



## ***Integrated Approach to Breast Health Equity Competitive Grant Program - Request for Proposals (RFP)***

### **I. Background**

The American Cancer Society and Pfizer Global Medical Grants are collaborating to offer a new community grant opportunity focused on optimizing outcomes for all patients facing breast cancer.

#### 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](http://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 Breast Health Equity (BHE) Advisory Workgroup comprised of experts in BHE. This group 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

<b>Geographic Scope</b>	United States
<b>Applicant Eligibility Criteria</b>	<ul style="list-style-type: none"><li>• US health care institutions, large and small; public health organizations; community-based organizations and other organizations working to address breast cancer disparities.</li><li>• Joint grant applications between multiple sectors are expected (e.g., academic centers &amp; community health centers or hospitals &amp; FQHCs). Please note all organizations must have a relevant role and the requesting organization must have a key role in the project, including fiscal responsibility for the grant.</li><li>• 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.</li></ul>

## III. Requirements

<b>Area of Interest for this RFP</b>	<p>The intent of this community grants project is to focus on reducing the widening gap in breast cancer mortality trends between black and white patients.</p> <p>It is expected that projects will be evidence-based (education and/or quality improvement) 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 will be given high priority.</p> <p>It is not our intent to support clinical research projects. Projects evaluating the efficacy of therapeutic or diagnostic agents will not be considered.</p>
<b>Target Audience</b>	<ul style="list-style-type: none"><li>• Members of the health care team and administrators involved in the diagnosis and care of breast cancer patients</li><li>• Patients</li><li>• Community Health Workers</li><li>• All groups dedicated to reducing breast cancer disparities.</li></ul>
<b>Disease Burden Overview</b>	<p>Breast cancer mortality has steadily declined over the last four decades due, in part, to improvements in screening, leading to the detection of occult disease, earlier diagnosis of symptomatic disease, and treatment. However, not all breast cancer patients have benefitted equally from this decline and there is a striking widening gap in breast cancer mortality trends between black and white patients.</p>

	<p>Trends indicate breast cancer mortality rates for white women have decreased in all 50 states, however, the rates for African American women has increased in 2 states, remained level in 24 and decreased in 11 states.<sup>1</sup></p> <p>In 2015, breast cancer death rates were 39% higher for black women compared with white women across the nation and up to 60% higher in some states.<sup>2</sup></p> <p>Also, 33% of African American women with breast cancer are diagnosed at an age less than 50 years, compared with 21.9% of white women.<sup>3</sup></p> <p>Addressing and reducing disparities in breast cancer mortality will require a multi-pronged, multi-sector approach.</p>
<b>Gaps in Care and Barriers</b>	<p>Factors contributing to the breast cancer mortality disparity between black and white women include: lower screening rates<sup>4</sup>, low quality mammography services, differences in stage of cancer diagnosis, tumor characteristics, access to timely follow-up and treatment, and risk of financial toxicity.<sup>5,6</sup></p> <p>African American women have been found to have a longer time to diagnostic follow-up after an abnormal mammogram at 20 days versus 14 days for white women.<sup>7</sup></p> <p>Known challenges impacting breast cancer disparities include the role of family history, metastatic disease, triple negative breast cancer and/or BRCA positive breast cancer. Consistent access to high-quality care for patients with low socioeconomic status is a barrier. It is also important to understand the patterns of care contributing to these disparities (delays, misuse and underuse of treatment).<sup>8</sup></p> <p>Genetic counseling and testing are also important factors to address related to improving breast cancer survival.</p>
<b>National Effort to Reduce Gaps in Care</b>	<p>Cities such as Chicago and Memphis have seen a reduction in black-white disparities with focused, city-wide efforts.<sup>9</sup></p>
<b>Expected Approximate Monetary Range of Grants</b>	<p><u>Community Engaged Projects</u> = Focusing on innovative, community-wide, clinical practice or health systems engaged projects. May request up to \$350,000.</p> <p><u>Formative Projects</u> = Focusing on assessment only. May request up to \$50,000.</p> <p>The total available budget related to this RFP is \$2,000,000.</p> <p>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.</p>

<b>Key Dates</b>	<p>RFP release date: April 22, 2019</p> <p><b>LOI due date: June 17, 2019</b> Please note the deadline is midnight Eastern Time (New York, GMT -5).</p> <p>Anticipated LOI Notification Date: July 18, 2019</p> <p>Full Proposal Deadline*: September 12, 2019 *Only accepted LOIs will be invited to submit full proposals Please note the deadline is midnight Eastern Time (New York, GMT -5).</p> <p>Anticipated Full Proposal Notification Date: November 7, 2019 Grants distributed following execution of fully signed Letter of Agreement</p> <p>Period of Performance: January 2020 to January 2022</p>
<b>How to Submit</b>	<ul style="list-style-type: none"> <li>• Go to <a href="http://www.cybergrants.com/pfizer/loi">www.cybergrants.com/pfizer/loi</a> and sign in. First-time users should click “REGISTER NOW”.</li> <li>• Select the following Competitive Grant Program Name: <b>Integrated Approach to Breast Health Equity</b></li> <li>• Complete all required sections of the online application including LOI details (see section below)</li> </ul> <p>If you encounter any technical difficulties with the website, please click the “Technical Questions” link at the bottom of the page.</p> <p>IMPORTANT: Be advised applications submitted through the wrong application type and/or submitted after the due date will not be reviewed by the committee.</p>
<b>Questions</b>	<p>If you have questions regarding this RFP, please direct them in writing to the Pfizer Grant Officer, Jacqueline Waldrop (<a href="mailto:Jacqueline.Waldrop@pfizer.com">Jacqueline.Waldrop@pfizer.com</a>) or to Karla Wysocki at the American Cancer Society (<a href="mailto:Karla.Wysocki@cancer.org">Karla.Wysocki@cancer.org</a>) with the subject line “Integrated Breast Health Equity RFP.”</p>
<b>Mechanism by Which Applicants Will Be Notified</b>	<p>All applicants will be notified via email by the dates noted above.</p> <p>Applicants may be asked for additional clarification or to make a summary presentation during the review period.</p>

#### IV. Terms and Conditions

Please take note every Request for Proposal (RFP) released by Pfizer GMG, as well as a RFP released jointly with a partner organization, is governed by specific terms and conditions. Click [here](#) to review these terms and conditions.

