

Funding Opportunity Announcement - DP15-1501 – “Increasing the Implementation of Evidence-Based Cancer Survivorship Interventions to Increase Quality and Duration of Life among Cancer Patients”

Frequently Asked Questions (FAQs)

Updated: March 27, 2015

Emailed Question: Can you clarify in the CDC RFA DP15-1501 whether the program needs to be state-wide or whether it can focus on a specific geographic area of a state?

Response: The FOA (on page 8) states: Target Populations: Cancer survivors--those who have been diagnosed with cancer-- in the applicant's geographic area are the target population.

- **Related Question:** What is the geographic scope intended for the grant within each state?
 - **Response:** While the applicant's geographic area (the state) is the overall target population, additional language from the FOA states: Since many cancers are often diagnosed among underserved populations, and these populations often experience disparities in treatment, all attempts should be made to target survivors from rural, racial and ethnically-diverse, and low socioeconomic status populations.

Emailed Question: On page 18 of the FOA, there is a reference to “a minimum of one national standard.” Can you please explain what standards this language is referring to?

Response: The national standards are listed in the Background Section on page 5 (sections c and d).

Emailed Question: For writing the grant, where is the section such as the background? For example, on page 15, in the background section it says “See CDC Background”- I cannot figure out what/where that is referring to.

Response: “CDC Background” refers to the “Background” section on Page 5.

Emailed Question: On page 8 of the FOA under **iii. Strategies and Activities** number 2 (b) it states “Develop and implement competencies and/or certification programs to establish an active base of trained patient navigators” Then on page 11 under **Strategies** in the evaluation section 2(b) it states “Formal agreement between grantee and accrediting body responsible for legitimizing patient navigation certification program”

- What is required since these two statements seem to be different?

Response: The program can achieve this strategy/activity however it deems appropriate in its jurisdiction.

- We can do something that is competency based, such as working with a learning institution, but do not have a government entity that accredits navigators. Is that OK?

Response: The program can achieve this strategy/activity however it deems appropriate/possible in its jurisdiction.

Emailed Question: On page 10 under Strategies in the evaluation section it states “80% of survivorship care plans generated are generated using local cancer registry data and disseminated to survivors?”

- What is the denominator for 80%? All cancer patients Care Plans in the state via the state cancer registry or 80% of cancer patients in a few local health systems

Response: The program can define the denominator for the population of cancer survivors for whom it will generate/provide the care plans.

Emailed Question: Pages 2 and 4 of the FOA is mostly blank with some random letters, is there missing content?

Response: There is no missing content; those pages are most likely due to pdf formatting.

Emailed Question: Are MOU/LOS recommended or required? That section seemed unclear in the FOA.

Response: It is up to the program to decide how to handle collaborations. There are no specific requirements for this FOA.

Emailed Question: We are finding cancer patient navigation programs that are non-clinical, and those that are clinical.

- Does CDC have a preference on whether we go clinical vs. non-clinical in our training/competencies?

Response: It is up to the program to decide which PN competencies make the most sense for its needs.

Emailed Question: What is the timeline for the summarized survivorship care plans to be completed in the trajectory of care?

Response: It is up to the Program to decide the timing of the survivorship care plans within the trajectory of care.

< end of updated FAQs, March 27, 2015 >

March 15, 2015

Emailed Question: The version of the FOA I have lists Elizabeth Rohan as the contact, but should it be you (Eric Tai)? I see that your name is on the website, but hers is listed in the pdf of the announcement. Also, is CDC planning a conference call Q&A for this FOA?

Response: Elizabeth Rohan and I (Eric Tai, MD) are both contacts for the FOA- you can send questions to either of us. There is not a scheduled Q&A call for the FOA- there was a discussion about the FOA during the National Comprehensive Cancer Control Program Director’s call earlier this week (March 10, 2015). If you have any specific questions concerning the FOA, please feel free to contact either Elizabeth or me.

E-mailed Question:

Work plan development: Should applicants develop a work plan for all 3 years, or should we develop project period objectives that span the full 3 years and just (develop) a detailed work plan with annual objectives and activities for year 1?

Response:

Applicants should develop project period objectives that span the full 3 years and a *detailed* work plan with annual objectives and activities for year 1.

Additionally, the link to access the work plan template can now be found on the FOA webpage at this site:

<http://www.cdc.gov/cancer/ncccp/funding.htm>

E-mailed Question:

Existing surveillance data:

The RFA mentions a CDC-funded project (2010) that “successfully used existing surveillance data from the state cancer registry to populate SCPs.” Can you tell me the name of that software or the name of the project and how to learn more about it? Also, are programs funded under this FOA required to use this software?

Responses: There is no specified software requirement to populate survivorship care plans.

- **Additional related Questions:** Can you tell us a little bit more about the 2010, CDC-funded project that “successfully used existing surveillance data from the state cancer registry to populate SCPs”? What is the name of the software used? Does CDC have a preference?

Response: Information on the CDC-funded project can be found here:

<https://www.colorado.gov/pacific/cdphe/survivorship>. The project utilized a web-based application called the WebPlus Survivorship Module. The CDC surveillance branch is working on WebPlus. It will not be available until the summer, and there will be a tiered deployment after that, so it may not be available for use in this project. CDC has no preference for software. The applicant should work with their cancer registry (program) to determine what software they can use, and again there is no CDC preference.

- **Additional related Question:** In the RFA under “Background/Relevant Work,” it states “In 2010, CDC funded a project that successfully used existing surveillance data from the state cancer registry to populate cancer survivorship care plans. These existing data are available from every state and some territories and can be used to ensure completion of SCPs.” Is the Web Plus Survivorship Module that was developed during this project now available for other states to implement?

