CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

REQUEST FOR APPLICATIONS

RFA P-14-CCE-1

Competitive Continuation/Expansion

Please also refer to the "Instructions for Applicants" document, which will be posted December 19, 2013

Application Receipt Opening Date: December 19, 2013
Application Receipt Closing Date: February 27, 2014

FY 2014

Fiscal Year Award Period

September 1, 2013–August 31, 2014

CLOSED

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RFA VERSION HISTORY

Rev 12/9/13 RFA release

Rev 1/15/14 Revised Section 5.2.7, CPRIT Grants Summary

This form will not require listing all prior CPRIT funding to the organization; only prior CPRIT funding to the PD or Co-PD of the application is required. Section text has been revised by deleting "organization" from the sentence to now read: "This form must be completed if the PD or Co-PD has previously received CPRIT funding."

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1. ABOUT CPRIT

The State of Texas has established the Cancer Prevention and Research Institute of Texas (CPRIT), which may issue up to $3 billion in general obligation bonds 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 and in enhancing the potential for a medical or scientific breakthrough in the prevention of or 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 the State of Texas; and
- Develop and implement the Texas Cancer Plan.

2. FUNDING OPPORTUNITY DESCRIPTION

2.1. Summary

The ultimate goals of the CPRIT Prevention Program are to reduce overall cancer incidence and mortality and to improve the lives of individuals who have survived or are living with cancer. The ability to reduce cancer death rates depends in part on the application of currently available evidence-based technologies and strategies. CPRIT will foster the primary, secondary, and tertiary prevention of cancer in Texas by providing financial support for a wide variety of evidence-based projects relevant to prevention through risk reduction, early detection, and survivorship.

This **Competitive Continuation/Expansion (CCE)** RFA solicits applications seeking to continue or expand projects previously or currently funded under Evidence-Based Prevention Services, and Health Behavior Change Through Public and/or Professional Education mechanisms. **This award mechanism is open only to previously or currently funded CPRIT prevention projects.**

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The proposed projects must continue to provide evidence-based interventions in at least one of the following cancer prevention and control areas:

- Primary cancer prevention (e.g., vaccine-conferred immunity, promoting healthier diets, avoidance of alcohol misuse, enhancing physical activity, and sun protection)
- Secondary prevention (e.g., screening/early detection for breast, cervical, and/or colorectal cancers)
- Tertiary prevention (e.g., survivorship services such as physical rehabilitation/therapy, psychosocial interventions, navigation services, palliative care)

Project activities include, but are not limited to, public education, professional education, clinical service delivery, and include systems/policy change as described in the RFAs under which the initial projects were funded.

CPRIT strongly encourages expansion of current projects into geographic areas not well served by the CPRIT portfolio (see maps at http://www.cprit.state.tx.us/prevention/cprit-portfolio-maps/), especially rural areas, or subpopulations of urban areas that are not currently being served.

There are four types of CCE applications: CCE-Health Behavior Change Through Public Education (PubEd); CCE-Health Behavior Change Through Professional Education (ProfEd); CCE-Health Behavior Change Through Public and Professional Education (PPE); and CCE-Evidence-Based Cancer Prevention Services (EBP). Complete details of the goals and objectives of each award mechanism for currently or previously funded grants are stated in the individual RFAs (https://cpritgrants.org/Previous_Funding_Opportunities). When in doubt, contact the CPRIT Prevention Program Office (see Section 8.2).

2.2. Program Objectives

CPRIT seeks to fund the following types of projects:

- Evidence-based prevention and survivorship services that will:
  - Address multiple components of the cancer prevention and control continuum (e.g., provision of screening and navigation services in conjunction with outreach and education of the target population as well as healthcare provider education);

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- Offer effective and efficient systems of delivery of prevention services based on the existing body of knowledge about, and evidence for, cancer prevention in ways that far exceed current performance in a given service area (e.g., partnering with other organizations to overcome barriers in order to make delivery systems more efficient and accessible to the target population);
- Offer systems and/or policy changes that are sustainable over time (e.g., development of processes such as reminder systems to increase screening rates and adoption of worksite policies supporting screening);
- Provide tailored, culturally appropriate outreach and accurate information on early detection, prevention, and survivorship to the public and/or healthcare professionals that result in a health impact that can be measured; and/or
- Deliver evidence-based survivorship services aimed at reducing the morbidity associated with cancer diagnosis and treatment.

- Public and professional education and outreach that include efforts aimed at:
  - Primary prevention (e.g., delivery of vaccines that reduce the risk of cancer, evidence-based screening and counseling services for behaviors associated with increased cancer risk such as obesity, alcohol misuse, etc.);
  - Secondary prevention (e.g., utilizing risk-appropriate cancer screening guidelines for mammography, colonoscopy, and Pap test); and/or
  - Tertiary prevention (e.g., prevention and detection of new and recurrent cancer as well as interventions for the consequences of cancer and its treatment, such as physical rehabilitation/therapy, psychosocial interventions, survivor care plans, and palliative care services).

2.3. Award Description

CPRIT's **Competitive Continuation/Expansion** grants are intended to fund continuation or expansion of currently or previously funded projects that have demonstrated exemplary success as evidenced by progress reports and project evaluations Detailed descriptions of **results, barriers, outcomes, and impact of the currently or previously funded project are required** (see outline of project plan, Section 5.2.4).

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The **Competitive Continuation/Expansion** award mechanism seeks to fund programs that have achieved outstanding results and that desire to further enhance their impact on their target populations. The proposed program should be designed to reach and serve as many people as possible. The budget should be proportional to the number of individuals served. Partnerships with other organizations that can support and leverage resources are strongly encouraged. **Established infrastructure/processes and fully described prior project results are required.** A coordinated submission of a collaborative partnership program in which all partners have a substantial role in the proposed project is preferred.

The projects proposed under this mechanism should NOT be new projects but should closely follow the intent and core elements of the currently or previously funded project. Improvements and expansion (e.g., new geographic area, additional services, new populations) are strongly encouraged but will require justification. Expansion of current projects into geographic areas not well served by the CPRIT portfolio (see maps), especially rural areas, or subpopulations of urban areas that are not currently being served will receive priority consideration. CPRIT expects measurable outcomes of supported activities, such as a significant increase over baseline (for the proposed service area). It is expected that baselines will have been established in the currently or previously funded project and that there is an expectation of continued improvement over baseline demonstrated in the current application. However, in the case of a proposed expansion where no baseline data exist for the target population, the applicant must present clear plans to collect the data necessary to establish a baseline at the beginning of the proposed project. Applicants must demonstrate how these outcomes will ultimately impact cancer incidence, mortality, morbidity, or quality of life.

