



CRN

CANCER RESEARCH NETWORK

2014 Informational Webinar: Full Application for CRN Scholars

04 Nov 2014

CRN Webinar

- Timeline
- Responses to the questions received:
 - What's required for the full application
 - CRN collaborators – who are they and what do they do?
 - What should be in the proposed project
 - What kind of resources do scholars get for their proposed projects
- Additional questions
- Q&A

Date	Event
Oct 27, 2014	Connections for applicants with CRN collaborators
Dec 1, 2014, 5 pm PST	Full applications due
Jan 14, 2015	Peer review process completed
Jan 15, 2015	Applicants notified of decision
Mar 10, 2015	Project Start Date - required in person meeting – HMORN meeting
Oct 21, 2015	Required in person meeting – NCI
Apr 12, 2016	Required in person meeting – HMORN
Oct 19, 2016	Required in person meeting – CRN Steering Committee Meeting

Full application

- Applicant information
- Research interests and career goals
- Proposed project
- Mentoring plan
- Biosketches:
 - CRN Collaborator
 - Additional members of mentoring team
- Letters of support:
 - Department head
 - Primary local mentor
 - CRN collaborator
- Applicant CV (do not need a biosketch for the applicant); include all publications
- Primary mentor CV

Letters of support for individuals in career transition & postdocs

- If you have a known appointment that will be starting during the 26 month training period
 - You must include a letter demonstrating commitment from the new institution for the 10% support
- If you have a position that ends before the 26 month training period and you don't know where you are going
 - Please do your best to describe your plans

Training grant/K awardees

- If you are already 100% supported by a training grant you can still be accepted, provided:
 - Project director, mentor, home institution and applicant agree the awardee will spend 20%+ time on CRN activities
 - CRN would support travel to the 2 required meetings/yr

Required elements

- Meet NIH definition for junior investigator
 - Doctoral-level (MD/PhD or equivalent) researcher who is eligible to serve as a new investigator on an NIH R01 or equivalent grant
- 20% FTE available to participate
 - 10% FTE commitment from your Institution, 10% from NCI grant
- Mentoring team
 - Clear demonstration of commitment to your career and to your conduct of population-based cancer research within the CRN; supportive of collaboration with the CRN; commitment to your project from within the CRN
- Application is aligned with CRN research priorities
 - Prevention and Screening, Health Care Quality and Cost, Communication and Dissemination/Implementation, Epidemiology of Prognosis and Outcomes, and Informatics

- Who
 - 3 or more reviewers: internal and external to CRN, including at least 1 content expert and NCI representative
- How:
 - Evaluation using NIH training grant criteria
 - Independent review with full selection committee evaluating the independent evaluations and scoring
 - Final recommendations will be reviewed by the CRN Steering Committee for approval

How are the full applications different from the LOI?

- Expand on how your research aligns with 1+ strategic focus areas in the SWGs
- Expected that you will have connected with your CRN collaborator(s) to refine feasibility of project and possibly identified datasets that could be used for preliminary data
- Clearly tie the significance of your proposed initial research into larger R01-scale work

Proposed Project

- Does not need to exactly match LOI but should be in the same area
- Try to clarify what you believe you can accomplish within the Scholar cohort period vs. what will be the ultimate R01 type proposal
- Should take into account information from your CRN collaborator
 - feasibility
 - any components that could be accomplished with an existing analytic dataset

- All must address significance of research area
- All ***should*** address a future R01 scale application
- The guts of the application about how to get to the R01 will differ based on different applicants
- We expect all external (and some internal) applicants will need to learn a lot more about what's feasible and how to start thinking about how to conduct a multi-site study embedded in health plans

What if you want to propose working on a study that is already underway?

- Purpose of the program is to develop your research interests so that you can do research within the CRN
- Specific project you propose may not look like what you eventually develop
- It's possible to start working on an existing project & write papers if you are working towards a larger grant within the CRN

What is a CRN Collaborator?

- Member of your mentoring team
- Based primarily at a CRN site
- Ideally
 - complementary or overlapping research interests
- Possibly
 - has data from an existing study or local data source relevant to your proposed project
- Not all relationships will be the same for all applicants

How many CRN Collaborators do I need?

- At this phase – only 1
- Very possible this person will change and/or the number will grow for successful applicants

What you should expect from your CRN collaborator

- During application phase
 - Email and phone communication providing you with information about the feasibility and any special issues related to your proposed project
 - Review and comments on drafts of proposed project
 - Letter of support
- During the program
 - Continue to be in touch with collaborator to address data issues, how to work with sites and internal CRN investigators
 - Participates in quarterly mentorship calls
 - Some may work closely on papers and/or grants
 - No salary support for CRN collaborator

Who is on your team?

- **Primary local mentor** – based at Scholar’s institution, clear demonstration of commitment to Scholar’s career and conduct of population-based cancer research within the CRN, supportive of collaboration with the CRN
- **Content expert** – has expertise in Scholar’s research area; based at any institution
- **CRN collaborator** – based at a CRN/HMORN site, experienced in multi-site CRN/HMORN studies, is enthusiastic about Scholar’s career development and proposed project and committed to helping the Scholar shape the project and move it forward

*It is possible that one person may fill more than one of these roles (e.g., is a CRN collaborator and the Primary local mentor, if the Scholar is at a CRN Site). In addition, the CRN Scholars Program co-leads act as mentors for all of the Scholars throughout the program. Once a Scholar is selected for the program, one of the co-leads will join the mentoring team.

