**Administrative Supplements for the NCI P30 Cancer Center Support Grants for new interdisciplinary research on cancer and aging**

**Background**

Contemporary improvements in early detection and diagnosis, cancer treatment, and the implementation of population-based cancer prevention and control strategies have contributed to a sustained decline in overall cancer mortality rates. Although this trend is promising, challenges at the nexus of cancer and aging are, in turn, becoming more prominent. Older adults (age 65 years and older) are the largest growing segment of the U.S. population, and aging into older adulthood is associated disproportionally with the incidence of common cancers. As survival rates for some pediatric, adolescent and young adult (AYA), and common adult-onset cancers improve, the number of cancer survivors, particularly among older adults, and the number living with treatment-related consequences will continue to increase. Emerging evidence suggests some cancers and cancer treatments change the hallmarks of aging, shift aging trajectories, influence aging-associated outcomes like gait speed, frailty, and functional independence, and increase risks for multimorbidity and subsequent malignancies.

This shifting survivorship landscape has profound implications for cancer care delivery, coordination and transitions, and the cancer research enterprise. Despite the relationship between advancing age and cancer risk, older adults are underrepresented in observational and intervention cancer prevention and control studies, relative to other age groups. There are opportunities to expand eligibility criteria, design intervention studies explicitly for older adults, and include - as scientifically justified - aging biomarkers, assessments (e.g., geriatric assessment) and endpoints relevant to the inherent heterogeneity in biologic, phenotypic, and functional aging. Moreover, even along the pre-clinical to translational research continuum, opportunities exist for the development and use of age/aging-relevant and clinically-informative animal models of human cancers and treatment-related late effects.

The [NCI Annual Plan & Budget Proposal for Fiscal Year 2020](https://www.cancer.gov/about-nci/budget/plan/2020-annual-plan-budget-proposal.pdf) highlighted the need to increase understanding of the role of aging in cancer. The convergence of demographic, epidemiologic, and societal trends makes primary through quarternary cancer prevention during older adulthood a public health imperative. A lifespan approach to the elimination or reduction of cancer risk associated with obesity, tobacco use, and physical inactivity is critical for the primary prevention of cancers and other chronic conditions that contribute substantial public health burden during mid-life and older adulthood. Surveillance methods are needed to track aging-relevant factors associated with cancer burden (e.g., multiple chronic conditions, polypharmacy, short- and long-term adverse effects, financial toxicity, residential stability & institutional care transitions (e.g., nursing homes, hospice) and behavioral and social exposures). As pediatric and AYA cancer survivors age chronologically and biologically and experience adverse physical, psychosocial, and behavioral outcomes, interventions to prevent, ameliorate or rehabilitate aging-related consequences of cancer and its treatments are a priority. Strategic investments in aging research will contribute to population health by preserving or promoting healthspan and ensuring equitable access to and benefit from advances in cancer prevention, control, and population-science.

**Purpose and Goals**

The National Cancer Institute (NCI), Division of Cancer Control and Population Sciences (DCCPS), announces the opportunity for supplemental funding to provide support for the development of an interdisciplinary research infrastructure focused explicitly on aging/geroscience and cancer prevention, control, or population science. NCI-designated Cancer Centers have the potential to build sustainable interdisciplinary research infrastructures to address critical cancer and aging research questions or catchment area needs. The short-term goal of this one-year supplement is to shape the development of an aging focus in cancer prevention, control, or population science programs.

Through this opportunity, short-term support can be requested to:

* Catalyze new research programs
* Convene and coordinate new transdisciplinary research groups
* Facilitate new collaborations with various sources of aging expertise (e.g., academic departments of gerontology, aging research foundations, NIH-funded aging researchers, NIA Centers)
* Identify aging-related Center research, clinical, and community outreach and engagement priorities through rigorous mixed-methods approaches
* Use novel methods (e.g., ideas labs, scoping sessions, virtual workshops) to foster partnerships, support team science, engage aging scientists, clinicians, and other aging-related expertise, and build new research, clinical, and community outreach communities
* Support strategic planning and agenda-setting
* Augment cancer-focused research capacity by consulting with faculty conducting significant, timely, innovative, visionary, and highly meritorious aging research

The long-term goal is to advance cancer prevention, control, and population science by leveraging knowledge about the nature of aging (including the biology of aging) and the aging process.