CPRIT also expects that applications for continuation or expansion **will not** require startup time, that applicants can demonstrate that they have overcome barriers encountered, and that applicants have identified **lasting systems changes** that improve results, efficiency, and sustainability. Leveraging of resources and plans for dissemination are expected and should be well described.

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Under this RFA, CPRIT **will not** consider:

- **Projects focusing on case management/patient navigation services through the treatment phase of cancer.** While navigation to the point of cancer treatment may be covered when cancer is discovered through a CPRIT-funded project, provision of coordination of care while an individual is in treatment is not a focus of the CPRIT Prevention Program.
- **Projects utilizing State Quitline services.** CPRIT will not entertain applications that seek to restore or expand Department of State Health Services (DSHS) Quitline services that have been reduced from previous funding levels by State agencies. Applicants proposing the utilization of Quitline services should communicate with the Tobacco Prevention and Control program prior to submitting a CPRIT grant application to discuss the services currently offered by DSHS.
- **Treatment of cancer.** While education about treatment options and access to treatment are important in reducing mortality from cancer, this award mechanism **will not provide resources for the treatment of cancer.**
- **Prevention/intervention research.** Research will not be funded through this award mechanism. However, this award mechanism expects rigorous evaluation that will build understanding of and capacity to deliver effective programs through dissemination of findings, particularly from efforts to innovate and adapt evidence-based programs for target populations. Applicants interested in research should review CPRIT's research RFAs (available at http://www.cprit.state.tx.us). Refer to Appendix A for guidance in defining prevention research and cancer prevention and control programs.

2.3.1. Required Services or Interventions

CPRIT requires applicants to deliver evidence-based interventions in at least one of the following cancer prevention and control areas (see Section 2.3.3 for areas of interest).

Clinical Services

- Delivery of vaccines that reduce the risk of cancer
- Evidence-based assessment and counseling services for behaviors established as increasing cancer risk, such as tobacco use, obesity, alcohol misuse, etc.
- Screening and early detection services (e.g., mammography, colonoscopy, Pap test)

CLOSED

- Survivorship services (e.g., physical rehabilitation/therapy, psychosocial interventions, navigation services, and palliative care services)

CPRIT considers counseling services (e.g., tobacco cessation, survivorship, exercise, and nutrition) as clinical services when provided on an individual basis or in small groups.

Applicants are **required** to conceptualize comprehensive projects **or provide a continuum of services** that would increase desired outcomes (e.g., provide colorectal cancer screening services in conjunction with outreach and education of the target population and provide navigation services for follow-up care, if needed). The proportion of the budget allocated to providing direct services will be a consideration when applications are evaluated.

This mechanism **will fund** case management/patient navigation if it is paired with the actual delivery of a clinical service (e.g., human papillomavirus [HPV] vaccination, screening, survivorship service such as physical rehabilitation). Applicants offering screening services must ensure that there is access to treatment services for patients with cancers that are detected as a result of the program. Applicants must describe plans to provide access to treatment services. Applicants offering survivorship services should include an individual needs assessment in addition to the clinical service.

Public and/or Professional Education

- Development and delivery of culturally competent, evidence-based methods of community education, outreach, and support on primary prevention, early detection, and survivorship
- Delivery of education and training for healthcare professionals that are designed to improve practice behaviors and system support related to primary and secondary prevention of cancer as well as cancer survivorship issues that will result in facilitation and sustained behavior change in the patient population

Projects must include active, rather than passive, education and outreach strategies that are designed to reach, engage, and motivate people and must include plans for realistic action and sustainable behavior change. Applicants **must assist participants in obtaining the prevention interventions being promoted** (providing navigation, assisting with scheduling, etc.) **and have a process for tracking participants to document actions taken.**

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Systems and Policy Change

- All projects should address local policy or systems change (e.g., change in healthcare systems, worksites, schools) that can lead to sustainable change in desired health behaviors and/or increase access to and delivery of cancer prevention services (e.g., increase screening rates).
- Projects should address barriers to access and delivery of prevention services by addressing systems, policy, or other changes.

2.3.2. Priority Areas

Types of Cancer: Applications addressing any cancer type(s) that are responsive to this RFA will be considered for funding. However, projects focused on screening will be limited to those anatomic sites for which there is strong evidence of effectiveness (i.e., breast, cervical, and/or colorectal cancers).

Target Populations: Priority populations are subgroups that are disproportionately affected by cancer. Priority populations include, but are not limited to, the following:

- Underinsured and uninsured individuals
- Geographically or culturally isolated populations
- Medically unserved or underserved populations
- Populations with low health literacy skills
- Geographic regions of the State with higher prevalence of cancer risk factors (e.g., obesity, tobacco use, alcohol misuse, unhealthy eating, sedentary lifestyle)
- Racial, ethnic, and cultural minority populations
- Any other populations with low screening rates, high incidence rates, and high mortality rates, focusing on individuals who are significantly out of compliance with nationally recommended screening guidelines:
    - Individuals never before screened for colorectal cancer
    - Women never before screened for cervical cancer or who have not been screened in the past 5 years
    - Women never before screened for breast cancer or who have not been screened in the past 5 years

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Geographic and Population Balance Priority: For applications submitted in response to this announcement, at the programmatic level of review conducted by the Prevention Review Council, priority will be given to projects that target geographic regions of the State and population subgroups that are not adequately covered by the current CPRIT Prevention project portfolio. Applicants applying for **Competitive Continuation/Expansion** awards are encouraged to review the distribution of CPRIT projects when identifying priority areas as well as geographic distribution of the current projects in order to target underserved areas and populations. For other programmatic considerations evaluated by the Prevention Review Council, see Section 6.1. Maps are available by cancer type, primary focus of program (public education, professional education, clinical service, survivor care, and healthy lifestyle/obesity prevention), and counties served for all CPRIT prevention projects active at the time these awards are made and can be accessed at http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control.

2.3.3. Specific Areas of Interest

CPRIT has identified the following areas of interest for this cycle of awards.

A. Primary Preventive Services

Priority will be given to projects that, through evidence-based efforts, address and can positively influence **local policy or systems change** (e.g., change in healthcare systems, worksites, schools) that can lead to **sustainable change in desired health behaviors.**

Tobacco Prevention and Control

CPRIT is interested in applications focused on areas of the State:

- That have higher smoking rates per capita than other areas of the State
- Where funds for tobacco use control efforts are not readily accessible from other sources

HPV Vaccination

CPRIT is interested in applications to increase access to and delivery of the HPV vaccine regimen through evidence-based intervention efforts.[1]

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B. Screening and Early Detection Services

Priority will be given to projects for screening and early detection of colorectal, breast, and cervical cancers.