What resources are available to scholars to access CRN data?

- Program does not come with pilot funds
 - Annual CRN pilot funds (usually in spring)
 - Can use start up funds and/or other pilot funds you obtain locally to acquire preliminary data for an application
 - No way to give a cost estimate because complexity varies
 - Many tools available with the informatics core to provide counts and possibly datasets –
 - <http://crn.cancer.gov/resources/informatics.html>
 - <http://crn.cancer.gov/resources/>
 - <http://crn.cancer.gov/resources/process.html>
 - <http://crn.cancer.gov/resources/codes.html>

- No need to contact SWGs
- Consider the list of priorities
<http://crn.cancer.gov/collaboration/swgs.html> and reference those that are relevant in the proposed project (briefly)



CRN

CANCER RESEARCH NETWORK

Questions?

FYI: Responses to FAQs will be
continuously updated:

<http://crn.cancer.gov/about/faq.html>



CANCER RESEARCH NETWORK



CRN

CANCER RESEARCH NETWORK

CRN Scientific Working Group Strategic Directions

Alignment with these is an important
review criteria

Research Priorities

- Communication: clinician-patient, intra-team, peer-to-peer communication; health literacy
- Decision Making: cognitive, social, and contextual factors that influence decision making
- Dissemination: communication practices to achieve awareness, interest, and adoption of interventions/innovations
- Implementation: barriers, facilitators, processes, and strategies that facilitate practice change and sustained use of interventions/innovations

Co-led by Kathy Mazor (MPCI), Brian Mittman (KPSC/VA), and Russ Glasgow (University of Colorado)

Prevention & Screening Scientific Working Group

Our mission is to facilitate research within the CRN to reduce the human and economic burden of cancer through improved prevention and early detection.

Douglas A. Corley, MD, PhD, MPH,
Division of Research, Kaiser
Permanente Northern California

Virginia P. Quinn, PhD, MPH,
Department of Research and
Evaluation, Kaiser Permanente
Southern California

Tom Vaughan, MD, MPH, Fred
Hutchinson Cancer Research Center

Research Priorities

- Interventions to promote healthy behaviors and improve adherence to medications
- Effectiveness studies on recommendations for screening
- Surveillance of diffusion of evidence-based screening technologies and vaccines
- Research to promote translation of effective interventions into usual care
- Etiological studies on environmental and drug exposures and cancer incidence

Sample Study Topics

Breast, colon, cervical and lung cancer screening, prevention of breast and bladder cancer recurrence, tobacco control, diet, physical activity, obesity prevention, HPV vaccine, immunosuppressant and hormonal drug exposures.

The vision of the HCQC SWG is accessible, effective, equitable, and affordable patient-centered cancer prevention and care

Scientific Leadership

Mark C. Hornbrook, PhD

Center for Health Research, Kaiser
Permanente NorthWest

Debra P. Ritzwoller, PhD

Institute for Health Research,
Kaiser Permanente Colorado

Deborah Schrag, MD, MPH

Chief, Division of Population
Sciences, Department of Medical
Oncology, Dana Farber Cancer
Institute

Research Priorities

- Quality of Care: measures, comparative effectiveness research
- Costs: data and measures of standardized costs; cost-effectiveness of cancer screening, treatment, or survivorship programs; effects of different organizational structures and delivery of cancer care on outcomes and costs
- Health-related Quality of Life: data and measures for research and clinical care
- Patient-Centered Outcomes Research: cost-utility analysis; patient preferences for decision-making, treatment, and survivorship

Examples of current HCQC SWG supported initiatives:

CRN Scholar: “Lifetime costs of cancer care among U.S. patients in an integrated health care setting: Top 4 cancers,” (Mateo Banegas PhD, NCI Fellow).

CRN Pilots: “Identifying patients with elevated risk of chemotherapy-related hospitalization: validation and pilot testing of an EMR-based predictive tool” (Gabe Brooks, MD, MPH, Fellow, DFCI); and “Patterns of Care and Recurrence of Prostate Cancer” (Ramzi Salloum, PhD, Assistant Prof, Univ. So. Carolina)

Epidemiology of Prognosis and Outcomes (EPO) SWG

- **Leadership:**
 - EPO SWG Co-leads: Heather Feigelson PhD (KPCO), Elizabeth Loggers, MD PhD (GHRI)
 - EPO SWG External Co-lead: James Cerhan PhD (Mayo)
 - Project manager: Sarah Madrid
- **Research interests:**
 - Personalized cancer medicine
 - Prognostic and predictive data (including genetic, genomic, molecular, and bio-specimen data), risk stratification
 - Pharmaco-genomics
 - Risk factors and lifestyle
 - Comparative effectiveness and traditional CRN data
 - Development and evaluation of (multi-level) interventions and comparative effectiveness research in cancer treatment
 - Patient reported measures and outcomes
 - Cancer survivorship
 - Long-term consequences of cancer treatment
 - Care coordination and survivorship care
 - Recurrence
 - Quality of life, communication and family burden
 - Supportive and palliative cancer care

- Support development and understanding of CRN data resources
- Data quality assessment, improvement, and expansion
- Data Users Guide
- Preparatory-to-research requests
 - SAS programs
 - CRNnet query tool
- Guidance on appropriate use of CRN data resources

*Co-led by Jeff Brown (HPHCI), Jessica Chubak (GHRI), and
Diana Miglioretti (UC Davis)*