

Cancer Surveillance Using Health Claims-Based Data System (R01/R21)

For the full text of these PAs, visit:

<http://grants.nih.gov/grants/guide/pa-files/PA-07-254.html> (R01)

<http://grants.nih.gov/grants/guide/pa-files/PA-06-386.html> (R21)

Description

The objective of this Funding Opportunity Announcement (FOA) is to encourage grant applications for research entailing the use of health claims data for cancer surveillance. Cancer surveillance may include assessment of patterns of care, quality and outcomes of care, and health disparities across the continuum of treatment. Projects sought under this FOA may focus on treatment and outcomes at the patient-specific level or include influences from the provider or broader health-system level.

Mechanisms of Support

The R01 and R21 award mechanisms will be supported by this funding opportunity. Applications using the R01 award mechanism must have extensive preliminary data and build on previous pilot work or existing research in the proposed research area. Applications for the R01 mechanism have no dollar limit; the project period may not exceed 5 years. Applicants for the R21 mechanism may request a project period of 2 years with a combined budget for direct costs of up to \$275,000 (no more than \$200,000 in any single year).

Research Goals and Scope

This funding opportunity announcement (FOA) is intended to support research directed at the use of health claims data for cancer surveillance, including studies of cancer detection, treatment, and/or outcomes.

Research topics that would be relevant to this FOA include, but are not limited to, the following examples:

- Studies of the patterns of care for persons with specific cancers/stages (this might include treatment during the peri-diagnostic period, use of adjuvant treatments, as well as long-term follow up)
- Disparities in the receipt in cancer care based on demographic and socio-economic characteristics
- The roles of provider and health system factors as they influence cancer treatment
- Evaluation of the quality of care across the cancer continuum
- Use of screening tests among the general population and rates of post-diagnostic surveillance for persons with cancer
- Differences in cancer screening and treatment based on insurance status—such as uninsured, managed care and fee-for-service, and the impact of carve-out plans
- Intensity and types of services provided at the end of life
- Rates of short-term complications following cancer treatment
- Long-term complications for cancer survivors as sequellae to their cancer treatment
- Costs by selected cancers / stages / treatments

Eligibility Requirements

- For-profit organizations
- Non-profit organizations
- Public or private institutions, such as universities, colleges, hospitals, and laboratories
- Units of State governments
- Units of local governments
- Eligible agencies of the Federal government;
- Foreign Institutions
- Domestic Institutions
- Faith-based or community-based organizations
- Indian/Native American Tribal Governments (Federally Recognized)
- Indian/Native American Tribal Governments (Other than Federally Recognized)
- Indian/Native American Tribally Designated Organizations

Review

Applications submitted for this PA will be assigned to NIH Institutes and Centers (ICs) on the basis of established PHS referral guidelines. Appropriate scientific review groups convened in accordance with the standard NIH peer review procedures will evaluate applications for scientific and technical merit.

Application Submission Dates

<http://grants.nih.gov/grants/funding/submissionschedule.htm>

Further Assistance

GrantsInfo

Tel. (301) 435-0714

Email: GrantsInfo@nih.gov

Grant Writing Tip Sheets

http://grants.nih.gov/grants/grant_tips.htm

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