



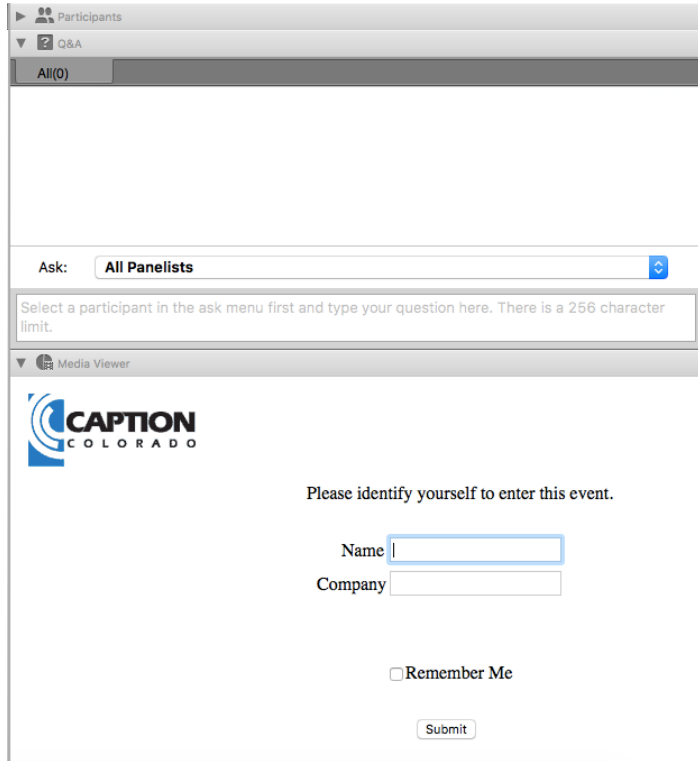
Improving the Reach and Quality of Cancer Care in
Rural Populations
(R01 Clinical Trial Required)
RFA-CA-18-026



NATIONAL CANCER INSTITUTE
Division of Cancer Control & Population Sciences

<https://cancercontrol.cancer.gov>

Using WebEx and webinar logistics



The screenshot displays the WebEx interface with two main panels on the right side:

- Q&A Panel:** Shows a dropdown menu for "All(0)" and an "Ask:" field with "All Panelists" selected. Below it is a text input field with the instruction: "Select a participant in the ask menu first and type your question here. There is a 256 character limit."
- Media Viewer Panel:** Features the "CAPTION COLORADO" logo and a registration form. The form includes the text "Please identify yourself to enter this event." and fields for "Name" and "Company". There is also a "Remember Me" checkbox and a "Submit" button.

- Submit questions at any time during the presentation. Type into the Q&A feature on the right of the interface
 - Select “All Panelists”
 - Press “submit”
- Closed captioning is available by selecting the Media Viewer Panel on the right hand side of your screen
- To connect to live audio, we recommend having WebEx call you. Enter your telephone number (include area code) and select “Call Me”
- This webinar is being recorded

Webinar presenters

- Robert T. Croyle, PhD
Director
Division of Cancer Control & Population
Sciences, NCI

