Prostate Cancer Disparities Project
Competitive Grant Program - Request for Proposals (RFP)

I. Background

The American Cancer Society and Pfizer Global Medical Grants are collaborating to offer a new competitive grant opportunity focused on addressing prostate cancer disparities impacting Black men.

About the American Cancer Society:

The American Cancer Society is a global grassroots force of 1.5 million volunteers dedicated to saving lives, celebrating lives, and leading the fight for a world without cancer. From breakthrough research, free lodging near treatment centers, a 24/7/365 live helpline, free rides to treatment, and convening powerful activists to create awareness and impact, the Society is the only organization attacking cancer from every angle. For more information about the American Cancer Society, go to www.cancer.org.

The Society will provide technical assistance and support to grantees, which will include hosting several in-person grantee summits and creating a learning community for grantees to share best practices and lessons learned. Additionally, the Society has convened a Prostate Cancer Disparities Advisory Group comprised of experts in field. This team will provide input and support during the project.

About Pfizer:

Pfizer Global Medical Grants (GMG) supports the global healthcare community's independent initiatives (e.g., research, quality improvement or education) to improve patient outcomes in areas of unmet medical need that are aligned with Pfizer's medical and/or scientific strategies. Pfizer's GMG competitive grant program involves a publicly posted RFP that provides detail regarding a specific area of interest, sets timelines for review and approval, and works with an external partner or uses an external review panel (ERP) to make final grant decisions. Organizations are invited to submit an application addressing the specific gaps in health care as outlined in the RFP.

For all quality improvement grants, the grant requester (and ultimately the grantee) is responsible for the design, implementation, and conduct of the independent initiative supported by the grant. Pfizer must not be involved in any aspect of project development, nor the conduct or monitoring of the quality improvement program.

II. Eligibility

<table>
<tr><td>Geographic Scope</td><td>United States</td></tr>
<tr><td>Applicant Eligibility Criteria</td><td>US health care institutions, large and small; public health organizations; community-based organizations and other organizations working to address prostate cancer disparities.
If any component of a proposed project includes activities certified for CME/CE credit, the accredited organization providing the credit must be the requesting organization on the grant.</td></tr>
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III. Requirements

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<tr><td>Area of Interest for this RFP</td><td>The intent of this grants project is to support quality improvement projects that reduce disparities impacting Black men facing prostate cancer.

It is expected that projects are built on the foundation of an evidence-based approach and the proposed research/evaluation plan will follow generally accepted scientific principles. During review, the intended outcome(s) of the project will be given careful consideration and projects with the maximum likelihood to directly impact patient care and those that may be scaled or replicated will be given high priority.

The intent of the collaboration is to support proposals addressing prostate cancer disparities along the continuum of care.

Example project proposal topics:
Screening (e.g., utilizing shared decision making)
Diagnosis (e.g., use of MRI to stage disease)
Treatment selection (e.g., active surveillance)
Treatment outcomes
Clinical trials accrual
Access to care (e.g., social support, navigation, geographic barriers)
Delays in diagnosis, treatment, and/or healthcare delivery
It is not our intent to support clinical research projects. Projects evaluating the efficacy of therapeutic or diagnostic agents will not be considered.</td></tr>
<tr><td>Target Audience</td><td>Members of the health care team and administrators involved in the diagnosis and care of prostate cancer patients
Patients
All groups dedicated to reducing prostate cancer disparities among Black men</td></tr>
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Disease Burden Overview	Prostate cancer incidence has declined the past two decades, largely due to a decrease in prostate specific antigen (PSA) screening. Over this same period, mortality has declined due to earlier detection and advances in the treatment of prostate cancer.[1] Despite these overall positive trends, incidence and mortality disparities still exist between black and white men. During 2011-2015, the average annual prostate cancer incidence rate for Black men was 76% higher when compared to the rate for white men across the country. Additionally, Black men have the highest prostate cancer death rate compared to other racial or ethnic groups. The death rate for Black men is 2.2 times higher than the death rate for white men.[2]
Gaps in Care and Barriers	A variety of factors including biologic, socioeconomic, access to quality care, and mistrust of the healthcare system may contribute to the higher prostate cancer incidence and mortality rates in Black men.[3] Evidence suggests low-grade prostate cancer may grow and spread more rapidly in African American men than in men of other races.[4] In addition, obesity among African American men is more strongly associated with an increased risk of prostate cancer compared to white men.[5] Black men are less likely to receive surgical treatment (e.g., radical prostatectomy) and more likely to receive no definitive treatment (e.g., active surveillance), which may contribute to poorer outcomes and a disparity in survival.[6,7] It is important to note Black men are underrepresented in prostate cancer research and less likely to participate in genomic testing. This may be due to mistrust of the healthcare system, a lack of understanding of medical terminology, reluctance to seek medical care and unfavorable attitudes toward research.[8] Uncertainties remain regarding the balance of benefits and harms associated with detecting prostate cancer early. As the likelihood of dying from prostate cancer is weighed with potential risks that may occur with detecting / treating men who would not otherwise have been impacted by the disease if left undetected, healthcare professional organizations have weighed in with screening recommendations. Most organizations do not endorse routine prostate cancer screening for men at average risk. Since 2010, the American Cancer Society's prostate cancer screening guidelines have reinforced the importance of shared decision making when deciding whether to undergo screening.[9] *The Society recommends that men have a chance to make an informed decision with their health care provider about whether to be screened for prostate cancer. The decision should be made after getting information about the uncertainties, risks, & potential benefits of prostate cancer screening. Men should not be screened unless they have received this information. The screening discussion should take place at:* • ***Age 50 for men who are at average risk** of prostate cancer and are expected to live at least 10 more years.*