Colorectal Cancer

- Increasing screening/detection rates in North and East Texas. The highest rates of cancer incidence and mortality are found in East and North Texas. [2,3]
- Decreasing disparities in racial/ethnic populations and rural communities. African Americans have the highest incidence and mortality rates, followed by non-Hispanic Whites and Hispanics.[2,3]
- Decreasing incidence and mortality rates in rural counties. Incidence and mortality rates are higher in rural counties compared with urban counties.[2,3]

Breast Cancer

- Increasing screening/detection rates in rural and medically underserved areas of the State.
- Reaching women never before screened or who have not been screened in the last 5 years, if addressing breast cancer in urban areas.

Cervical Cancer

- Increasing screening/detection rates for women in Texas-Mexico border counties. Women in these counties have a 31 percent higher cervical cancer mortality rate than women in nonborder counties.[2,3]
- Decreasing disparities in racial/ethnic populations. Hispanics have the highest incidence rates, while African Americans have the highest mortality rates.[2,3]

For more information about breast, cervical, and colorectal cancers in Texas, visit CPRIT's Web site at http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control or visit the Texas Cancer Registry site at http://www.dshs.state.tx.us/tcr. Clinical services (e.g., HPV vaccination; screenings for breast, cervical, and colorectal cancers) should be evidence based; therefore, the age of the target population and frequency of screening plans for provision of clinical services described in the application must comply with established and current national guidelines (e.g., U.S. Preventive Services Task Force, American Cancer Society).

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C. Survivorship Services

CPRIT acknowledges that, while there is evidence showing the benefit of many survivorship interventions in improving various health-related outcomes,[4] in many cases more evidence is needed to determine which interventions are able to produce the greatest health benefits. In proposing survivorship interventions, applicants should demonstrate an understanding of the available evidence and should draw on this evidence to support their application. Rigorous evaluation of outcomes is required and publication of the results of survivorship projects is encouraged in order to add to the body of evidence.

Priority for funding will be given to survivorship service projects that demonstrate a likelihood of success based on available evidence and can demonstrate and measure an improvement in quality of life.

2.3.4. Outcome Metrics

The applicant is required to describe the results (quantitative and qualitative) of the currently or previously funded project and the proposed outcome measures/metrics for the current application. The ultimate goals of this award are to reduce overall cancer incidence and mortality and to improve the lives of individuals who have survived cancer or who are living with cancer. Interim measures that are associated with these goals should be identified and will serve as a measure of program effectiveness and public health impact. Applicants are required to clearly describe their assessment and evaluation methodology and to provide results and baseline data from currently or previously funded projects. Applicants should describe how funds from the proposed CPRIT grant will improve and expand outcomes from the initial project and how the current application builds on the previous work or addresses new areas of cancer prevention and control services.

Outcome measures/metrics (as appropriate for each project) should include, **but are not limited to,** the following:

For Primary Preventive Services

- Percentage increase over baseline in provision of age- and risk-appropriate, comprehensive preventive services to eligible men and women in a defined service area (e.g., completion of all required doses of hepatitis B virus vaccine)

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- Percentage of people reporting sustained behavior change (e.g., for diet and physical activity)
- Estimates of cancers prevented as a result of primary prevention services

For Screening Services

- Percentage increase over baseline in provision of age- and risk-appropriate, comprehensive preventive services to eligible men and women in target populations
- Percentage increase over baseline in early-stage cancer diagnoses in a defined service area

For Survivorship Services

- Percentage increase over baseline in provision of survivorship services in a defined service area
- Percentage increase over baseline in improvement in quality-of-life measures using a validated quality-of-life instrument (e.g., FACT-G, Zebrack Impact of Cancer Scale, SF-12, SF-36, or QLACS), if such an instrument is applicable to the project
- Percentage of people reporting sustained behavior change (e.g., for diet and physical activity)
- Percentage of people showing clinical improvement of cancer treatment sequelae

For Public/Patient Behavior Change

- Increase over baseline in the number of people in priority populations who take preventive actions (e.g., change behavior, access screening services, receive counseling) as a result of participating in the educational program
- Interim measures may include increase over baseline in the number of people who accessed services and were appropriately counseled about health behaviors and evidence-based screening guidelines

For Provider Outcomes

- Knowledge increase:
    - Increase over baseline in healthcare providers' **knowledge and ability to counsel, engage, and motivate** patients on preventive measures, such as screening guidelines, healthy lifestyles, tobacco cessation, and available prevention services

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- Increase over baseline in healthcare providers' knowledge of cancer survivorship issues and services

- Provider performance/practice improvement or behavior change (see Moore et al.'s seven levels of continuing medical evaluation outcome measures for an example of an evaluation framework and definition of provider performance change[5]):
  - Increase over baseline in the number of healthcare providers who screen and counsel their at-risk patients about tobacco use and cessation; healthy lifestyles; alcohol misuse; cancer screenings, including the pros and cons of prostate cancer screening, etc.
  - Increase over baseline in the number of healthcare providers who address patients' postdiagnosis issues, including counseling and referral to survivorship programs and services

System Change (for all projects)

- Qualitative analysis of policy or systems change
- Description of lasting, sustainable system changes

2.4. Eligibility

2.4.1. Applicant Organization

The applicant must be a Texas-based entity—such as a community-based organization, health institution, government organization, public or private company, college or university, or academic health institution—that previously received CPRIT funding through Prevention Program RFAs.

The designated Program Director (PD) will be responsible for the overall performance of the funded project. The PD must have relevant education and management experience and must reside in Texas during the project performance time.

The evaluation of the project must be headed by a professional who has demonstrated expertise in the field (e.g., qualitative or quantitative statistics) and who resides in Texas during the time that the project is conducted.

The applicant is eligible solely for the grant mechanism specified by the RFA under which the grant application was submitted.

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The applicant may submit more than one continuation application, if eligible, but each application must be for distinctly different services without overlap in the services provided. Applicants who do not meet this criterion will have all applications administratively withdrawn without peer review. To be eligible to receive this award, applicants should time the submission of applications for continuation/expansion so that the contract execution date (see Section 4) of the project comes after the contract expiration date of the initial CPRIT award and there is no overlap in funding. Applications for continuation/expansion submitted in response to a current CPRIT RFA that has a contract execution date that comes before the contract expiration date of the initial CPRIT award will be administratively withdrawn.

If the applicant or a partner is an existing DSHS contractor (e.g., tobacco coalition, current Breast and Cervical Cancer Services program provider, or other), CPRIT funds may not be used as a match, and the application must explain how this grant complements or leverages existing State and Federal funds. DSHS contractors who also receive CPRIT funds must be in compliance with and fulfill all contractual obligations within CPRIT. CPRIT and DSHS reserve the right to discuss the contractual standing of any contractor receiving funds from both entities.

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. Subcontracting and 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.

