NCCN Request for Proposals (RFP): Quality Improvement (QI) Project: Improving Metastatic Prostate Cancer (mPCa) Care Through Innovative Strategies

Date Issued: April 29, 2026

1.0 Purpose

The National Comprehensive Cancer Network® and Pfizer Global Medical Grants (Pfizer) are collaborating to offer a new grant opportunity seeking proposals for investigator-initiated research to improve mPCa care. Pfizer (hereafter, "Grantor") is providing $1 Million in funding to support quality improvement studies to advance health care quality, the delivery of quality care, and improve health care provider performance in mPCa care. The Grantor will serve as the funding organization. Grants are available to all investigators from institutions within the United States.

2.0 Organization Information

National Comprehensive Cancer Network

The National Comprehensive Cancer Network® (NCCN®) is a not-for-profit alliance of 34 leading cancer centers devoted to patient care, research, and education. NCCN is dedicated to improving and facilitating quality, effective, efficient, and equitable cancer care so patients can live better lives. Through the leadership and expertise of clinical professionals at NCCN Member Institutions, NCCN develops resources that present valuable information to the numerous stakeholders in the health care delivery system. By defining and advancing high-quality cancer care, NCCN promotes the importance of continuous quality improvement and recognizes the significance of creating clinical practice guidelines appropriate for use by patients, clinicians, and other health care decision-makers around the world.

Pfizer Global Medical Grants

Pfizer Global Medical Grants (GMG) supports the global health care 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.

This RFP is being issued by both organizations. NCCN is the lead organization for review and evaluation of proposals. A Scientific Review Committee (SRC), led by NCCN, will make decisions on which proposals will receive funding. **Grant funding and general oversight of the funded projects will be provided directly from Pfizer.**

For all grants, the grant requester (and ultimately the grantee) is responsible for the design, implementation, sponsorship and conduct of the independent initiative supported by the grant, including compliance with any regulatory requirements. NCCN and Pfizer must not be involved in any aspect of study protocol or project development, nor the conduct or monitoring of the project.

3.0 Background

Despite significant advances in the management of metastatic prostate cancer (mPCa), many patients do not receive the full range of life-prolonging therapies for which they may be eligible. There are several explanations for this shortcoming including insufficient health care provider knowledge, high complexity of care delivery, and health care system inequity. Substantial disparities persist in both access to care and clinical outcomes, driven by factors such as differences in health care access, availability of support systems, and variability in care delivery. Evidence suggests that these disparities can be reduced when patients have equitable access to high-quality care and appropriate support. In addition, increased access to clinical trials has the potential to improve equity while simultaneously advancing prostate cancer treatment and outcomes.

Treatment-related toxicities play a critical role in therapy selection, tolerance, and adherence in patients with mPCa. The evolving treatment landscape requires thoughtful consideration of both treatment escalation and de-escalation strategies. As such, shared decision-making between patients and providers is essential to ensure that therapeutic choices align with patients' goals, preferences, and overall quality of life.

Targeted therapies, particularly poly (ADP ribose) polymerase inhibitors (PARPi), have demonstrated a well-established and expanding role in the management of mPCa. PARPi used as monotherapy, including olaparib and rucaparib, have shown meaningful clinical benefit in biomarker selected patients with DNA damage repair (DDR) alterations, as supported by the landmark PROFOUND and TRITON 3 trials. More recently, the combination of PARPi with androgen receptor pathway inhibitors (ARPI) has emerged as a practice-changing strategy, with multiple phase III trials, including PROpel (olaparib + abiraterone/prednisone), MAGNITUDE (niraparib + abiraterone/prednisone), TALAPRO 2 (talazoparib + enzalutamide), and AMPLITUDE (niraparib + abiraterone), demonstrating efficacy in prostate cancer patients harboring certain DDR gene alterations. Together, these data underscore the importance of both germline and somatic biomarker and genetic testing to identify patients most likely to benefit from these targeted approaches.