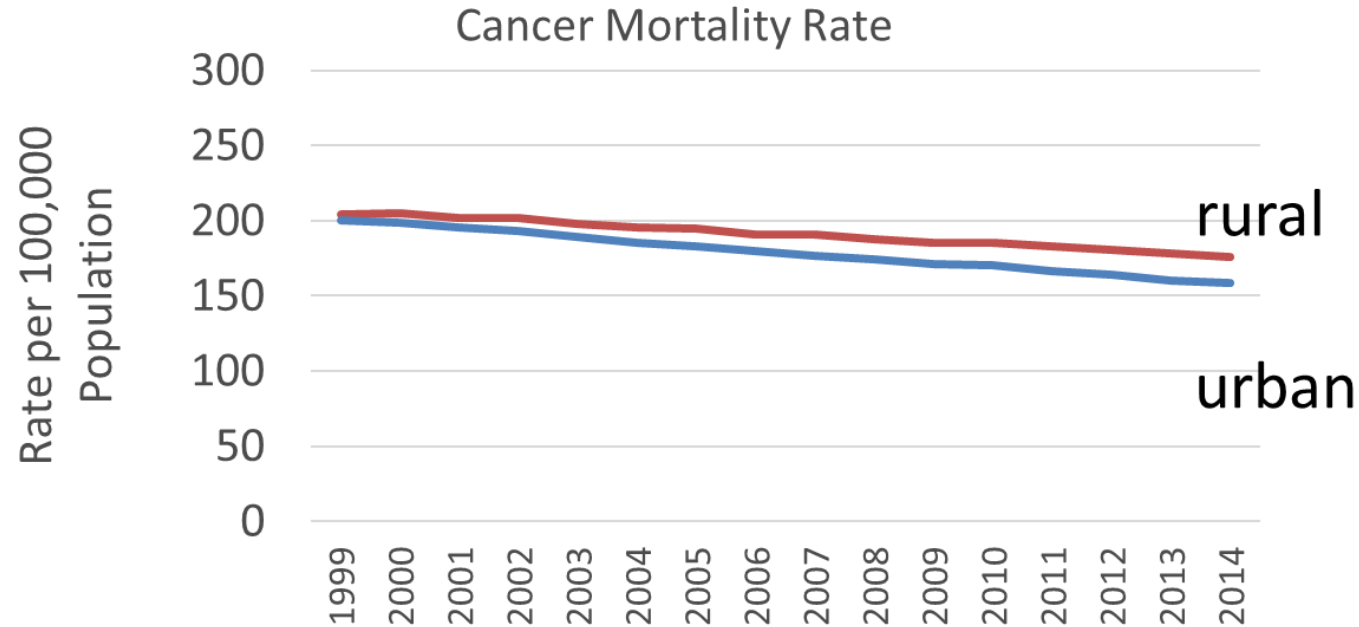
- Shobha Srinivasan, PhD
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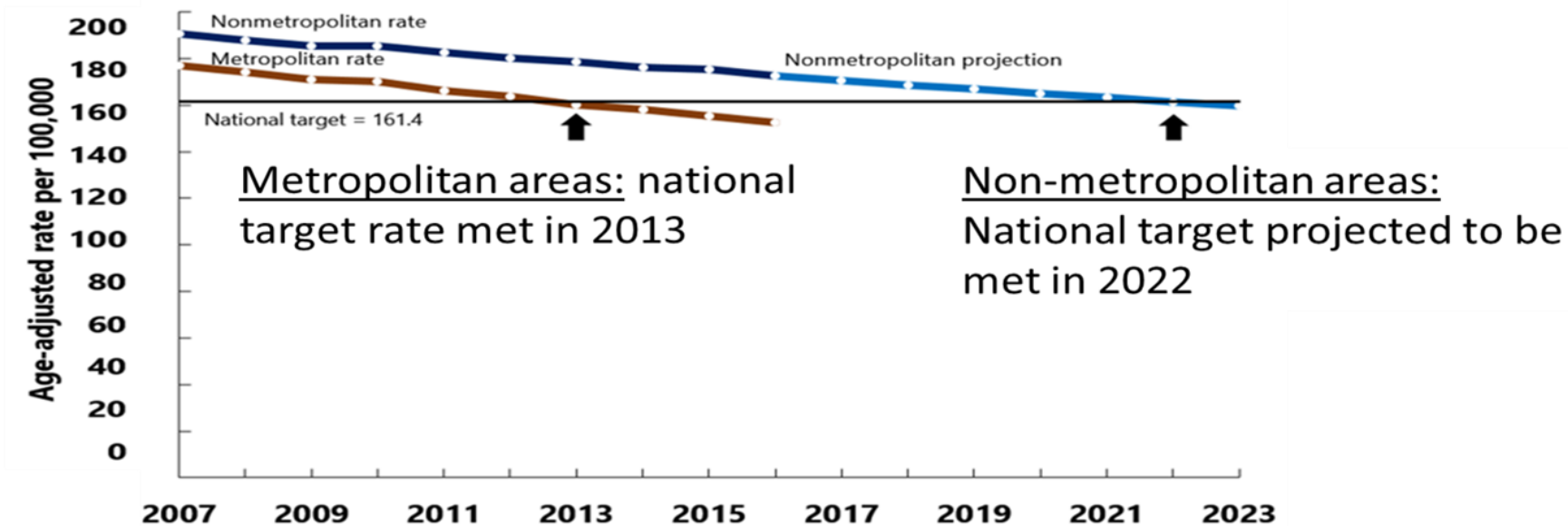
Outline