An applicant organization is eligible to receive a grant award only if the applicant certifies that the applicant organization, including the PD, any senior member or key personnel listed on the grant application, and any officer or director of the grant applicant's organization, (or any person related to one or more of these individuals within the second degree of consanguinity or affinity), have not made and will not make a contribution to CPRIT or to any foundation created to benefit CPRIT. An entity is not eligible if the applicant is related to a CPRIT Oversight Committee member.

The applicant must report whether the applicant organization, the PD, or other individuals who contribute to the execution of the proposed project in a substantive, measurable way (whether

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slated to receive salary or compensation under the grant award or not), are currently ineligible to receive Federal grant funds or have had a grant terminated for cause within 5 years prior to the submission date of the grant application.

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 applicants 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. In addition, all statutory provisions and relevant administrative rules can be found at http://www.cprit.state.tx.us.

2.5. Funding Information

Applicants may request any amount of funding up to the maximum listed below for each type of project (Table 1). Budget requests for funding will vary depending on the project, and it is anticipated that the majority of projects will request significantly less than the maximum.

Table 1.Summary of Funding Amounts for CCE

Competitive Continuations	Health Behavior Change Through Public Education (PubEd)	Health Behavior Change Through Professional Education (ProfEd)	Health Behavior Change Through Public and Professional Education (PPE)	Evidence-Based Cancer Prevention Services (EBP)
Duration of the project	24 months	24 months	24 months	36 months
Total funding	$150,000	$150,000	$150,000 each component (Public and Professional)	$1.5 M

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Within the Evidence-Based Cancer Prevention Services (EBP) mechanism, the following estimates may be used as a general guide:

- Primary prevention services: $300,000 to $500,000
- Screening and early detection services, including clinical services: Up to $1.5 million (projects requesting the maximum should provide comprehensive services, demonstrate broad-based community collaboration, and serve as many people as possible)
- Survivorship services: $300,000 to $500,000

Grant funds may be used to pay for clinical services, navigation services, salary and benefits, project supplies, equipment, costs for outreach and education of populations, and travel of project personnel to project site(s). Equipment requests ($5,000+ per unit) will receive a case-by-case evaluation and will be carefully scrutinized. Requests for funds to support construction, renovation, or any other infrastructure needs are not appropriate for this mechanism, nor are requests to support lobbying or to attend out-of-State professional meetings. Grantees may request funds for travel for two project staff to attend CPRIT's annual conference.

The budget should be proportional to the number of individuals receiving programs and services, and a significant proportion of funds is expected to be used for program delivery as opposed to program development. In addition, CPRIT seeks to fill gaps in funding rather than replace existing funding, supplant funds that would normally be expended by the applicant's organization, or make up for funding reductions from other sources. CPRIT does not provide support for projects when funds are readily available from other sources. Furthermore, CPRIT funds may not be used for any costs under this award that should be billed to any other funding source.

3. KEY TERMS

People/Professionals Reached: Number of members of the public and/or professionals reached via noninteractive public or professional education and outreach activities, such as mass media efforts, brochure distribution, public service announcements, newsletters, and journals. The category includes individuals who would be reached through activities that are directly funded by CPRIT as well as individuals who would be reached through activities that occur as a direct

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consequence of the CPRIT-funded project's leveraging of other resources/funding to implement the CPRIT-funded project.

People/Professionals Served: Number of members of the public and/or professionals served via direct, interactive public or professional education, outreach, training, or clinical service delivery, such as live educational and/or training sessions, vaccine administration, screening, diagnostics, case management services, and physician consults. The category includes individuals who would be served through activities that are directly funded by CPRIT as well as individuals who would be served through activities that occur as a direct consequence of the CPRIT-funded project's leveraging of other resources/funding to implement the CPRIT-funded project (e.g., X people screened for cervical cancer after referral to Y indigent care program as a result of CPRIT-funded navigation services performed by the project).

Goals: Broad statements of general purpose to guide planning. Goals should be few in number and focus on aspects of highest importance to the project.

Objectives: Specific, **measurable,** actionable, realistic, and timely projections for outputs and outcomes Example: "Increase screening service provision in X population from Y percent to Z percent by 20xx." Baseline data for the target population must be included as part of each objective.

Activities: A listing of the "who, what, when, where, and how" for each objective that will be accomplished.

Evidence-Based Program: A program that is validated by some form of documented research or applied evidence. CPRIT's Web site provides links to resources for evidence-based strategies, programs, and clinical recommendations for cancer prevention and control. To access this information, visit http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control.

4. KEY DATES

RFA

RFA release	December 9, 2013

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Application

Online application opens	December 19, 2013, 7 a.m. Central Time
Application due	February 27, 2014, 3 p.m. Central Time
Application review	March–June 2014

Award

Award notification	August 2014
Anticipated start date	August 2014

5. SUBMISSION GUIDELINES

5.1. Online Application Receipt System

Applications must be submitted via the CPRIT Application Receipt System (CARS) (https://CPRITGrants.org). **Only applications submitted at this portal will be considered eligible for review.** The PD must create a user account in the system to start and submit an application. The Co-PD, if applicable, must also create a user account to participate in the application. Furthermore, the Authorized Signing Official (a person authorized to sign and submit the application for the organization) and the Grants Contract/Office of Sponsored Projects Official (the individual who will manage the grant contract if an award is made) also must create a user account in CARS. Submission of an application is considered an acceptance of the terms and conditions of the RFA. Detailed instructions for submitting an application in the Instructions for Applicants document which will be posted on CARS beginning December 19, 2013.

5.1.1. Submission Deadline Extension

The submission deadline may be extended for one or more grant applications upon a showing of good cause. All requests for extension of the submission deadline must be submitted via e-mail to the CPRIT HelpDesk. Submission deadline extensions, including the reason for the extension, will be documented as part of the grant review process records.

5.2. Application Components

Applicants are advised to follow all instructions to ensure accurate and complete submission of all components of the application. Submissions that are missing one or more components or do not meet the eligibility requirements listed in Section 2.4 will be administratively withdrawn

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without review. Refer to the Instructions for Applicants document for detailed information and guidance on application components.

5.2.1. Abstract and Significance (5,000 characters)

Clearly explain the problem(s) to be addressed and the approach(es) to the solution. The abstract and significance statement should clearly and succinctly address how the application is responsive to this RFA. In the event that the project is funded, the abstract will be made public; therefore, no proprietary information should be included in this statement. Initial compliance decisions are based upon review of this statement.