However, despite the strength of these data, significant disparities remain in the utilization of both germline and somatic biomarker and genetic testing. Insufficient testing limits patient identification for appropriate targeted therapies and contributes to inequities in treatment access and outcomes. Interventions that expand or optimize access to testing and standardize testing practices have the potential to meaningfully improve care delivery and patient outcomes.

The overall aim of this RFP is to develop innovative, impactful, scalable, and sustainable quality improvement projects to advance the delivery of quality care to patients with mPCa. Funded projects should aim to address knowledge gaps, inefficiencies, and disparities in care delivery by focusing on one or more of the following areas:

- **Optimizing provider adherence to standard of care testing and treatment strategies**, ensuring access to up-to-date, evidence-based care.
- **Enhancing patient–provider communication and health literacy**, thereby improving patient understanding of disease, treatment options, and care pathways to optimize clinical outcomes.
- **Improving strategies for toxicity mitigation**, with the goal of increasing treatment tolerability and enabling patients to receive and remain on life-prolonging therapies.
- **Increasing appropriate utilization of biomarker and genetic testing**, to support access to targeted therapies for eligible patients.

Proposals submitted in response to this RFP should guide the development of processes that will improve the delivery of comprehensive high-quality care and/or the experience for patients with mPCa. Projects should clearly define the QI approach and include measurable outcomes to assess project impact. Applicants are also expected to describe plans for dissemination of findings to the broader health care and patient communities through abstracts, presentations, publications, or other appropriate channels.

Priority consideration will be given to proposals that:

- Focus on system level or process driven changes that address structural or operational barriers of care.
- Demonstrate potential to improve equity in access to and utilization of therapy across diverse patient populations.
- Address dissemination of information to patients and communities, including use of patient advocacy.

4.0 Aims and Eligibility

Aim:	To promote the advancement of scientific knowledge, health care provider performance, and/or health care quality improvement focused on improving mPCa care.
Geographic Scope:	United States
Eligibility Criteria: *Investigators from the following organizations may apply*	• US community and academic institutions (including NCCN and non-NCCN Member Institutions). • Health care professional organizations and other organizations related to health care improvement. • Health care delivery organizations must serve as the lead applicant, if partnered with health technology companies and advocacy groups.
Additional Eligibility Information:	• Collaboration among institutions is strongly encouraged to foster interactive sharing of knowledge and expertise, and to utilize the combined strengths of the involved institutions. • Junior faculty (i.e., Assistant Professors and below) are encouraged to apply.

	• Trainees may participate as a sub-investigator under appropriate mentorship from a PI.

5.0 Requirements

Clinical Area:	Metastatic Prostate Cancer (mPCa)
Target Audience:	Key stakeholders in mPCa (including but not limited to, medical oncologists, radiation oncologists, supportive oncology providers (PCPs, psychologists, palliative care, etc.), and allied health care providers (APPs, social workers, nurse navigators, genetic counselors, etc.).
Funding Considerations:	• A total of $1 Million is available to fund all projects. • The intent is to fund 2-5 studies. There is a funding cap of $250,000 per study. Exceptional studies with budgets above this amount will be considered based on scientific merit and must contain a robust justification. All budgets must include line-item information and robust justification. • Overhead (indirect cost) rates of up to 28% of the total proposed project budget are allowed and *must* be included in the total requested amount. • No travel costs will be covered. • Publication costs (excluding writing services) may be covered if included in the initial budget. • Applicants are required to disclose additional sources of funding for the proposed project and demonstrate that funding does not overlap. • Funding decisions are deferred to the members of the SRC as chosen by NCCN and are independent of Pfizer.
Areas of interest/emphasis:	Developing systematic approaches to genetic and biomarker testing: • Identification and mitigation of barriers to testing utilization, including those related to practice setting, geographic location, patient population, and patient or provider knowledge gaps. • Evaluation of tailored strategies designed to improve uptake and completion of recommended genetic and biomarker testing. • Development of workflows to streamline testing processes across institutions, including optimization of tissue acquisition and facilitation of circulating tumor DNA (ctDNA) testing. Toxicity management and supportive care optimization: • Development and implementation of referral pathways or clinical triggers to facilitate timely access to specialty care (e.g., neurology, cardiology, endocrinology, etc.).

