**Administrative Supplements for the NCI P30 Cancer Center Support Grants to extend partnerships with comprehensive cancer control coalitions to study implementation of evidence-based cancer control interventions**

**Background**

Community outreach and engagement (COE) has been a fundamental activity of National Cancer Institute (NCI)-Designated Cancer Centers since the initiation of the Cancer Centers Program in 1971. COE activities at each center are expected to span all aspects of centers’ programs, including basic, clinical, translational, and population research. The capacity of cancer centers to comprehensively identify community needs, communicate those needs across the center’s leadership and research programs (i.e., “in-reach”), and catalyze activities of special relevance to the cancer center’s self-defined geographic catchment area population may rely on extending partnerships with state, tribe, territory, and Pacific Island Jurisdiction-level comprehensive cancer control coalitions, which have long experience in working to advance population-level cancer prevention and control goals. These partnerships can help centers in their work with communities to disseminate and implement evidence-based interventions (EBIs) as well as to identify new directions for cancer control research and population science. This bidirectional relationship between state, tribe, territory, and Pacific Island Jurisdiction-level coalitions and cancer centers can promote research that embraces an understanding of cancer that is more holistic (bench-to-bedside-to-community), transdisciplinary, encompassing of different views and experiences, culturally sensitive, and reflective of mutual goals.

**Purpose and Goals**

Cancer center COE activities have made meaningful contributions to participant recruitment into therapeutic and behavioral intervention studies. However, there have been less consistent connections between COE activities and those of state, tribe, territory, and Pacific Island Jurisdiction-level comprehensive cancer control coalitions. The NCI Division of Cancer Control and Population Sciences (DCCPS) announces the opportunity for supplemental funding for NCI-Designated Cancer Centers to support the expansion of NCI-Designated Cancer Center community outreach and engagement activities to include partnerships with comprehensive cancer control coalitions.  The opportunities to leverage state-level cancer control infrastructure to extend the impact of cancer centers within their catchment areas could facilitate studies focused on implementation of evidence-based cancer control interventions across the cancer continuum.

Supplement proposals must articulate pilot cancer control projects that have at their core a partnership between center staff and comprehensive cancer control coalitions. The purpose of these projects is to demonstrably improve how NCI-Designated Cancer Centers collaborate and work with comprehensive cancer control coalitions to identify priorities for cancer control within the center’s catchment area, co-create a project that advances those priorities, and evaluates the impact of the project on cancer control targets. Projects should focus on identifying, adapting (if necessary), and implementing existing EBIs for cancer control that support the work of the comprehensive cancer control coalition and can include improved collection of data relevant to informing the cancer center and the coalitions’ cancer control activities. Centers must conduct a 1-year project that includes a plan for how the partnerships with state, tribe, territory, and Pacific Island Jurisdiction-level coalitions will be sustained beyond the timeframe of the supplement.

This supplement initiative is a part of a larger NCI research initiative to engage cancer centers and communities in collaborative, translational research focused on decreasing the cancer burden across the US, including among minority and underrepresented populations. It also supports the current P30 Cancer Center Support Grant (CCSG) guidance wherein cancer centers are encouraged to describe knowledge, best practices, and tools developed by COE activities, and to share these with other NCI-Designated Cancer Centers. Centers will collaborate across the funded consortium of NCI-Designated Cancer Centers, sharing best practices for training activities, data collection, evaluation metrics, partnership models, and working with underserved populations, etc. The long-term goal of this administrative supplement opportunity is to build greater connections between cancer centers and state, tribe, territory, and Pacific Island Jurisdiction-level coalitions that will lead to smoother translation of center research findings and products into use in clinical and community settings. The projects proposed will serve as a model or use-case for subsequent initiatives conducted within the cancer center as well as across the NCI-Designated Cancer Centers community.