The required abstract format is as follows (use headings as outlined below):

- **Need:** Include a description of need in the specific service area. Include rates (e.g., incidence of targeted cancer, mortality, and screening) in the service area compared to overall Texas rates. Describe barriers, plans to overcome these barriers, and the target population to be served.
- **Overall Project Strategy:** Describe the project and how it will address the identified need. Clearly explain what the project is and what it will specifically do. For example, summarize the services to be provided, the process/system for delivery of services and outreach to the targeted population, components of the project, and related factors.
- **Specific Goals:** State specifically the overall goals of the proposed project; include the estimated overall numbers of people (public and/or professionals) to be reached and people (public and/or professionals) to be served.
- **Significance and Impact:** Explain how the proposed project, if successful, will have a unique and major impact on cancer prevention and control for the population proposed to be served and for the State of Texas in general.

5.2.2. Goals and Objectives (download template)

Goals and objectives must be completed for the initial funded project and for the proposed continuation/expansion project. Enter the goals and objectives for the initial funded project in the Goals and Objectives template form. Enter the goals and objectives for the proposed continuation/expansion project in the CARS text fields. List specific goals and **measurable**

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objectives for each year of the project. Provide baseline and results for the initial funded project and baseline and method(s) of measurement for the proposed continuation/expansion project.

5.2.3. Project Timeline

Provide a project timeline for project activities that includes deliverables and dates.

5.2.4. Project Plan (15 pages maximum; fewer pages permissible)

The required Project Plan format follows. Applicants must use the format outlined below (Table 2). Applications not following the required format will be administratively withdrawn.

The project plan must include information for both the initial funded project and the proposed continuation/expansion project **within** each of the four major sections listed below: Introduction, Project Components, Sustainability, and Dissemination. Within each of the major sections, the initial project must be described, followed by a description of the proposed continuation/expansion project. Each section must be clearly labeled and formatted.

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Table 2. Project Plan components

PROJECT PLAN COMPONENTS	
INITIAL PROJECT	**PROPOSED CONTINUATION/EXPANSION PROJECT**
SECTION I: Introduction Describe the evidence-based intervention. If applicable, describe how it was adapted for the target population. Goals and Objectives will be completed separately in CARS and need not be provided in the project plan (section 5.2.2). However, if desired, goals and objectives may be fully repeated or briefly summarized here.	**SECTION I: Introduction** Present the rationale for the project continuation/expansion and describe how results will be improved and/or expanded over the initial project. Goals and Objectives will be completed separately in CARS and need not be provided in the project plan (section 5.2.2). However, if desired, goals and objectives may be fully repeated or briefly summarized here.
SECTION II: Project Components Briefly describe each of the following components of the initial project.	**SECTION II: Project Components** Briefly describe each of the following components of the proposed project.
Target population	Target population
Geographic region served	Geographic region served
Roles of key collaborators on the project	Roles of key collaborators on the project
Procedures that ensured access to treatment for evidence-based cancer prevention projects or to preventive services for education projects	Procedures that ensure access to treatment for evidence-based cancer prevention projects or to preventive services for education projects
Major system changes implemented during or as a result of project	Planned systems changes to be implemented during or as a result of project
Summary of key challenges or barriers encountered and strategies used to overcome them	Description of the impact on ultimate outcome measures (e.g., reduction of cancer incidence, mortality, and morbidity) and interim outcome measures (e.g., increase in the proportion of individuals receiving cancer screening, increase in the number of individuals demonstrating personal health behavior change);description of the plan for outcome measurements, including data collection and management methods, statistical analyses, and anticipated results

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PROJECT PLAN COMPONENTS	
INITIAL PROJECT	**PROPOSED CONTINUATION/EXPANSION PROJECT**
SECTION III: Sustainability Describe ongoing efforts toward sustainability.	**SECTION III: Organizational Capacity and Sustainability** Describe the organization and its track record for providing services. Include information on the organization's financial stability and viability. A sustainability plan describing the continuation of the proposed intervention after CPRIT funding has ended must be included.
SECTION IV: Dissemination Describe any dissemination of project results to date. Describe how the project lends itself to further dissemination to other communities.	**SECTION IV: Dissemination** Describe how the project lends itself to further dissemination to other communities and/or organizations or expansion in the same communities. Describe plans for dissemination of project results. Dissemination of positive and negative project results and outcomes, including barriers encountered and successes achieved, is critical to building the evidence base for cancer prevention and control efforts.

5.2.5. People/Professionals Reached and Served (complete online)

Provide the estimated overall number of people/professionals to be reached and people/professionals to be served by the funded project. Provide an itemized list of activities/services, with estimates, that led to the calculation of the overall estimates provided. Refer to Section 3 for definitions of people/professionals reached and people/professionals served.

5.2.6. 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.

5.2.7. CPRIT Grants Summary (download template)

Provide a description of the progress or final results of all CPRIT-funded projects, except for the initial funded project that is the basis for this CCE application, regardless of their connection to

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this application. Progress for the initial project will be detailed in the Goals and Objectives template form (see section 5.2.2) and need not be repeated here.

This form must be completed if the PD or Co-PD has previously received CPRIT funding. Applications that are missing this document and have a PD and/or Co-PD with previous or current CPRIT funds will be administratively withdrawn prior to peer review.

5.2.8. Budget and Justification (complete online)

Provide a brief outline and detailed justification of the budget for the entire proposed period of support, including salaries and benefits, travel, equipment, supplies, contractual expenses, education and outreach expenses, and other expenses. CPRIT funds will be distributed on a reimbursement basis (see the Instructions for Applicants document for budget guidance). It is expected that the competitive renewals will not need a period of startup and that infrastructure will be already established.

Applications requesting more than the maximum allowed cost (total costs) as specified in Section 2.5 will be administratively withdrawn.

- **Cost per Person Served:** The cost per person served will be automatically calculated from the total cost of the project divided by the total number of people (both public and professionals) served (refer to Section 3).
- **Personnel:** The individual salary cap for CPRIT awards is $200,000 per year.
- **Travel:** PDs and related project staff are expected to attend CPRIT's annual conference. CPRIT funds may be used to send up to two people to the conference.
- **Equipment:** Equipment requests ($5,000+ per unit) will be carefully evaluated on a case-by-case basis and must be specifically approved by CPRIT if the project is funded. Justification must be provided for why funding for this equipment cannot be found elsewhere; CPRIT funding should not supplant existing funds. A sustainability plan must be submitted for both the equipment and delivery of corresponding services as a result of the equipment purchase. Cost sharing of equipment purchases is strongly encouraged.
- **Services Costs:** CPRIT reimburses for services using Medicare reimbursement rates.
- **Other Expenses:**

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Incentives: Use of incentives or positive rewards to change or elicit behavior is allowed; however, incentives may only be used based on strong evidence of their effectiveness for the purpose and in the target population identified by the applicant. CPRIT will not fund cash incentives. The maximum dollar value allowed for an incentive per person, per activity or session, is $25.

