**Administrative Supplements for the NCI P30 Cancer Center Support Grants to support research to understand and address organizational factors that contribute to disparities in outcomes among childhood cancer survivors**

**Background**

Over the past several decades, advances in cancer treatment and supportive care have resulted in a growing US population of childhood cancer survivors. Research in childhood cancer survivorship is also expanding, due in part to the support of the Childhood Cancer Survivorship, Treatment, Access, and Research (STAR) Act. Recent work suggests that some children do not benefit from these advances to the same extent as others, and that social determinants of health may contribute to differences in access to care and outcomes. Yet, studies of disparities in treatment and survivorship outcomes among children with cancer are sparse, and even fewer interventions targeting disparities have been tested. Among published studies of childhood cancer survivorship disparities, most are focused at the individual survivor or provider level.

Research is needed to address the full spectrum of factors that may contribute to poor outcomes among childhood cancer survivors. Community, health system, organizational, process of care, or policy-related barriers may contribute to disparities in survivorship outcomes for childhood cancer survivors, yet are poorly understood. Evaluating the root causes of inequities in survivorship outcomes will require understanding barriers that exist in the cancer center care environment.

*Definitions*

Childhood cancer survivor**:** any individual diagnosed with cancer before 18 years of age, beginning at diagnosis through the balance of life.

Organizational barriers: policies or practices, whether formal or informal, that limit access to care

**Purpose and Goals**

The National Cancer Institute (NCI), Division of Cancer Control and Population Sciences (DCCPS), announces the opportunity for supplemental funding for NCI-designated Cancer Centers to identify barriers to equity in care for childhood cancer survivors. Cancer centers are encouraged to conduct observational studies or pilot interventions focused on understanding and/or addressing disparities in outcomes related to organizational, health system, or community-level factors. Centers can consider a range of data sources including cancer registries, medical records, healthcare claims, and/or surveys of survivors, caregivers, providers, and payors. Possible targets include disparities in adherence to cancer treatment, access to supportive care, or engagement with long-term follow-up.

NCI will consider requests for supplements for the following types of activities:

* Assessment of organizational activities or policies that result in inequities in treatment across the continuum of care such as disparities in adherence to cancer treatment, supportive care, or long-term follow-up care.
* Development and testing of novel methods for identifying organizational barriers to care delivery using data elements available in the medical record, administrative datasets, surveys, or interviews.
* Initial development of health system or cancer center-level practice interventions that promote adherence to cancer treatment or guideline-concordant survivorship care for childhood cancer survivors.
* Assessment of organization or structural factors that may contribute to variability in symptom management practices including delivery of palliative care within the cancer center.
* Evaluation of the organizational or structural factors that impact financial hardship and related outcomes for childhood cancer survivors and their caregivers.

The following will not be considered responsive:

* Basic science or non-human studies
* Studies of cancer screening or prior to a cancer diagnosis
* Studies focused on survivor, family, or provider-level variables such as race/ethnicity

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 for children diagnosed with cancer across the U.S., including among minority and underrepresented populations. The long-term goal of this administrative supplement opportunity is to generate research that will work to eliminate organizational or s­­­tructural inequalities for children diagnosed with cancer.

**Eligibility and Budget**

* This opportunity is open to all currently funded clinical and comprehensive NCI-Designated Cancer Centers.
* 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 one 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.
* 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:
   * Description of the background, preliminary data (if available), relevant cancer center infrastructure, data sources, and specific aims for the proposed research.
   * Explanation of how the proposed research will deepen the understanding of disparities in childhood cancer survivorship and contribute to the goal of reducing inequities in survivorship outcomes.
   * Explanation of how the proposed research aligns with the needs of the cancer center catchment area.
   * Description of why the proposed research activities cannot be achieved through existing programs, structures, and collaborations within the center.
   * Details of a one-year plan, with a timetable and milestones, including a process evaluation for the proposed supplement activities.
   * Descriptions of preliminary proposal for supporting the work beyond the one-year supplement period.
   * Details of the qualifications for the identified lead(s) of the supplement. Note: separate SF424 forms will be needed for biosketches.
2. **Detailed budget and justification** for 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 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 (program details such as trainings; tactics implemented; sustainability actions; progress on timeline tasks; and other noted measures) as well as progress on the cancer center’s work and future development plans.

**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 Emily Tonorezos ([emily.tonorezos@nih.gov](mailto:emily.tonorezos@nih.gov)) or Michelle Mollica ([michelle.mollica@nih.gov](mailto:michelle.mollica@nih.gov)).