Cancer Control Research in Persistent Poverty Areas (U54)

https://grants.nih.gov/grants/guide/rfa-files/RFA-CA-22-015.html

RFA Goals:

- Provide resources to support transdisciplinary teams, in collaboration with institutions, clinics, and communities/tribes, to develop a cancer prevention and control research program, and provide support to early-career investigators, focusing on populations living in persistent poverty areas
- To build capacity in persistent poverty areas to foster cancer prevention and control research and promote the implementation of programs and practices in communities to alleviate the effects of persistent poverty

Q: Could an individual who is not on the faculty serve as a multi-PI, core co-lead, or project co-lead on the grant?

Yes, there are no restrictions, but applicants should be clear on how you will coordinate activities and communicate

Q: Could a multi-PI also co-lead a research project?

Yes they can

Q: Requirements for PI effort?

Following P01 Guidelines (minimal effort): https://grants.nih.gov/grants/guide/notice-files/NOT-CA-21-096.html

Q: Do all projects need to be in one poverty area? Do the census tracts have to be contiguous?

No, project can can be from different sites/states, and the census tracts do not have to be contiguous

Q: Is it acceptable to include pre-doc and post-doc training stipends in the budget?

Yes this is acceptable

Q: Is it acceptable to include funds for training community partners?

Yes this is acceptable

Q: What is amount to set aside for the two Developmental Projects?

The set aside for the Developmental Projects is 15% of $1.5 million (direct cost) per year for the entire project period

Q: What is the intent of the pilot/developmental projects?

Specific pilot projects and details should not be included in the application, as these are decided upon after the Centers are awarded. Applicants should provide general types/attributes of anticipated pilot projects. The goal for the pilot projects is that they are to be responsive to emerging needs of the community/clinics. It can be small (Max $225k/year for both) and/or be supplemented with other funds.

NIH NATIONAL CANCER INSTITUTE
Division of Cancer Control & Population Sciences

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Q: Wouldn't it make sense to name the people selected for the Community Advisory Board (CAB) if they are true partners?

The reason for not naming community members is that the pool for review is small, and when members are named, it becomes very difficult to find reviewers

Q: Do the clinics need to physically be located in a PP CT, only participants with an address in a PP tract be eligible for the study, or both?

Since the RFA's focus is on PP populations - researchers should enroll only those populations residing in PP census tracts. Clinics do not have to be located in a PP CT.

Q: Given that partnerships with community clinics is such a critical part of this center, is it acceptable to propose its own dedicated community outreach and engagement core?

You can propose a COE core, it depends on your projects and aims – and the kind of integration and coordination you need for the entire center

Q: Please explain the restrictions on studying various racial/ethnic groups.

The point is not to develop one 'standard' intervention for all races. One could have 'similar' interventions that are adapted for cultural/contextual relevance, where the process of implementation etc. are different but the outcomes comparable. You can target just one racial group, and there is no need for a white comparator group.

Q: What are the details regarding the additional Developmental Core option?

The Center may propose one additional Core (that is not required) such as a community outreach and engagement core if it is well described on how it will integrate with the entire Center. The additional core is held to the same page limit as the other cores (6 pages).

Q: Do we have to partner with a cancer center, or develop a cancer control plan?

No, you do not have to partner with a cancer center nor have to develop a cancer control plan. We encourage those working with a cancer center to work in areas outside of your catchment area.

Q: Would an intervention targeted at cancer-related health behavior change be considered responsive?

Yes, this would be considered responsive.

Q: Will reviewers see the entire proposal, or will different sets of reviewers review different cores?

Multiple reviewers (typically 3) will be assigned to review and score the entire application

Q: Does the PI or MPI have to also lead a project?

No, they do not

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Q: How important is the LOI?

The LOI is optional, but helps with ensuring the appropriate expertise is represented at the review.

Q: The RFA talks about innovative methods - please explain what you are seeking

The innovation could include adopting methods for small samples, developing interventions that measure and target institutional and structural changes to improve cancer outcomes, measuring the social context and incorporating those into the interventions, etc.

Q: What are the important dates to remember?

Application Due Date	July 6, 2022
Letter of Intent Due Date	30 days prior to application due date (June 6, 2022)
Scientific Merit Review	October 2022
Advisory Council	January 2023

Additional Resources:

NIH Guide Notice for the RFA: *https://grants.nih.gov/grants/guide/rfa-files/RFA-CA-22-015.html*

FAQ is available on the DCCPS website: *https://cancercontrol.cancer.gov/hdhe/research-emphasis/underserved-areas#poverty*

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