

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

COMPONENT	CHANGE	REASON	NOTES
<b>Early Phase Clinical Research Support</b>	<ul style="list-style-type: none"> <li>Eliminate</li> </ul>	<ul style="list-style-type: none"> <li>Changing nature of early phase clinical trials made it difficult for centers to follow the guidelines, resulting in poor merit scores for this component</li> </ul>	<ul style="list-style-type: none"> <li>Centers do not have to report on EPCRS in next competitive (Type 2) application</li> <li>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</li> <li>Developmental Funds (Pilot Projects) can be used for early phase clinical studies without the restrictions formerly imposed on use of EPCRS</li> </ul>
<b>Shared Resources</b>	<ul style="list-style-type: none"> <li>Reduce page limit from 12 to 6 pages</li> </ul>	<ul style="list-style-type: none"> <li>At NIH, reducing the burden of the application means reducing page limits – Shared Resources is the best option to do this in the CCSG</li> </ul>	<ul style="list-style-type: none"> <li>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</li> </ul>
<b>Developmental Funds</b>	<ul style="list-style-type: none"> <li>Eliminate “bridge funding” option</li> <li>New option for support of early stage clinical</li> </ul>	<ul style="list-style-type: none"> <li>Bridge funding was rarely if ever, used</li> <li>May help retain early stage clinical investigators in research in face of institutional pressure to generate clinical revenue</li> </ul>	<ul style="list-style-type: none"> <li>Early stage clinical investigators of all disciplines (including nursing) can be considered for support</li> <li>Cannot be used to support K or T32 recipients – per NSRA rules</li> </ul>
<b>Cancer Research Career Enhancement and Related Activities</b>	<ul style="list-style-type: none"> <li>New component</li> <li>6-page limit</li> </ul>	<ul style="list-style-type: none"> <li>Raises the profile of education and training activities of the center in review and at the institution</li> <li>Consolidates review criteria from several components into one</li> <li>Will give reviewers a single narrative to evaluate</li> <li>Frees up space in the Director’s Overview and Research Programs for</li> </ul>	<ul style="list-style-type: none"> <li>We were not allowed by NIH to call this what this really is – Cancer Research Education and Training</li> <li>Activities at any level – from mentoring junior faculty to formal, NIH-funding training programs – should be discussed</li> <li>Per the review criteria, discussion of inclusion of underserved populations in training activities, and institutional</li> </ul>

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		other topics	commitment to training, is encouraged <ul style="list-style-type: none"> <li>• All training grants and contracts should be reported as an attachment in this component, not in DT2A nor in Research Programs</li> </ul>
<b>Community Outreach and Engagement</b>	<ul style="list-style-type: none"> <li>• New component</li> <li>• 12 pages</li> </ul>	<ul style="list-style-type: none"> <li>• Gives centers a component to discuss catchment area issues in a unified narrative</li> <li>• Gives centers further opportunity to describe their uniqueness in the cancer centers program</li> <li>• Raises the profile of outreach and engagement activities at the institution and in review</li> <li>• Gives centers a place to describe networks and affiliates - including those outside their catchment area</li> <li>• Gives centers the opportunity to discuss how they reduce the incidence and mortality of cancer in their catchment area through implementation of health policy recommendations</li> <li>• Frees up space in the Director's Overview for other topics</li> </ul>	<ul style="list-style-type: none"> <li>• All catchment area issues should be discussed in this component</li> <li>• This component is not required from basic cancer centers</li> <li>• 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 catchment area</li> <li>• Retained as a criterion for comprehensiveness</li> </ul>
<b>Administration and Planning and Evaluation</b>	<ul style="list-style-type: none"> <li>• Senior Leaders moved from Administration to Planning and Evaluation – now called Leadership,</li> </ul>	<ul style="list-style-type: none"> <li>• Per NCAB recommendations, the review criteria of Senior Leaders align better with Planning and Evaluation than Administration</li> <li>• Provides more space in the Administration section to discuss its many activities</li> </ul>	<ul style="list-style-type: none"> <li>• Centers should discuss how Leadership implements the vision developed by Planning and Evaluation activities</li> </ul>

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	Planning and Evaluation		
<b>Research Programs</b>	<ul style="list-style-type: none"> <li>Minimum size of peer-reviewed funding is increased</li> </ul>	<ul style="list-style-type: none"> <li>Per NCAB recommendation, a Research Program that meets the current minimum size (5 projects and 3 PI) will fare poorly in review</li> </ul>	<ul style="list-style-type: none"> <li>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</li> <li>R01-equivalence equals a project funded for 3 years minimum with at least \$125,000 direct costs per year</li> <li>Grants under no-cost extension do not count</li> </ul>
<b>Consortium</b>	<ul style="list-style-type: none"> <li>Requirements for consortium arrangements are quantified</li> </ul>	<ul style="list-style-type: none"> <li>Per NCAB recommendations, each consortium partner needs to have a minimum size of peer-reviewed funding</li> </ul>	<ul style="list-style-type: none"> <li>Each consortium partner must hold a minimum of 7 R01 – equivalent, active cancer-relevant grants, held by 5 independent PI</li> <li>Partners that don't meet this and the other review criteria should be called affiliates (or other name of the center's choosing)</li> <li>Review will consider each consortium for eligibility under several review criteria and vote Acceptable / Unacceptable. Final approval of consortium arrangements is by NCI</li> </ul>
<b>All Components</b>	<ul style="list-style-type: none"> <li>Revise and clarify review criteria</li> </ul>	<ul style="list-style-type: none"> <li>Per NCAB Working Group recommendations, we tried to align the review criteria with what the NOFO asks for in the narrative</li> </ul>	<ul style="list-style-type: none"> <li>Revise criteria to align with what reviewers actually consider</li> </ul>

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## **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
  - 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