	• ***Age 45 for men at high risk** of developing prostate cancer. This includes African Americans and men who have a first-degree relative (father, brother, or son) diagnosed with prostate cancer at an early age (younger than age 65).* • ***Age 40 for men at even higher risk** (those with more than one first-degree relative who had prostate cancer at an early age).* Although prostate cancer screening guidelines from most organizations now recommend inclusion of shared or informed decision making, the use of shared decision making for prostate cancer screening is not utilized consistently nor frequently among all men. There was no increase in the use of shared decision making among men receiving PSA testing between 2010 and 2015 (approximately 60% of men).[10] While elements of the benefits and risks of prostate cancer screening are incorporated into some conversations between providers and patients, there is a need to strengthen the implementation of shared decision making. In addition, there is no universal "best" treatment for most men diagnosed with prostate cancer. Shared decision making is therefore an essential element of treatment selection. There may be a lack of understanding of prostate health terminology among Black men that is vital during shared decision-making conversations – another contributing factor to the black-white prostate cancer disparity.[3, 11] Addressing and reducing disparities in prostate cancer screening, diagnosis, treatment selection and mortality will require engaging both healthcare providers and Black men in the research and subsequent solutions.
Expected Approximate Monetary Range of Grants	Individual projects requesting up to $250,000 for the two-year project period will be considered. The total available budget related to this RFP is $1,500,000. The amount of the grant Pfizer and the Society will be prepared to fund for any project will depend upon the review panel's evaluation of the proposal and costs involved and will be stated clearly in the approval notification.
Key Dates	RFP release date: June 11, 2020 **LOI due date: August 13, 2020** *Please note the deadline is 11:59 pm Eastern Time (New York, GMT -5)* Anticipated LOI Notification Date: October 6, 2020 Full Proposal Deadline: December 1, 2020 *Only accepted LOIs will be invited to submit full proposals* *Please note the deadline is 11:59 pm Eastern Time (New York, GMT -5)* Anticipated Full Proposal Notification Date: February 8, 2021

	Grant funding distributed following execution of a fully signed Letter of Agreement Anticipated Period of Performance: April 2021 to March 2023 (projects may be shorter but not longer than two years)
How to Submit	• Go to www.cybergrants.com/pfizer/loi and sign in. First-time users should click "REGISTER NOW". • Select the following Competitive Grant Program Name: **2020 Oncology – ACS Prostate Cancer Disparities** • Complete all required sections of the online application including LOI details (see section below) If you encounter any technical difficulties with the website, please click the "Technical Questions" link at the bottom of the page. IMPORTANT: Be advised applications submitted through the wrong application type and/or submitted after the due date will not be reviewed by the committee.
Questions	If you have questions regarding this RFP, please direct them in writing to the Pfizer Grant Officer, Jacqueline Waldrop (Jacqueline.Waldrop@pfizer.com) or to Karla Wysocki at the American Cancer Society (Karla.Wysocki@cancer.org) with the subject line "Prostate Cancer Disparities RFP."
Mechanism by Which Applicants Will Be Notified	All applicants will be notified via email by the dates noted above. Applicants may be asked for additional clarification or to make a summary presentation during the review period.

V. Letter of Intent Requirements

The Letter of Intent (LOI) will be accepted via the online application. While there is no page limit, we ask that submissions be succinct. When answering the LOI questions in the application please keep the following in mind:

Goals and Objectives	• Briefly state the overall goal of the project. Also describe how this goal aligns with the focus of the RFP and the goals of the applicant organization(s). • List the *overall* objectives you plan to meet with your project both in terms of learning and expected outcomes. Objectives should describe the target population as well as the outcomes you expect to achieve as a result of conducting the project.
Assessment of Need for the	• Please include a quantitative baseline data summary, initial metrics (e.g., quality measures), or a project starting point (please cite data on gap analyses or relevant patient-level data that informs the stated objectives)

