Outline of Changes to the P30 Funding Opportunity Announcement

COMPONENT	CHANGE	REASON	NOTES
Early Phase Clinical Research Support	• Eliminate	• 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	• Reduce page limit from 12 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
Cancer Research Career Enhancement and Related Activities	• New component • 6-page limit	• Raises the profile of education and training activities of the center in review and at the institution • Consolidates review criteria from several components into on • Will give reviewers a single narrative to evaluate • Frees up space in the Director's Overview and Research Programs for	• We were not allowed by NIH to call this what this really is – Cancer Research Education and Training • 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 institutional

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		other topics	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 pages	• 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 • Raises the profile of outreach and engagement activities at the institution and in review • Gives centers a place to describe networks and affiliates - including those outside their catchment area • 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 • Frees up space in the Director's Overview for other topics	• All catchment area issues should be discussed in this component • This component is not required from basic cancer centers • 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 • Retained as a criterion for comprehensiveness
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 is 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
Consortium	• Requirements for consortium arrangements are quantified	• Per NCAB recommendations, each consortium partner needs to have a minimum size of peer-reviewed funding	• Each consortium partner must hold a minimum of 7 R01 – equivalent, active cancer-relevant grants, held by 5 independent PI • Partners that don't meet this and the other review criteria should be called affiliates (or other 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 FOA asks for in the narrative	• Revise criteria to align with what reviewers actually consider

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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