Outline of Changes to the P30 Notice of Funding Opportunity (NOFO)

Component	Change(s)	Reason(s)	Note(s)
Early Phase Clinical Research Support	Eliminated	Changing nature of early phase clinical trials made it difficult for centers to follow the guidelines, resulting in poor merit scores for this component.	Centers do not have to report on EPCRS in next competitive (Type 2) application. Centers that currently have EPCRS funds can continue to budget for it in non- competitive years (until the next competitive application) and should report progress on RPPR. Developmental Funds (Pilot Projects) can be used for early phase clinical studies without the restrictions formerly imposed on use of EPCRS.
Shared Resources	Page limit reduced from 12 pages to 6 pages	At NIH, reducing the burden of the application means reducing page limits – Shared Resources is the best option to do this in the CCSG.	The Shared Resource part of the site visit will be an opportunity for centers to update any information that would not fit the 6- page limit: thus, that part of the site visit will likely be more useful than currently
Developmental Funds	Eliminate "bridge funding" option. New option for support of early stage clinical.	Bridge funding was rarely, if ever, used May help retain early-stage clinical investigators in research in face of institutional pressure to generate clinical revenue.	Early-stage clinical investigators of all disciplines (including nursing) can be considered for support. Cannot be used to support K or T32 recipients – per NSRA rules
Oomoon Doorson 1		Raises the profile of education and training activities of the center in review and at the institution.	We were not allowed by NIH to call this what this really is – Cancer Research Education and Training
Cancer Research Career Enhancement and Related Activities	New component 6-page limit	Consolidates review criteria from several components into one. Will give reviewers a single narrative to evaluate.	Activities at any level – from mentoring junior faculty to formal, NIH-funding training programs – should be discussed. Per the review criteria, discussion of inclusion of underserved populations in training activities, and

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		Frees up space in Director's Overview and Research Programs for other topics	institutional commitment to training, is encouraged.
			All training grants and contracts should be reported as an attachment in this component, not in DT2A nor in Research Programs
Community Outreach and Engagement	New component 12-page limit	Gives centers a component to discuss catchment area issues in a unified narrative.	
		Gives centers further opportunity to describe their uniqueness in the cancer centers program.	All catchment area issues should be discussed in this component.
		Raises the profile of outreach and engagement activities at the institution and in review.	This component is not required from basic cancer centers.
		Gives centers a place to describe networks and affiliates - including those outside their catchment area.	Retained as review criterion in Research Programs, as it is important for reviewers to understand whether a particular Research Program is seizing scientific opportunities in the
		Gives centers the opportunity to discuss how they reduce the incidence and mortality of cancer in their catchment area through implementation of health policy	catchment area. Retained as a criterion for comprehensiveness.
		Frees up space in the Director's Overview for other topics.	
Administration and Planning and Evaluation	Senior Leaders moved from Administration to Planning and Evaluation - Now called, "Leadership,	Per NCAB recommendations, the review criteria of Senior Leaders align better with Planning and Evaluation than Administration. Provides more space in the Administration section to discuss its many activities.	Centers should discuss how Leadership implements the vision developed by Planning and Evaluation activities.

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	Planning, and Evaluation"		
Research Programs	Minimum size of peer-reviewed funding increased	Per NCAB recommendation, a Research Program that meets the current minimum size (5 projects and 3 PI) will fare poorly in review	Each program must have at least seven fully cancer-focused, peer-reviewed funded research projects equivalent to an NIH R01 from a minimum of five different, independent PD/PI to be eligible.
			R01-equivalence equals a project funded for 3 years minimum with at least \$125,000 direct costs per year.
			Grants under no-cost extension do not count.
			Each consortium partner must hold a minimum of 7 R01 – equivalent, active cancer-relevant grants, held by 5 independent PI.
Consortium	Requirements for consortium arrangements are quantified	Per NCAB recommendations, each consortium partner needs to have a minimum size of peer-reviewed funding	Partners that don't meet this and the other review criteria should be called affiliates (or another name of the center's choosing).
			Review will consider each consortium for eligibility under several review criteria and vote Acceptable / Unacceptable. Final approval of consortium arrangements is by NCI.
All Components	Revise and clarify review criteria	Per NCAB Working Group recommendations, we tried to align the review criteria with what the NOFO asks for in the narrative	Revise criteria to align with what reviewers consider.

Other changes and clarifications:

- CCSG Budget
 - T1 applicants can request up to \$1.2 million (basic center), \$1.4 million (clinical center), or \$1.5 million (comprehensive center) in direct costs per year.

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- T2 applicants should formulate their budget request at 10% above their last non-competing award. Two months prior to CCSG submission, please contact OCC to determine ultimate budget eligibility based on NIH cancer-relevant research project funding, as recommended by the NCAB and BSA Working Groups
- A Letter of Intent is not necessary.