Project	in *your* target patient population. Describe the source and method used to collect the data. Describe how the data was analyzed to determine that a gap existed. If a full analysis has not yet been conducted, please include a description of your plan to obtain this information.
Target Audience	• Describe the primary audience(s) targeted for this project. Also indicate whom you believe will directly benefit from the project outcomes. Describe the overall population size as well as the size of your sample population
Project Design and Methods	• Describe the planned project and the way it addresses the established need. • Describe what evidence-based best practice, theory and/or evaluation model informs your project design and methods. • If your methods include educational activities, please describe succinctly the topic(s) and format of those activities
Innovation	• Explain what measures you have taken to assure that this project idea is original and does not duplicate other projects or materials already developed. • Describe how this project builds upon existing work, pilot projects, or ongoing projects developed either by your institution or other institutions related to this project.
Evaluation and Outcomes	• Describe how your project will address prostate cancer disparities impacting Black men. • In terms of the metrics used for the needs assessment, describe how you will determine if the practice gap was addressed for the target group. Describe how you expect to collect and analyze the data. • Quantify the amount of change expected from this project in terms of your target audience. • Describe how the project outcomes will be broadly disseminated, including dissemination within the target population and/or community. • Describe your plans to either sustain or advance the work in this project.
Anticipated Project Timeline	• Provide an anticipated timeline for your project including project start/end dates
Additional Information	• If there is any additional information you feel the review panel should be aware of concerning the importance of this project, please summarize here
Organization and Partnership Detail	• Describe the attributes of the institutions / organizations / associations that will support and facilitate the execution of the project and the leadership of the proposed project. Articulate the specific role of each

	partner identified. Letters of support will be required at the Full Proposal stage and should not be included with the LOI.
Budget Detail	• A total amount requested is the only information needed for the LOI stage. Full Budget is not required. This amount can be adjusted at the Full Proposal stage as applicable. • While estimating your budget please keep the following items in mind: o Institutional overhead and indirect costs may be included within the grant request. Examples include human resources department costs, payroll processing and accounting costs, janitorial services, utilities, property taxes, property and liability insurance, and building maintenance as well as additional project expenses such as costs for publication, IRB / IEC review fees, software license fees, and travel. Please note: Pfizer does not provide funding for capital equipment. o The inclusion of these costs cannot cause the amount requested to exceed the budget limit set forth in the RFP. o It should be noted that grants awarded through GMG cannot be used to purchase therapeutic agents (prescription or non-prescription). • Pfizer maintains a company-wide, maximum allowed overhead rate of 28% for independent studies and projects. Overhead to be included within total budget request.

References:

[1] American Cancer Society. Cancer Facts & Figures 2019.
[2] American Cancer Society. *Cancer Facts & Figures for African Americans 2019-2021*.
[3] Wu I, Modlin CS. Disparities in prostate cancer in African American men: what primary care physicians can do. *Cleve Clin J Med.* 2012;79:313-320.
[4] Mahal BA, Berman RA, Taplin M, Huang FW. Prostate cancer–specific mortality across Gleason scores in black vs nonblack men. *JAMA.* 2018;320(23):2479–2481.
[5] Barrington WE, Schenk JM, Etzioni R, Arnold KB, Neuhouser ML, Thompson IM, Lucia S, Kristal AR. Difference in association of obesity with prostate cancer risk between US African American and Non-Hispanic White men in the selenium and vitamin E cancer prevention trial (SELECT). *JAMA Oncol.* 2015;1(3):342-349.
[6] Schwartz K, Powell IJ, Underwood W, George J, Yee C, Banerjee M. Interplay of race, socioeconomic status and treatment on survival of prostate cancer patients. *Urology.* 2009;74(6):1296-1302.
[7] Moses KA, Paciorek AT, Penson DF, Carroll PR, Master VA. Impact of ethnicity on primary treatment choice and mortality in men with prostate cancer: data from CaPSURE. *J Clin Oncol.* 2010;28(6):1069-1074.
[8] Rogers CR, Rovito MJ, Hussein M, Obidike OJ, Pratt R, Alexander M, Berge JM, Dall'Era M, Nix JW, Warlick C. Attitudes toward genomic testing and prostate cancer research among black men. *Am J Prev Med.* 2018;55(5S1):S103-S111.
[9] Smith RA, Andrews KS, Brooks D, et al. Cancer screening in the United States, 2018: A review of current American Cancer Society guidelines and current issues in cancer screening. *CA Cancer J Clin*. 2018;68(4):297-316.
[10] Fedewa SA, Gansler T, Smith R, Sauer AG, Wender R, Brawley OW, Jemal A. Recent patterns in shared decision making for prostate-specific antigen testing in the United States. *Ann Fam Med.* 2018;16:139-144.
[11] Wang DS, Jani AB, Tai CG, Sesay M, Lee DK, Goodman M, Echt KV, Kilbridge KE, Master VA. Severe lack of comprehension of common prostate health terms among low-income inner-city men. *Cancer.* 2013;00:1-8.