Indirect Costs: It is CPRIT's policy **not** to allow recovery of indirect costs for prevention programs.

Costs Not Related to Cancer Prevention and Control: CPRIT does not allow recovery of any costs for services not related to cancer (e.g., health physicals, HIV testing).

5.2.9. Current and Pending Support and Sources of Funding (download template)

Applicants must identify by name all sources of contributing funding for the proposed project, including a capitalization table that reflects private investors, if any. This information is used to identify any conflicts of interest for reviewers. In addition, the applicant should list all current and pending awards/grants from State, Federal, nonprofit, and other sources that would extend or complement the proposed project. This allows the applicant to demonstrate how other funds would be leveraged to implement the proposed work. Using the template provided in the online application receipt system (CARS), provide the funding source, amount, status (pending or awarded), duration, and a two-line summary of the use of the funds for each current or pending award/grant.

5.2.10. Biographical Sketches (download template)

The designated PD will be responsible for the overall performance of the funded project and must have relevant education and management experience. The PD/Co-PD(s) must provide a biographical sketch that describes his or her education and training, professional experience, awards and honors, and publications and/or involvement in programs relevant to cancer prevention and/or service delivery.

The evaluation of the project must be headed by a professional who has demonstrated expertise in the field (e.g., qualitative or quantitative statistics). CPRIT encourages applicants to involve such a designated professional early in the planning and preparation of the application. The

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applicant may choose to contract for these services if needed; the project budget should reflect these services. The evaluation professional must provide a biographical sketch.

Up to three additional biographical sketches for key personnel may be provided. Each biographical sketch must not exceed two pages.

5.2.11. Collaborating Organizations (complete online)

List all key participating organizations that will partner with the applicant organization to provide one or more components essential to the success of the program (e.g., evaluation, clinical services, recruitment to screening, etc.).

5.2.12. Letters of Commitment

Applicants should provide letters of commitment and/or memorandums of understanding 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 professionals, the applicant should obtain letters of commitment demonstrating the role of these professionals in providing access to navigation and/or preventive services. These letters must be included and uploaded in the application; do not send any letters directly to the CPRIT office.

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

6. APPLICATION REVIEW

6.1. Review Process Overview

All eligible applications will be reviewed using a two-stage peer review process: (1) evaluation of applications by peer review panels and (2) prioritization of grant applications by the Prevention Review Council. 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 meritorious by review panels will be evaluated by the Prevention Review Council and recommended for funding based on comparisons with applications from all of the review panels and programmatic priorities. Programmatic considerations may include, but are not limited to, geographic distribution, cancer type, population served, and type of program or service. As

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emphasized in Section 2.3.2 of this announcement, at the programmatic level of review priority will be given to proposed projects that target geographic regions of the State or population subgroups that are not well represented in the current CPRIT Prevention project portfolio.

Recommendations from the Prevention Review Council are forwarded to the CPRIT Program Integration Committee, which will consider factors including program priorities set by the Oversight Committee, portfolio balance across programs, and available funding.

The CPRIT Oversight Committee will vote to approve each grant award recommendation made by the Program Integration Committee. The grant award recommendations will be presented at an open meeting of the Oversight Committee and must be approved by two-thirds of the Oversight Committee members present and eligible to vote. The review process is described more fully in CPRIT's Administrative Rules, Chapter 703, Sections 703.6–703.8.

Each stage of application review is conducted confidentially and all panel members, Program Integration Committee members, CPRIT employees, and Oversight Committee members with access to grant application information are required to sign nondisclosure statements regarding the contents of the applications.

Individuals directly involved with the review process operate under strict conflict of interest prohibitions. All peer review panel members and Prevention Review Council members will be non-Texas residents. An applicant will be notified regarding the peer review panel assigned to review the grant application. Peer review panel members are listed by panel on CPRIT's Web site. **By submitting a grant application, the applicant agrees and understands that the only basis for reconsideration of a grant application is limited to an undisclosed Conflict of Interest as set forth in CPRIT's Administrative Rules, Chapter 703, Section 703.9(b).**

Communication regarding the substance of a pending application is prohibited between the grant applicant (or someone on the grant applicant's behalf) and the following individuals—an Oversight Committee member, a Program Integration Committee member, a peer review panel member, or a Prevention Review Council member. Applicants should note that both CPRIT's Chief Executive Officer and Chief Prevention Officer are members of the Program Integration Committee. The prohibition on communication begins on the first day that grant applications for

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the particular grant mechanism are accepted by the Institute and extends until the grant applicant receives notice regarding a final decision on the grant application. The prohibition on communication does not apply to the time period when pre-applications or letters of interest are accepted. Intentional, serious, or frequent violations of this rule may result in the disqualification of the grant application from further consideration for a grant award.

6.2. Review Criteria

Peer review of applications will be based on primary (scored) criteria and secondary (unscored) criteria, identified below. Review panels consisting of experts in the field as well as consumer advocates will evaluate and score each primary criterion and subsequently assign an overall 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 and responsiveness to the RFA priorities.

6.2.1. Primary Evaluation Criteria

The project will be evaluated on the basis of the following primary criteria. Concerns with any of these criteria potentially indicate a major flaw in the significance and/or design of the proposed project.

Impact

- Do the proposed services address an important problem or need in cancer prevention and control? Will the proposed outcomes have a significant impact on cancer incidence, morbidity, and/or mortality?
- Will the project reach and serve an appropriate number of people based on the budget allocated to providing services and the cost of providing services?
- Are the goals and priorities of the project responsive to the RFA?
- Does the proposed continuation/expansion project build on its initial results (baseline) and continue to demonstrate creativity, ingenuity, resourcefulness, or imagination? Does it go beyond the initial project to address what the applicant has learned or explore new partnerships, new audiences, or improvements to systems?
- Does the program address known gaps in prevention services and avoid duplication of effort?

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Previous Project Performance

- Does the proposed continuation project demonstrate a high likelihood of success based on the initial project's results and outcomes?
- Has the applicant sufficiently described results and findings of the currently or previously funded application? This may include, but is not limited to, the following components:
  - Negative results and/or barriers and strategies for overcoming them
  - Organizational infrastructure built and systems improved during the funded project
  - Demonstrated ability to meet goals, objectives, and timelines or adequate justification for not meeting them
  - Demonstrated results, including behavior change for participants

Project Strategy and Feasibility

- Does the proposed project provide prevention interventions or services specified in the RFA?
- Are the overall program approach and strategy clearly described and supported by established theory and practice? Are the proposed objectives and activities feasible within the duration of the award? Has the applicant convincingly demonstrated the short- and long-term impacts of the project?
- Is the program design supported by established theory and practice as well as evidence-based interventions? If the applicant is adapting an evidence-based intervention in a population where it has not been tried/tested, are plans described to adapt it?
- Are possible barriers addressed and approaches for overcoming them proposed?
- Are the target population and culturally appropriate methods to reach the target population clearly described? Are barriers for the population clearly described, and are plans to provide culturally appropriate education to overcome these barriers clearly addressed?
- If applicable, does the application demonstrate the availability of resources and expertise to provide case management, including followup for abnormal results and access to treatment? Has the applicant clearly described plans to ensure access to treatment services for patients diagnosed with cancer as a result of the program?
- Does the program leverage partners and resources to maximize the reach of the services proposed? For example, does the program negotiate for low-cost or pro bono services or in-

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kind support, including staffing? Does the program leverage and complement other State, Federal, and nonprofit grants?