**Eligibility and Budget**

* This opportunity is open to currently funded clinical and comprehensive NCI-Designated Cancer Centers.
* Applications must include a letter of support from the state, tribe, territory, or Pacific Island Jurisdiction Comprehensive Cancer Control Coalition.
* Only one supplement request per center will be considered.
* To be considered responsive for supplemental funding, centers must articulate a detailed project plan.
* Supplement requests may not exceed $150,000 total costs, and the project period is for 1 year.
* Cancer centers whose P30 Cancer Center Support Grant will be in an extension at the time the award is made in FY21 are not eligible for this supplement.
* It is anticipated that awards for this supplement opportunity will be made in September 2021.

**Application Submission Format**

Applications must be submitted electronically via eRA Commons to the parent award (P30) using PA-20-272 “Administrative Supplements to Existing Grants and Cooperative Agreements (Parent Admin Supplement)” on or before **May 21, 2021**. Your submission should follow the instructions in the funding opportunity announcement including the following:

1. **Research Plan** (5 pages) including the following elements:
* A description of the cancer center’s catchment area and how analysis of catchment area data informed the cancer research priorities being addressed by the project.
* An overview of the center’s infrastructure, particularly the population science/cancer prevention control research program, and any history of work with comprehensive cancer control coalitions.
* An overview of the proposed project, as described above, whether it extends an existing partnership or develops a new partnership with a comprehensive cancer control coalition. The project must relate to a specific goal in the comprehensive cancer control plan.
* A description of the involved state, tribe, territory, or Pacific Island Jurisdiction-level comprehensive cancer control coalition and how the cancer center is involved/will become involved in the coalition.
* An explanation of the process to engage researchers and comprehensive cancer control coalition stakeholders around a common understanding of the shared goals of the project, COE and scientific terminology and methodologies, how to translate research into practice, and/or one another’s perspectives on the cancer research priorities to be addressed.
* An outline a work plan that provides a timeline and milestones for the proposed 1-year supplement activities.
* A process of a systematic evaluation of the proposed supplement activities.
* A description of preliminary plans for continuing to grow and develop the partnerships with state, tribe, territory, or Pacific Island Jurisdiction-level coalitions and remain an active member in the coalition beyond the supplement funding period.
* A description of the qualifications for the identified lead(s) of the supplement. Do note that separate SF424 forms will be needed for biosketches.
* A letter of support for the travel of one project team member and one coalition member to attend the annual Cancer Center Community Impact Forum (CCCIF) meeting projected for Spring 2022.
1. **Detailed budget and justification** for the amount of funding and activities requested using SF424 forms.

In addition, the application must include Project Summary/Abstract and Specific Aims as a part of a submission package. No appendix or attachments are allowed.

For tracking purposes, please notify Stacey Vandor (Stacey.vandor@nih.gov) when you submit application (but please do not send the application itself).

**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 5-page summary described above.

**Reporting Requirements**

As part of the progress report for the parent CCSG, information must be included on what has been accomplished via the administrative supplement (program details such as trainings; tactics implemented; sustainability actions; progress on timeline tasks; and results from evaluation measures on reach, uptake, and other noted measures) as well as progress on the cancer center’s work and future development plans. Each cancer center that is awarded a supplement will be expected to provide a case study that will be shared among the cancer center community. NCI will provide a template that may be used for the case study. Project leaders (one from the cancer center and one from the coalition) should plan to attend the annual CCCIF meeting, where they will be expected to present their initial plans and progress to other awardees of these supplements.

**Pre-Submission Informational Webinar**

An informational webinar will be held as noted below:

Time: Monday, April 19, 2021, 1:30 p.m. Eastern Time (US and Canada)

*The registration link is as follows:* [*https://cbiit.webex.com/cbiit/j.php?MTID=mc46f7e61c3d24d85647de8a37b89e74c*](https://cbiit.webex.com/cbiit/j.php?MTID=mc46f7e61c3d24d85647de8a37b89e74c)

*Meeting number: 160 500 2232*

*Password: EZkjuXt26\*3*

*Dial-in information: 1-650-479-3207 Call-in number (US/Canada)*

*Access code: 160 500 2232*

**Questions**

For technical inquiries (including eligibility), please contact your CCSG administrator or your NCI program director. For inquiries about the scientific objectives and goals of this administrative supplement, please contact Cynthia Vinson (cvinson@mail.nih.gov).