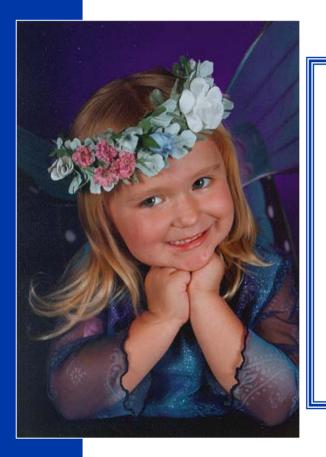


Funding Opportunities in Palliative Care Research at the American Cancer Society

Ronit Elk, Ph.D.

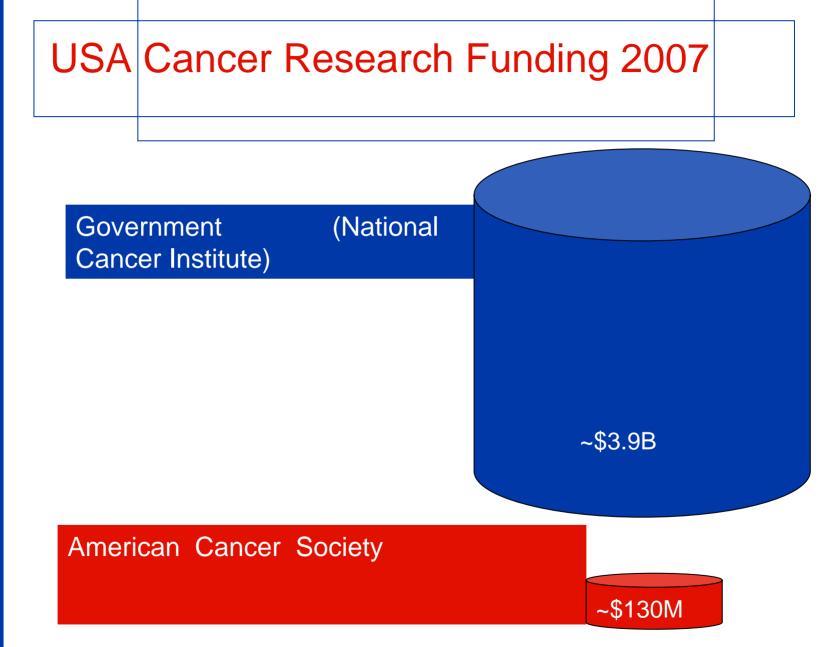


ACS~ Money to Research



ACS dedicates more money to cancer research than any other private, not for profit, non-governmental funder of cancer research in the US

Since the research program began in 1946 we have awarded almost \$2.5B



We are unique



Beginning Investigators



Set-aside for research that targets a need: Poor and Underserved





October 9, 20 Balanced portfolio



Respond to unmet needs

What research are we funding now? FY 2006-2007





Detection~\$7M



Treatment~\$

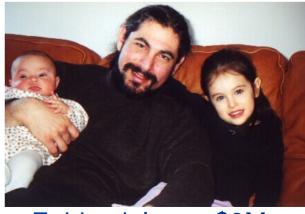
14M

Causes

~<u>\$12M</u>







Epidemiology ~\$8M





Poor & Underserved ~\$11M

Health Policy & Health Services ~\$4M



Childhood cancer

~\$5M



Prevention~\$9M



Psychosocial & Behavioral ~\$20M

We fund a variety of Researchers



Bench scientists



Clinical researchers



Epidemiologists



Prevention October 9, 2008 Researchers

7



Quality of Life Researchers



Health Policy Researchers

Special Emphasis ~ Poor and Underserved



10%



Reducing disparate ocdeath rates

Women have higher rates of cervical career than women in other ethnic groups. Smoking increases the risk for getting cerviced cancer.

Family history is not a risk factor for cervical cancer (it is not hereditary).



Culturally-appropriate community research programs (CBPR)

Palliative Care RFA





Purpose of RFA

Purpose: To bring much-needed research dollars to a field that has become increasingly important part of patient care, but for which federal funding is inadequate

In Collaboration: with National Palliative Care Research Center (NPCRC)

"The goal of this initiative is to redress this lack of funding and to support research scientists who will advance the field of palliative care."

~Sean Morrison, NPCRC

500K/yr for 5 years set-aside by ACS for this RFA

RFA Parameters

Focus of RFA: Patients with serious illness

- 1. Relationship of pain & other symptoms on quality & quantity of life.
- 2. Improving communication between patients, their families & providers.
- 3. Evaluating models & systems of care for patients & their families.