Outcomes Evaluation

- Are specific goals and measurable objectives for each year of the project listed for both the initial project and the proposed continuation project? Does the applicant provide the baseline and results or method(s) of measurement?
- Are the proposed outcome measures appropriate for the services provided, and are the expected changes clinically significant?
- Does the application provide a clear and appropriate plan for data collection and management, statistical analyses, and interpretation of results to follow, measure, and report on the project's outcomes?
- If an evidence-based intervention is being adapted in a population where it has not been tried/tested are plans for evaluation of barriers, effectiveness and fidelity to the model described?
- Is the qualitative analysis of planned policy or system changes described?

Organizational Capacity

- Do the organization and its collaborators/partners demonstrate the ability to provide the proposed preventive services? Does the described role of each collaborating organization make it clear that each organization adds value to the project, and do all collaborating organizations demonstrate commitment to work together to implement the project?
- Have the appropriate personnel been recruited to implement, evaluate, and complete the project? Is the appropriate infrastructure already in place?
- Does the applicant provide evidence of compelling project progress of the already funded project? If not, has the applicant addressed obstacles and strategies to overcome those obstacles?

Sustainability

Eventual financial sustainability of a project is desirable and projects should describe the steps they are taking towards that end. Continuation/expansion applications should demonstrate less need for startup time and infrastructure.

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- Is the organization structurally and financially stable and viable?
- Are there feasible plans to sustain some or all of the project beyond the funded timeframe of this award?
- Are there feasible plans to integrate the program into existing and sustainable systems?

Elements contributing to organizational project sustainability may include some or all of the following:

- Developing ownership, administrative networks, and formal engagements with stakeholders
- Enhancing system capacity and developing processes for each practice/location to incorporate services into its structure beyond project funding
- Identifying and training of diverse resources (human, financial, material, and technological)

6.2.2. Secondary Evaluation Criteria

Secondary criteria contribute to the overall score assigned to the application. Lack of information or clarity in regard to these criteria may result in a lower overall score. Secondary evaluation criteria include:

Budget

- Is the budget appropriate and reasonable for the scope and services of the proposed work?
- Is the cost per person served appropriate and reasonable?
- Is the proportion of the funds allocated for direct services reasonable?
- Is the project a good investment of Texas public funds?

Dissemination and Scalability (Expansion)

- Does the applicant clearly describe how the project lends itself to dissemination to or adaptation and application by other communities and/or organizations in the State or expansion in the same communities?

Dissemination of positive and negative project results and outcomes, including barriers encountered and successes achieved, is critical to building the evidence base for cancer

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prevention and control efforts in the State. Dissemination methods can include, but are not limited to, presentations, publications, abstract submissions, professional journal articles, etc.

7. AWARD ADMINISTRATION

Texas law requires that CPRIT grant awards be made by contract between the applicant and CPRIT. CPRIT grant awards are made to institutions or organizations, not to individuals. Award contract negotiation and execution will commence once the CPRIT Oversight Committee has approved an application for a grant award. CPRIT may require, as a condition of receiving a grant award, that the grant recipient use CPRIT's electronic Grant Management System to exchange, execute, and verify legally binding grant contract documents and grant award reports. Such use shall be in accordance with CPRIT's electronic signature policy as set forth in Chapter 701, Section 701.25.

Texas law specifies several components that must be addressed by the award contract, including needed compliance and assurance documentation, budgetary review, progress and fiscal monitoring, and terms relating to revenue sharing and intellectual property rights. These contract provisions are specified in CPRIT's Administrative Rules, which are available at http://www.cprit.state.tx.us. Applicants are advised to review CPRIT's Administrative Rules regarding contractual requirements associated with CPRIT grant awards and limitations related to the use of CPRIT grant awards as set forth in Chapter 703, Sections 703.10, 703.12.

Prior to disbursement of grant award funds, the grant recipient organization must demonstrate that it has adopted and enforces a tobacco-free workplace policy consistent with the requirements set forth in CPRIT's Administrative Rules, Chapter 703, Section 703.20.

CPRIT requires the PD of the award to submit quarterly, annual, and final progress reports. These reports summarize the progress made toward project goals and address plans for the upcoming year and performance during the previous year(s). In addition, quarterly fiscal reporting and reporting on selected metrics will be required per the instructions to award recipients. Failure to provide timely and complete reports may waive reimbursement of grant award costs, and may result in the termination of the award contract.

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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. Before contacting the HelpDesk, please refer to the Instructions for Applicants document (posted by December 19, 2013), which provides a step-by-step guide to using CARS.

Dates of operation:	December 19, 2013 to February 27, 2014 (excluding public holidays)
Hours of operation:	Monday, Tuesday, Thursday, Friday, 7 a.m. to 4 p.m. Central Time Wednesday, 8 a.m. to 4 p.m. Central Time
Tel:	866-941-7146
E-mail:	Help@CPRITGrants.org

8.2. Program Questions

Questions regarding the CPRIT Prevention program, including questions regarding this or any other funding opportunity, should be directed to the CPRIT Prevention Program Office.

Tel:	512-305-8422
E-mail:	Help@CPRITGrants.org
Web site:	www.cprit.state.tx.us

9. CONFERENCE CALLS TO ANSWER APPLICANT QUESTIONS

CPRIT will host a Webinar to provide an overview of this RFA and a demonstration of CARS. A programmatic and technical question and answer session will be included. Applicants should sign up for CPRIT's electronic mailing list at http://www.cprit.state.tx.us to ensure that they will receive notification of this Webinar.

