for the upcoming year. In addition, fiscal reporting and reporting on selected metrics will be required per the instructions to award recipients. Failure to provide timely and complete reports will constitute an event of default of the award contract, which may result in the early termination of the CPRIT award, reimbursement to CPRIT of award funds, and cessation of future funding. Forms and instructions will be made available at the www.cprit.state.tx.us.

8. CONTACT INFORMATION

8.1. HelpDesk

HelpDesk support is available for questions regarding user registration and online submission of applications. Queries submitted via e-mail will be answered within 1 business day. HelpDesk staff are not in a position to answer questions regarding the scope and focus of applications.

Dates of Operation: December 18, 2009 to March 1, 2010

Hours of Operation: 8 a.m. – 5 p.m. Central Time

Tel: 866-973-6661

E-mail: PreventionHelp@CPRITGrants.org

8.2. Program Questions

Questions regarding the CPRIT program, including questions regarding this or other funding opportunities, should be directed to the CPRIT Prevention Review Office:

Tel: 512-305-8419

E-mail: PreventionHelp@CPRITGrants.org

Web: www.cprit.state.tx.us

9. REFERENCES

1. Cancer Epidemiology and Surveillance Branch, Texas Department of State Health Services, January, 2009

2. Subramanian S, Klosterman M, Amonkar MM, and Hunt TL : Adherence with colorectal cancer screening guidelines: a review, Prev Med. 2004 May;38(5):536-50

3. Klabunde CN, Vernon SW, Nadel MR, Breen N, Seeff LC, and Brown ML. Barriers to colorectal cancer screening: a comparison of reports from primary care physicians and average-risk adults. Med Care. 2005 Sep;43(9):939-44.

4. Diffusion and Dissemination of Evidence-based Cancer Control Interventions. Summary, Evidence Report /Technology Assessment: Number 79. AHRQ Publication Number 03-E032, May 2003. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/clinic/epcsums/canconsum.htm