**Eligibility and Budget**

* This opportunity is open to all P30 Cancer Center Support Grants.
* Only one supplement request per center will be considered.
* Supplement requests may not exceed $150,000 total costs, and the project period is for one year.
* Cancer Centers whose P30 Cancer Center Support Grant will be in an extension at the time of award are not eligible.
* It is anticipated that awards for this supplement opportunity will be made in September 2020.

**Application Submission Format**

Applications should be submitted as a signed, scanned PDF to Mary O’Connell (oconnellm@mail.nih.gov) and Stacey Vandor (stacey.vandor@nih.gov) no later than COB May 4, 2020.

Email confirmation of application receipt from Stacey Vandor must be obtained to be officially considered and evaluated.

Requests must include the following:

* The Standard PHS 398 Face Page
* A detailed budget and budget justification
* NIH biographical sketches for key personnel proposed in the supplement
* Summary of the project (not to exceed 5 pages) (references are excluded from the 5-page limit; no appendices, please)

The 5-page summary must:

* + Describe how the integration of aging/geroscience can strengthen the Center’s cancer prevention, control, or population science research focus; enhance transdisciplinary collaboration and coordination; and, engage communities within the catchment area to decrease cancer burden.
	+ Describe the proposed infrastructure development activities and the interdisciplinary nature of the personnel involved.
	+ Explain how the proposed interdisciplinary infrastructure development activities will advance the Center’s capacity to address specific cancer and aging research questions or aging-relevant catchment areas needs.
	+ Describe why the proposed infrastructure development activities cannot be achieved through existing programs, structures, and collaborations within the Center.
	+ Clearly describe a one-year plan, with a timetable and milestones, to sustain support for the cultivation and submission of competitively funded research grants and contracts that address critical interdisciplinary cancer and aging research questions or aging-relevant catchment areas needs.
	+ Describe the qualifications of the individual(s) who will conduct the work. Briefly elaborate on each person’s CV in the narrative response.

**NCI Evaluation of Supplement Requests**

Administrative supplements do not receive peer review. Instead, NCI staff with expertise in cancer prevention and control will evaluate supplement requests to determine overall merit. Proposals will be reviewed for quality and for responsiveness to application criteria outlined in the requirements for the five-page summary described above.

**Reporting Requirements**

As part of the progress report for the parent Cancer Center Support Grant, information must be included on what has been accomplished via the administrative supplement as well as the Cancer Center’s plans to sustain support for the cultivation and submission of competitively funded research grants and contracts that address critical interdisciplinary cancer and aging research questions, or aging-relevant catchment areas needs.

**Pre-Submission Informational Webinar:**

An informational webinar will be held as noted below:

Time: Wednesday, March 18, 2020, 12:00 PM Eastern Time (US and Canada)

The registration link is as follows:

|  |  |
| --- | --- |
|  | <https://cbiit.webex.com/cbiit/onstage/g.php?MTID=efd5d082d707e740d9e21c3b1a67209c1> |

Dial-in information:

Call-in toll number (US/Canada)

1-650-479-3207

|  |
| --- |
| Meeting Number/Access Code: 739 299 805 |
|  |
| Event password: J2d5pEBZw$6 |

**Questions**

For technical inquiries (including eligibility), please contact your cancer center grant administrator or your NCI program director. For inquiries about the scientific objectives and goals of this supplement, please contact Paige Green (paige.green@nih.gov) or Lisa Gallicchio (lisa.gallicchio@nih.gov).