- Introduction
- Background
 - Why a request for funding announcement (RFA)
- RFA Details
 - Goals and scope of RFA
 - Application dates
 - Resources
- Questions
 - Questions about specific aims will not be addressed

As mortality from cancer has fallen overall, rural-urban disparities have grown larger



Healthy People 2020 target: Reductions in overall cancer mortality rate (preliminary results, objective C-1)



METHODS: The average annual percent change (AAPC) was calculated based on 2007–2016 mortality rates using the National Cancer Institute [Joinpoint](#) software. The nonmetropolitan trend was extended from the 2016 mortality rate until it crossed the target, assuming a constant AAPC.

RFA Goals

To reduce the burden of cancer and improve the quality of cancer care in rural areas among low-income and/or underserved populations

Focus on two types of applications:

1. Observational research that **includes** pilot testing of intervention to understand and address predictors of cancer care/treatment and outcomes in rural low-income and/or underserved populations; **OR**
2. Intervention research to address known predictors of cancer care/treatment and outcomes in rural low-income and/or underserved populations.

Focus: Observational Studies

Observational studies – **WITH** PILOT TESTING include

- understanding **and**
- addressing the predictive and/or mediating role of social determinants of health, barriers to care, and treatment

At least ONE aim that is pilot testing an intervention

Budget - Not to exceed \$400k direct cost in any year

Not focused on issues related to recruitment and retention of participants to clinical trials

Focus: Intervention Studies

Most existing interventions – most not ready for implementation

So, proposals should seek to develop, adapt, and/or implement, and test interventions

Less than \$500k direct cost in any year

Not focused on issues related to recruitment and retention of participants to clinical trials

FOA parameters

Requirements

- Use the Rural Urban Continuum Code (RUCC), USDA – ERS, 2013
 - Low Income
 - Justify that the population being served is low income
- <https://aspe.hhs.gov/poverty-guidelines>
<https://www.ers.usda.gov/topics/rural-economy-population/rural-poverty-well-being/#howis>

Other issues to consider

- Can use other definitions of rural in addition to RUCC

Required Definition – Rural Urban Continuum Code - USDA 2013

<https://www.ers.usda.gov/data-products/rural-urban-continuum-codes/documentation/>

Code	Definition	k in US	N in SEER
1	Counties in metro areas of 1 million+ population	472	54,360,203
2	Counties in metro areas of 250,000 to 1 million population	395	17,963,604
3	Counties in metro areas of <250,000 population	369	6,104,298
4	Urban population of 20,000+, adjacent to a metro	217	1,845,954
5	Urban population of 20,000+, not adjacent to a metro	92	1,374,217
6	Urban population of 2,500 to 19,999, adjacent to a metro	597	2,427,381
7	Urban population of 2,500 to 19,999, not adjacent to a metro	434	1,736,695
8	All rural or <2,500 urban population, adjacent to a metro	220	415,639
9	All rural or <2,500 urban population, not adjacent to a metro	425	492,659

Examples of activities covered

Barriers to accessing health services (e.g., financial hardships, such as being underinsured or uninsured; shortage of physicians; oncology specialists; distance from treatment facilities; no personal vehicle and/or lack of access to public transportation to reach services; place/built environment; prejudice/discrimination)

Evaluation of natural experiments, programs, and policies to improve care and access to treatment services in rural areas that may interact with the implementation of the intervention and potentially influence effectiveness

Role of social determinants of health, including socioeconomic factors, cultural differences that influence trust in and attitudes toward institutions, medical providers, and government-sponsored programs

Examples of activities covered (cont.)

Limitations in information technology that may limit access to patient portals, telehealth, or other proposed strategies to improve patient-provider communication and care in rural communities

IT-enabled, team-based care delivery models that could improve the delivery of guideline-concordant, high-quality cancer care among rural populations (e.g., studies of innovative care delivery interventions using telemedicine and other technologies or novel strategies designed to deliver comprehensive, coordinated, high-quality cancer-related care to rural low-income and/or underserved populations)

Improve primary/specialty collaborative care to enhance the dissemination of state of the art cancer care and follow-up.