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10. RESOURCES

Cancer Statistics

The Texas Cancer Registry

Cancer incidence (cases) and mortality (deaths) in Texas

Web site: http://www.dshs.state.tx.us/tcr

E-mail: CancerData@dshs.state.tx.us

Tel: 800-252-8059

CPRIT, Texas Cancer Registry

Priority cancers for CPRIT's prevention program: Breast, cervical, and colorectal

- Breast Cancer in Texas: A Closer Look (1/4/10)
  http://www.cprit.state.tx.us/images/uploads/report_breastc_a_closer_look.pdf
- Cervical Cancer in Texas, 2010
  http://www.cprit.state.tx.us/images/uploads/cervical_cancer_in_texas_tcr_2010_low.pdf
- Colorectal Cancer in Texas, 2010
  http://www.cprit.state.tx.us/images/uploads/colorectal_cancer_in_texas_tcr_2010_low.pdf

Evidence-Based Strategies, Programs, and Clinical Recommendations

The Community Guide

Resources by topic, including specific cancers, tobacco, and worksite programs

http://www.thecommunityguide.org/index.html

Cancer Control P.L.A.N.E.T.

Resources by topic, including specific cancers, tobacco, diet/nutrition, and survivorship

http://cancercontrolplanet.cancer.gov

Agency for Healthcare Research and Quality

Clinical recommendations for screening, counseling, etc.

Guide to Clinical Preventive Services, 2012: Recommendations of the U.S. Preventive Services Task Force. AHRQ Publication No. 12-05154, October 2012. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/

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Making Health Communication Programs Work—National Cancer Institute®

Effective communication tools for public education and outreach programs

http://www.cancer.gov/pinkbook

11. REFERENCES

1. http://www.cdc.gov/vaccines/vpd-vac/hpv/vac-faqs.htm
2. Texas Cancer Registry, Cancer Epidemiology and Surveillance Branch, Texas Department of State Health Services, 1100 W. 49th Street, Austin, TX, 78756
3. http://www.dshs.state.tx.us/tcr/default.shtm or 512-458-7523
4. http://cancercontrolplanet.cancer.gov/survivorship.html
5. Moore DE. A Framework for Outcomes Evaluation in the Continuing Professional Development of Physicians. In: Davis D, Barnes BE, Fox R, eds. The Continuing Professional Development of Physicians: From Research to Practice. Chicago, Ill: American Medical Association; 2003.
6. Centers for Disease Control and Prevention. Distinguishing Public Health Research and Public Health Nonresearch. http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

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APPENDIX A Defining Cancer Prevention and Control Programs and Cancer Prevention/Intervention Research for CPRIT Grants

Statute

By Texas statute, 90 percent of dollars available to CPRIT are awarded through CPRIT's Research Program. The CPRIT Prevention Program may award up to 10 percent (but not more) of dollars available to CPRIT.

Purpose of CPRIT Prevention Program

Grants funded under the Prevention Program are intended to fund prevention strategies, programs, and services that have a demonstrated evidence base and are culturally appropriate for the target population. An evidence-based strategy is a program or service that is validated by some form of documented research or applied evidence. Links to resources for evidence-based strategies, programs, and clinical recommendations can be found on CPRIT's Web site at http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control.

Based upon the above, the Prevention Program will focus on funding:

- Delivery of evidence-based, culturally appropriate education and outreach to the public and to healthcare professionals
- Delivery of evidence-based preventive services
- Adoption and implementation of policy and systems change to address barriers and promote prevention

Eligible projects include:

- Primary prevention (e.g., vaccine-conferred immunity, tobacco control, healthy diet, prevention of alcohol misuse, physical activity, sun protection)
- Early detection/screening (focus on breast, cervical, and/or colorectal cancers)
- Survivorship services (e.g., physical rehabilitation/therapy, psychosocial interventions, navigation services, palliative care)

The Prevention Program seeks to fund innovative ways of delivering evidence-based programs and services that (1) go beyond simply increasing the number of persons educated or trained to demonstrating and supporting sustainable behavior change and (2) go beyond delivering early

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detection/screening services to improving systems and cost efficiencies by addressing needed systems and policy change or improvements. Projects should demonstrate measurable public health impact in ways that exceed current performance in a given service area.

The amount of funds available for the CPRIT Prevention Program is approximately $30 million per year. To ensure that the prevention funds go toward the delivery of programs and clinical services to the public, a distinction between prevention research (funded under the Research Program) and the delivery of evidence-based prevention services to the public (funded under the Prevention Program) must be made. The Prevention Program does not accept or review prevention research applications. Organizations seeking funding for prevention research should consider submitting to CPRIT's Research Program.

Prevention/Intervention Research Versus Prevention Programs and Services

The Centers for Disease Control makes the following distinction between public health research and non-research:

> "The major difference between research and non-research lies in the purpose of the activity. The purpose of research is to generate or contribute to generalizable knowledge. The primary intent of non-research in public health is to prevent or control disease or injury and improve health, or to improve a public health program or service."[6]

CPRIT makes the following distinctions between prevention/intervention research and prevention programs and services.

A project is appropriate for the Prevention Program if:

- The intervention is evidence based.
- The intervention offers a program or service to the public and strives to reach and serve as many people as possible. Cost per person served will be highly variable depending on the project, but the majority of the budget should be for direct program or service delivery. Refer to each RFA; some RFAs, such as those focusing on policy/systems change, may cover only activities to address barriers and may not pay for the delivery of the service being evaluated.

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- Evaluation is conducted under real-world (rather than controlled) circumstances, in real time, and with regular personnel conducting the interventions, usually without rigid protocols (also may be described as effectiveness research in contrast to efficacy research). Evaluation and reporting of outcomes are critical components of CPRIT-funded prevention projects and must be guided by a professional with demonstrated expertise and experience in the field. Applicants should budget accordingly for this activity.
- The purpose of the evaluation is to assess the success of the project in achieving its objectives (changing behavior, increasing screening rates, and increasing detection of cancers). CPRIT recognizes that, in many cases, evidence-based practices have been developed but not implemented in all populations or all service settings. For applications proposing to evaluate such projects, other forms of evidence (e.g., preliminary evaluation or pilot project data) that the proposed service is appropriate for the population and has a high likelihood of success must be provided. For example, the project may compare evidence-based strategies or evaluate implementation in a new population, but the main objective of the project should be to deliver a program or service to the public that will have a measureable impact on public health. CPRIT strongly encourages award recipients to submit the results and findings from their funded projects for publication in appropriate journals.

A project is appropriate for the Research Program if:

- The primary intent is to generate or contribute to generalizable knowledge.
- The project is conducted using highly controlled, usually randomized designs (also may be described as efficacy research).

What Kinds of Prevention/Intervention Research Will Be Eligible for the Research Program?

There is no restriction on the type of research that can be supported by CPRIT's Research Program except that the research must be relevant to cancer. Applications will be evaluated based on their significance and importance, their feasibility, the qualifications of the investigator(s), and related factors.

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Types of prevention research include, **but are not limited to:**

- Preclinical and clinical research
- Health services research
- Behavioral research
- Intervention research
- Community-based participatory research
- Disease or behavioral surveillance systems research

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