Response:

There are no requirements on the type of software used to implement this particular goal in the funding announcement. However, CDC is currently integrating a Cancer Survivorship Module developed through the 2010 project into CDC’s existing Web Plus <<http://www.cdc.gov/cancer/npcr/tools/registryplus/wp.htm>> software. The Web Plus Survivorship Module is a secure, web-based application that will allow individual hospitals or providers to use previously collected cancer surveillance data from the central cancer registry to pre-populate and semi-automate cancer survivorship care plans. Currently, templates specific for breast and colorectal cancer survivors have been developed within the tool. Web Plus <<http://www.cdc.gov/cancer/npcr/tools/registryplus/wp.htm>> is

free, publically available, and supported by CDC specifically for the collection and processing of data through the National Program of Cancer Registries (NPCR). CDC anticipates making the Web Plus Survivorship Module available to NPCR Programs interested in disseminating the tool to local providers in summer, 2015.

Emailed Question: Does CDC have a preference for the use of an MOU vs. MOA?

Responses: CDC does not have a preference for the use of an MOU or MOA it is up to the program to decide which one to use.

Emailed Question:

Eligibility: Could you assist me with finding out if (our university) is eligible to apply for this following opportunity? There is a requirement that the applicant institution be a recipient of funding via CDC DP-12-1205 - Component 2 and I have not been able to find this information.

- a. I am a physician investigator at (a Health System Cancer Institute) in (South Carolina). We are the site for NCORP of the Carolinas, which was one of the 34 NCORP's funded by the NCI in August 2014. I believe that we are eligible for CDC-RFA-DP15-1501 according to the definition.
- b. I am a collaborative member of Maryland's comprehensive cancer control plan would I be eligible to apply?
- c. I am a volunteer for Albee Aware. I would like to know if we can apply for this grant? We are a cancer foundation, and I wasn't sure if we meet the requirements.

Response:

- a. Only National Comprehensive Cancer Control Program (<http://www.cdc.gov/cancer/ncccp/index.htm>) grantees funded under component 2, the DP-12-1205 cooperative agreement are eligible to apply for this FOA. Information on CDC funded National Comprehensive Cancer Control Programs can be found at this link: http://apps.nccd.cdc.gov/dcpc_Programs/default.aspx?NPID=2
 - b. In Maryland, only the CDC-funded National Comprehensive Cancer Control Program is eligible to apply for this FOA (CDC-RFA-DP15-1501). Information on the Maryland Comprehensive Cancer Control Program can be found here: http://apps.nccd.cdc.gov/dcpc_Programs/default.aspx?NPID=2&PID=95
 - c. Only National Comprehensive Cancer Control Program grantees funded under component 2, the DP-12-1205 cooperative agreement, are eligible to apply for this FOA (CDC-RFA-DP15-1501).
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Emailed Question: There were several strategies/activities listed that applicants are required to address. I have a question about these three:

Strategy: a. Applicants will adopt the Cancer Survivorship Module developed and fielded as part of the BRFSS to assess the health status and behaviors of cancer survivors, to help define new and ongoing needs of survivors in their population.

- In (our state) we hosts a competitive vetting process for questions/modules to be included in the BRFSS questionnaire each year. We had enough funding to compete to add ONE question this year -- it's about
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\$3,000/per question. We couldn't guarantee that an entire module would indeed be selected by the review committee for inclusion. Would this preclude us from applying for this grant?

Response: Program should address the BRFSS strategy in the best way it can and present the situation clearly enough for the objective review panel to assess it appropriately.

Strategy: b. Develop or adapt patient navigation programs to assist cancer survivors in receiving appropriate cancer treatment and follow-up care, including preventive care for and early detection of new cancers.

- Does this mean we would need to see that cancer patient navigation (PN) programs were implemented in hospitals and cancer centers around (our state)? i.e. provide funding for staff to navigate? Or could we sub-contract with existing free-standing non-profit cancer patient navigation programs?

Response: As noted in the FOA, the intent is that the programs build a PN program for survivorship. *How* this is done (existing subcontractor, etc.) is up to the program. The application must address *how* the program will achieve the specific survivorship-related goals of this FOA.

Strategy: c. Develop and implement competencies and/or certification programs to establish an active base of trained patient navigators. These navigators will assist cancer survivors with accessing the clinical care to receive evidence-based interventions known to increase quality and duration of life (care plans, appropriate screenings, tobacco cessation interventions, etc.).

- Would this competency/certification program need to be based on our comp cancer program? Or again, could we sub-contract with an organization that has already developed a patient navigator training program?

Response: Programs can work with an existing subcontractor/program to develop the project-specific competencies. Again, it must be clear in the application *how* the program will achieve the specific survivorship-related goals of this FOA.

Emailed Question: How are you defining “local cancer registry data”?

Response: We are defining it as state-level registry data.

Emailed Question: What is the citation for the study (n=45,000) referred to on p. 3 of the FOA?

Response: The citation for the study can be found here: <http://www.ncbi.nlm.nih.gov/pubmed/22258477>

Emailed Question: Should proposals focus primarily on short-term outcomes, as described in the FOA? (Intermediate and long-term objectives sound more like CDC’s objectives for the Survivorship Program. For example, intermediate outcomes on p. 3 include: “identification of capacity needed to sustain a broad program of survivorship interventions.”)

Responses: Proposals should describe how they will operationalize the strategies listed in the FOA in such a way as to achieve the short-term, intermediate, and long term outcomes.

Informational Call Question: Can Letters of support be included under the “other documents’ in Grants.gov?

Response: Yes, and this document of letters should be named as “Letters of support” in Grants.gov.