Areas of interest/emphasis (Continued)	• Evaluation of the impact of specialty involvement on patient outcomes, such as blood pressure control, bone health and osteoporosis management, and metabolic complications. • Streamlining patient access to adverse event counseling and supportive care resources. • Implementation and assessment of symptom monitoring and reporting tools, including patient-reported outcomes. • Educational interventions aimed at mitigating risks and toxicities through improved provider and patient understanding of therapy expectations and side-effect management. • Proactive approaches to reducing overall toxicity burden through anticipatory monitoring and early intervention. Patient and provider education and engagement: • Interventions to improve patient awareness and understanding of genetic and molecular testing, including what testing was performed and how results inform treatment decisions. • Strategies to improve provider knowledge regarding the importance of testing and to enhance communication with patients about testing and treatment implications. • Community based outreach and education initiatives designed to address mistrust in health care and improve engagement among underserved populations. • Models to improve patient navigation and access to educational resources, including use of health coaches, navigators, or other support mechanisms. • Approaches to enhance shared decision-making between patients and providers throughout the course of metastatic disease management. Optimizing health care provider performance and adherence to standards of care: • Identification of barriers to adherence to accepted clinical guidelines for optimal mPCa management. • Interventions to promote appropriate and timely use of PARPi and other guideline-recommended therapies. • Leveraging electronic medical record (EMR) based pathways, clinical decision support tools, or treatment algorithms to improve guideline adherence, and standardize care delivery. • Evaluation of pathway based interventions on treatment selection, sequencing, and patient outcomes.

Areas excluded or considered out of scope:	Specific areas considered out-of-scope or excluded include: • Research projects aimed at creating new knowledge (as opposed to QI aimed at improving systems, processes or patient outcomes); • Projects aimed at development of new AI tools (projects incorporating existing AI tools supporting QI initiatives will be considered); • Proposals focused on exercise or diet would need to demonstrate outcomes such as improved adherence to measures or improved Quality of Life (QOL) on therapy; • Projects addressing affordability of care and/or health care policies surrounding financial coverage; and • Medical Education Companies cannot be the primary applicant (can be a collaborator). **Proposals duplicative of completed, ongoing, or planned studies will not be considered.**
Study Timeframes for Approved Studies:	• Commencement: no later than 6-9 months after notice of study approval. • Period of Performance: 2 years • Reporting/dissemination of results in manuscript form: no later than 9 months after study endpoint achieved. **All studies will require documentation of the feasibility of completion; studies may be multi-institutional.**
Selection Criteria:	Proposals must include background information, needs assessment, objectives, target audience, project design and methods, evaluation and outcomes, sustainability plan, organizational details and requested funding amount. Proposals will be judged based on the following criteria: • Strategic Alignment to RFP • Innovation/Uniqueness • Methodology • Organizational Capability, Leadership & Staff Capacity • Approach/Feasibility The Grantor can reject any study with safety issues or if it is an already studied concept.
Key Dates:	• RFP release date: **April 29, 2026** • Proposal submission deadline: **July 1, 2026**

	(Please note that the submission deadline is 5:00 PM Eastern) • Anticipated award notification date: **mid-August 2026**
Questions:	If you have questions regarding this RFP, please direct them in writing to Nicole Zion, Senior Clinical Research Manager, at zion@nccn.org and Lori Carpenter, Grant Officer at lori.carpenter@pfizer.com with the subject **"NCCN Pfizer mPCa RFP"**.

How to Submit:	• Please go to https://www.cybergrants.com/pfizer/QI and sign in. First-time users should click "REGISTER NOW".
	• Select the following Competitive Grant Program Name: **2026 ONC US NCCN Prostate Cancer QI**
	• Select the following Area of Interest: **Genitourinary - QI**
	• Requirements for submission:
	  • Complete all required sections of the online application referring to the guide included in the Appendix.
	  • If you encounter any technical difficulties with the website, please click the "Need Support?" 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.