Collaborations

- Among cancer control research community and research communities that are less likely to be involved in such research, including demographers, geographers, transportation researchers, economists, and sociologists
- Relevant community stakeholders and rural health care delivery partners
- With organizations and programs with experience or infrastructure (e.g., telemedicine, social, clinical and behavioral health services) designed to address other health or social problems in rural populations

Clinical Trials and FORMS-E

FORMS-E Application Packages is **REQUIRED** (including new Human Subjects and Clinical Trials form)

PHS Human Subjects and Clinical Trials Information Form

- ✓ Consolidates information from multiple forms
- ✓ Incorporates structured data fields
- ✓ Collects information at the study-level

The screenshot shows the 'PHS Human Subjects and Clinical Trials Information' form. It includes instructions for completion, a section for 'Are Human Subjects Involved?' with checkboxes for 'Yes' and 'No', and a section for 'Is the Project Exempt from Federal regulations?' with checkboxes for 'Yes' and 'No'. Below these are sections for 'Other Requested Information', 'Study Record(s)', and 'Delayed Onset Study(ies)'. The 'Delayed Onset Study(ies)' section contains a table with columns for 'Study Title', 'Anticipated Clinical Trial?', and 'Justification'. The 'Anticipated Clinical Trial?' column has a checkbox, and the 'Justification' column has a text input field. There are also buttons for 'Add Attachment', 'Cancel Attachment', and 'Clear Attachment' in several sections.

Be sure you are using the correct application forms.

See <https://grants.nih.gov/policy/clinical-trials/new-human-subject-clinical-trial-info-form.htm>

Resources for clinical trials

Website on Clinical Trial Requirements:

<https://grants.nih.gov/policy/clinical-trials.htm>

Training Resources:

<https://grants.nih.gov/policy/clinical-trials/training-resources.htm>

- ✓ Slides
- ✓ Human Subjects/Clinical Trials Questionnaire
- ✓ Videos
- ✓ Training opportunities

Page limit for R01

Section of Application	Page Limits
Specific Aims	1
Research Strategy	12
Biographical Sketch (each)	4

Please contact: Shobha Srinivasan – ss688k@nih.gov, when you have the ONE page specific aims!

Application Alignment with Review Criteria

Review Criteria

- Significance
- Investigators
- Innovation
- Approach
- Environment

Application Sections

- Research Aim & Purpose
- Bio-sketches
- Research Strategy
- Research Methods & Analysis
- Resources

Important Dates

- Letter of intent/earliest submission date: August 19, 2018
- Application Due Date: **September 19, 2018 by 5 p.m.**
- Scientific merit review: November/December 2018
- Advisory council review: May 2019
- Earliest start date: July 2019
- Start the process early! Read the RFA very carefully!

Resources

- Today's webinar and FAQ will be posted on our websites:

<https://cancercontrol.cancer.gov/research-emphasis/rural.html>

<https://healthcaredelivery.cancer.gov/media>

- Connect with RFA Program Contact early!

Shobha Srinivasan, PhD

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Additional resources

The screenshot shows the National Cancer Institute (NIH) website for the Division of Cancer Control & Population Sciences. The main heading is "Rural Cancer Control". A "SECTION MENU" on the left lists various topics, with "Rural Cancer Control" selected. The main content area includes a "Planned" event for May 30 - 31, 2018, titled "Accelerating Rural Cancer Control Research" at the Natcher Conference Center. Below this is a "Background" section with text explaining that rural communities in the United States face disadvantages compared to urban areas, such as higher poverty rates, lower educational attainment, and lack of access to health services. It also notes that rural areas have higher average death rates for all cancer sites combined and higher rates of incidence of cancers that can be prevented by screening (e.g., lung and laryngeal cancers).

<https://cancercontrol.cancer.gov/research-emphasis/rural.html>

The image shows the cover of a report titled "Improving Health Research on Small Populations: PROCEEDINGS OF A WORKSHOP". The report is published by The National Academies of SCIENCES • ENGINEERING • MEDICINE. It was held on Monday, May 4, 2018, at the National Academies Press. The cover also lists the National Academies of Sciences, Engineering, and Medicine as the publisher.

[Improving Health Research on Small Populations: Proceedings of a Workshop \(January, 2018\)](#)

Questions?

Please type your questions in the Q & A section on WebEx

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