## V. Letter of Intent Requirements

The Letter of Intent (LOI) will be accepted via the online application. When answering the LOI questions in the application please keep the following in mind:

<b>Goals and Objectives</b>	<ul style="list-style-type: none"><li>• 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).</li><li>• List the <i>overall</i> 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.</li></ul>
<b>Assessment of Need for the Project</b>	<ul style="list-style-type: none"><li>• 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) in <i>your</i> target area. 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.</li></ul>
<b>Target Audience</b>	<ul style="list-style-type: none"><li>• 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</li></ul>
<b>Project Design and Methods</b>	<ul style="list-style-type: none"><li>• Describe the planned project and the way it addresses the established need.</li><li>• Describe what evidence-based best practice, theory and/or evaluation model informs your project design and methods.</li><li>• If your methods include educational activities, please describe succinctly the topic(s) and format of those activities</li></ul>
<b>Innovation</b>	<ul style="list-style-type: none"><li>• Explain what measures you have taken to assure that this project idea is original and does not duplicate other projects or materials already developed.</li><li>• 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.</li></ul>
<b>Evaluation and Outcomes</b>	<ul style="list-style-type: none"><li>• Describe how your project will impact narrowing the black-white breast cancer mortality gap.</li><li>• 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.</li></ul>

	<ul style="list-style-type: none"> <li>• Quantify the amount of change expected from this project in terms of your target audience.</li> <li>• Describe how the project outcomes will be broadly disseminated.</li> <li>• Describe your plans to either sustain or advance the work you start in this project.</li> </ul>
<b>Anticipated Project Timeline</b>	<ul style="list-style-type: none"> <li>• Provide an anticipated timeline for your project including project start/end dates</li> </ul>
<b>Additional Information</b>	<ul style="list-style-type: none"> <li>• If there is any additional information you feel Pfizer should be aware of concerning the importance of this project, please summarize here</li> </ul>
<b>Organization Detail</b>	<ul style="list-style-type: none"> <li>• 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 will be required at the Full Proposal stage only and should not be included with the LOI.</li> </ul>
<b>Budget Detail</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• The budget amount requested must be in U.S. dollars (USD).</li> <li>• While estimating your budget please keep the following items in mind: <ul style="list-style-type: none"> <li>○ 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.</li> <li>○ The inclusion of these costs cannot cause the amount requested to exceed the budget limit set forth in the RFP.</li> <li>○ It should be noted that grants awarded through GMG cannot be used to purchase therapeutic agents (prescription or non-prescription).</li> </ul> </li> <li>• Pfizer maintains a company-wide, maximum allowed overhead rate of 28% for independent studies and projects</li> </ul>

## References:

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- <sup>1</sup> Hunt BR, Whitman S, Hurlbert MS. Increasing black:white disparities in breast cancer mortality in the 50 largest cities in the United States. *Cancer Epidemiology*. 2014;38:118-123.
- <sup>2</sup> American Cancer Society. *Breast Cancer Facts & Figures 2017-2018*. Atlanta: American Cancer Society, Inc. 2017.
- <sup>3</sup> Clarke CA, West DW, Edwards BK, Figgs LW, Kerner J, Schwartz AG. Existing data on breast cancer in African American women: what we know and what we need to know. *Cancer*. 2003;97(1 suppl):211-221.
- <sup>4</sup> Cronin KA, Miglioretti DL, Krapcho M, Yu B, Geller BM, Carney PA, Onega T, Feuer EJ, Breen N, Ballard-Barbash R. Bias associated with self-report of prior screening mammography. *Cancer Epidemiology Biomarkers & Prev* 2009;18:1699-705.
- <sup>5</sup> Hunt BR, Hurlbert MS. Black: white disparities in breast cancer mortality in the 50 largest cities in the United States, 2005-2014. *Cancer Epidemiology*. 2016 Dec 1;45:169-173.
- <sup>6</sup> Jemal A, Robbins AS, Lin CC, Flanders WD, DeSantis CE, Ward EM, Freedman RA. Factors that contribute to black-white disparities in survival among nonelderly women with breast cancer between 2004 and 2013. *Journal of Clinical Oncology*. 2018 Jan 36:1, 14-24.
- <sup>7</sup> Press R, Carrasquillo O, Sciacca RR, Giardina EG. Racial/ethnic disparities in time to follow-up after an abnormal mammogram. *J Women's Health*. 2008;17:923-930.
- <sup>8</sup> Daly B, Olopade IO. A perfect storm: how tumor biology, genomics, and health care delivery patterns collide to create a racial survival disparity in breast cancer and proposed interventions for change. *CA Cancer J Clin*. 2015;65:221-238.
- <sup>9</sup> Ansell D, Grabler P, Whitman S, Ferrans C, Burgess-Bishop J, Murray LR, Rao R., Marcus E. A community effort to reduce the black/white breast cancer mortality disparity in Chicago. *Cancer Causes Control*. 2009 20:1681-1688.