Mechanism: Pilot studies resulting in writing of RO1

Budget: 60K/yr + 20% indirect. Max 2 years.

This RFA is off to a JUMP start!

	Applications recommended for funding	Applications funded	\$ awarded
2007	10	8/10	\$1,151,000
2008	7	7/7	\$996,000



Symptom Control and Palliative Care Committee





What will the committee focus on?

Research proposals pertaining to adults or children with cancer and their families in the following categories:

- 1. **Poor** prognosis malignancies at **any** stage of illness
- **2. Advanced** malignancies (recurrent or metastatic disease)
- 3. Favorable prognosis malignancies associated with a high symptom burden

What can the applications focus on?

Wide range of topics

•Reducing barriers to achieve improved management of complications and side effects

•Pharmacological & non-pharmacological integrative medicine interventions to manage pain & other symptoms

•Ethical considerations for research in patients with advanced medical illness or at the end of life.

•Research design issues for research in such populations

•Cost analyses of care delivery models

•Policies and systems of care to enhance delivery of PC.

Preference will be given to proposals that incorporate a familycentered interdisciplinary approach with a multidimensional perspective, although it is recognized that such an approach may not be possible for all study designs. What funding mechanisms are available?

- 1. Postdoctoral Fellowship
- 2. Mentored Research Scholar Grant
- 3. Research Scholar Grant
- 4. Pilot and Exploratory Study
- 5. Clinical Research Professorship

1. Postdoctoral Fellowship **Purpose:** Initial funding for junior investigators Eligibility: Post Ph.D./MD but pre-faculty Award: 3 years (\$40K, \$42K, \$44K)/year **Deadline:** October and April every year

2. Mentored Research Scholar Grant

Purpose: Help junior faculty become independent investigators

Eligibility: 1st 4 years of independent faculty

Award: 5 years \$135K/year

Deadline: October and April every year

3. Research Scholar Grant

Purpose: Support researchers conducting independent research

Eligibility: 1st 6 years of independent faculty

Award: 4 years \$200K/year

Deadline: October and April every year

4. Pilot and Exploratory Projects

Purpose: Support researchers in palliative care to collect pilot data for future RO1/RSG

Eligibility: Any stage of career

Award: 2 years \$60K/year

Deadline: October ONLY

5. Clinical Research Professorship

Purpose: Support select few researchers who have made SEMINAL contribution to their field who will provide leadership

Eligibility: Mid career

Award: 5 years \$80K/year

Deadline: Letter of intent: Aug 1st If invited: Oct 15th

What are some commonly asked questions?



1. Is ACS interested in MY study?

We're interested in ALL studies

Remember that having a great (important) idea is NOT enough

2. How many applications do you fund?

Wrong question! you want funding, apply!

Your study Must be Outstanding (1.0-1.5) to be considered for funding in the Cancer Control Research program

lf

Our goal: 100% outstanding funded. We come very close to it in the Cancer Control Program

3. What makes a Scholar Grant outstanding?

- 1. Innovative, interesting, a real contribution
- 2. Sound methodology
 - Provide pilot data
 - Provide details on who, how, what, when
 - Get expert advice!
- 3. Feasible = "dirt under fingernails"
- 4. PI and collaborators track record
- 5. Institutional Support

It's your peers who decide who to fund. NOT ACS

4. What makes a *mentored /PF* application outstanding?

1. You (your record and your potential)

2. Your mentor(s): track record, dedication to you

3. Your Research Plan

•Realistic

•Feasible

Sound methodology

4. Your Training Plan

•Ties in with your goals

•Plan that will get you where you want to be



4. What makes a *PILOT* application outstanding?

- 1. You and your team
 - Your record and
 - Your potential
- 2. Your Research Plan
 - •Realistic
 - •Feasible
 - •Sound methodology
- 3. Your RO1/RSG plan
 - •The pilot data will lead to this
 - •The goal is significant/innovative

4. Institutional Support

5. If my application is recommended for funding by the Committee but falls below the pay line: Is there Any Hope?

Pay-IF program



6. What's The Best Advice You Can Give Me?

- 1. Read the guidelines carefully
- 2. Follow the guidelines
- 3. Ask your mentors/experts/funded investigators for advice

www.cancer.org

- 4. Before the application: email me w ?s
- 5. After review & invitation for appt: Grab a slot





Contact me with specific questions Ronit.Elk@cancer.org