Review and Approval Process:	An NCCN Request for Proposals Development Team (RFPDT) was formed to oversee this process and will utilize a formalized review procedure to select the proposals of highest clinical relevance and scientific merit. The NCCN RFPDT oversaw the development of this RFP and will perform the peer review of applications. All reviews, evaluations, and award decisions are independent of Grantor.
Mechanism by which Applicants will be Notified:	• All applicants will be notified via email by the date noted above. • Applicants may be asked for additional clarification during the review period.

6.0 Terms and Conditions

1. This RFP does not commit Pfizer, or their partners, to award a grant or a grant of any particular size if one is awarded, nor to pay any costs incurred in the preparation of a response to this request.

2. If your grant is approved, your institution will be required to enter into a written grant agreement with Pfizer. Please click here to view the core terms of the agreement. These terms have been drafted to be balanced and reasonable and to further the goals of both parties. Negotiating grant agreements requires significant resources, so please ensure that your institution (including your legal department) is able and willing to abide by these terms before proceeding with submission of your application as they will need to be accepted in their entirety.
3. This RFP does not provide permission and license for the use (including the creation of derivative products) of the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) or the NCCN Biomarkers Compendium for commercial use. Grant recipients will need to maintain a separate end-user or other license agreement directly with NCCN for use of the NCCN Guidelines or Biomarkers Compendium.

7.0 Submission Requirements

Applications will be accepted via the online portal listed in the "How to Submit" section. Project Proposals/Protocols should be single-spaced using Calibri 12-point font and 1-inch margins. Note: There is a 15-page limit exclusive of references.

When uploading your Full Proposal please ensure it addresses the following:

Goals and Objectives	Briefly state the overall goal of the project. 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 Project and Preliminary Data	This should reflect your study rationale. Provide a brief description of the medical/scientific question and the rationale of how this trial or study addresses the question.
Target Audience	Describe the primary audience(s) targeted for this project. 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. For Investigator Sponsored Clinical Trials, please specify the age, gender, and other demographic information for trial population.
Project Design and Methods	Describe concisely the research design and methods for achieving the stated goals. For a clinical interventional study, include inclusion/exclusion criteria, treatment plan and statistical plan.
Innovation	Explain what measures you have taken to ensure 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	Specify type and frequency of safety, efficacy, and/or outcome measures. Also indicate the method(s) used to assess measures. Provide a publication plan describing intended submission of abstracts to (a) congress(es) or intended submission of (a) publication(s) to peer-reviewed journals. All publications must follow ICH guidelines. 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.
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 reviewers should be aware of concerning the importance of this project, please summarize here.
Organization Detail (Environment and Mentors)	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 in the proposed project. Letters of support from partner organizations are required to be submitted with the full proposal. This information is used to assess the capability of the organizational resources available to perform the effort proposed. Identify the facilities to be used [laboratory, animal, clinical and “other”]. If appropriate, indicate their capacities, pertinent capabilities, relative proximity, and extent of availability to the project.
Budget Detail	The budget amount requested must be in U.S. dollars (USD). While estimating your budget please keep the following items in mind: • General organizational running costs such as legal fees, insurance, heating, lighting, etc. should be included in Institutional Overhead (if required). These costs are not specific to a grant request and therefore should not

	appear as line items in budgets. However, costs that are specific to the study (e.g., some countries require insurance to be taken out on a per-study basis for clinical research) would be acceptable to be included as line items. ○ The inclusion of these costs cannot cause the amount requested to exceed the budget limit set forth in the RFP. • Grantor does not provide funding for capital purchases (infrastructure expenses such as equipment, purchases of software or software licenses, technology or bricks and mortar). Equipment hire/leasing is acceptable and may be included in the project budget. • It should be noted that grants awarded through GMG cannot be used to purchase Grantor therapeutic agents (prescription or non-prescription). Grantor maintains a company-wide, maximum allowed overhead rate of 28% for independent studies and projects. Please click here for details.

8.0 References

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