AMERICAN CANCER SOCIETY

PHYSICIAN TRAINING AWARDS IN CANCER PREVENTION

POLICIES AND INSTRUCTIONS

EFFECTIVE JANUARY 2018

ELECTRONIC APPLICATION DEADLINE: APRIL 2, 2018

PAPER APPLICATION COPY DEADLINE: APRIL 3, 2018

AMERICAN CANCER SOCIETY, INC.
Extramural Grants Department
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Atlanta, GA 30303-1002

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APPLICATION FORMAT CHANGES

PLEASE NOTE: Recent changes to the Physician Training Awards in Cancer Prevention Policies and Instructions and application forms are noted in text that is blue.

MISSION

The American Cancer Society’s mission is to save lives, celebrate lives, and lead the fight for a world without cancer.
PHYSICIAN TRAINING AWARDS IN CANCER PREVENTION

POLICIES

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1. OVERVIEW OF THE EXTRAMURAL RESEARCH AND TRAINING GRANTS PROGRAM OF THE AMERICAN CANCER SOCIETY

With a primary focus on beginning investigators, the American Cancer Society’s Extramural Grants Program seeks to support innovative cancer research across a wide range of disciplines to meet critically important needs in the control of cancer.

Each year, the Society receives approximately 1,500 requests for support of cancer research and for training of health care professionals. All proposals are subjected to multiple levels of rigorous and independent peer review to identify the most meritorious projects for funding.

The Society offers extramural support for research and training via the programs described below. For program specific information, please see Section 20.

GRANT MECHANISMS

RESEARCH GRANTS FOR INDEPENDENT INVESTIGATORS

Research Scholar Grants—Applicants must be independent, self-directed researchers within six years of their first academic appointment. The maximum award is for four years and for up to $165,000 per year (direct costs), plus 20% allowable indirect costs.

An eligibility exception is in the Priority Focus on Health Equity Research in the Cancer Control and Prevention Research Program, which is restricted to: research studies in psychosocial, behavioral, health policy or health services, which address cancer health equity and disparities. In this case, investigators can be at any stage of their careers. Additionally, only population-based studies that address health equity may propose up to a maximum of 5 years and $400,000 per year (direct costs), plus 20% allowable indirect costs.

Institutional Research Grants—Awarded to institutions as block grants to provide seed money for newly independent investigators to initiate research projects. Grants are made for one to three years and average $120,000 per year. These grants are renewable.

MENTORED TRAINING AND CAREER DEVELOPMENT GRANTS

Postdoctoral Fellowships—Support for researchers, who have received a doctoral degree to provide training leading to a career in cancer research. Awards may be for up to three years with progressive stipends of $48,000, $50,000, and $52,000 per year, plus a $4,000 per year fellowship allowance. In addition, $1,500 will be provided in the last year for travel costs to attend the ACS Postdoctoral Fellows Symposium, if offered that year, or travel to a domestic scientific meeting.

Mentored Research Scholar Grants—Provides support for mentored research and training to full-time junior faculty, typically within the initial six years of their first faculty appointment (see Eligibility Criteria - Section 21 of the Grant Policies and Instructions for further information). The goal is for clinicians, who are beginning investigators, to become independent researchers as
Clinician Scientist Development Grant— Fosters the development of clinicians as clinician scientists. Clinician scientists are investigators licensed to provide patient care and trained to conduct research. They pursue research questions across the cancer research continuum of relevance to improving health. CSDGs provides support for protected time to allow junior faculty who see patients to be mentored and participate in research training to aid their development as independent clinician scientists. Applicants must be full-time and within the first six years of their initial faculty appointment (see Eligibility, section 21 of the Grant Policies and Instructions for further information). Awards range from three to five years and for up to $135,000 per year (direct costs), plus 8% allowable indirect costs. A maximum of $10,000 per year for the mentor(s) (regardless of the number of mentors) is included in the $135,000.

Physician Training Awards in Cancer Prevention—Awards to institutions to support physician training in accredited preventive medicine residency programs that provide cancer prevention and control research and practice opportunities. Awards are for four and one-half years in the total amount of $300,000, based on an average of $50,000 per resident training year. These grants are renewable.

PREDOCTORAL TRAINING

Doctoral Training Grants in Oncology Social Work—Awards to doctoral students to conduct research related to oncology social work. Initial two-year grants providing a stipend of $20,000 per year with possibility of a two-year competitive renewal.

Master’s Training Grants in Clinical Oncology Social Work—Awards to institutions to support the training of second-year master’s degree students to provide psychosocial services to persons with cancer and their families. The grant term is two years with annual funding of $12,000 (trainee award of $10,000 and $2,000 for faculty professional development). These grants are renewable.

Doctoral Degree Scholarships in Cancer Nursing—Provide support for study in a doctoral degree program in nursing or a related area, and prepare the graduate for a career as a cancer nurse scientist. The initial award is for two years and provides a stipend of $15,000 per year. Scholarships may be renewed for an additional two years based on satisfactory progress.

Graduate Scholarships in Cancer Nursing Practice—Support for graduate students pursuing a master’s degree in cancer nursing or doctorate of nursing practice (DNP). Awards may be for up to two years with a stipend of $10,000 per year.
AMERICAN CANCER SOCIETY PROFESSOR AWARDS

Research Professor Awards—Awarded to outstanding mid-career investigators who have made seminal contributions that have changed, and will continue to change, the direction of cancer research. Applicants will have attained the rank of full professor. The awards are for 5 years in the total amount of $400,000, and may be renewed once.

Clinical Research Professor Awards—Awarded to outstanding mid-career investigators who have made seminal contributions in areas of cancer control that have changed, and will continue to change, the direction of clinical, psychosocial, behavioral, health policy or epidemiologic cancer research. Applicants will have attained the rank of full professor. The awards are for five years in the total amount of $400,000, and may be renewed once.

INTERNATIONAL PROGRAM

Audrey Meyer Mars International Fellowships in Clinical Oncology—Support for one year of advanced training in clinical oncology at participating US cancer centers to qualified physicians and surgeons from other countries, particularly countries where advanced training is not readily available. This program is limited to non-US citizens and provides up to US $65,000 for one year. The annual application deadline is October 15.

SPECIAL INITIATIVE

PRIORITY FOCUS ON HEALTH EQUITY RESEARCH IN THE CANCER CONTROL AND PREVENTION RESEARCH GRANTS PROGRAM

Despite the steady overall decline in cancer incidence and mortality rates in the United States, not all population groups have benefited equally. Differences exist in rates of incidence, prevalence, mortality and related adverse health conditions in subgroups of the US population. If application of the existing knowledge about cancer prevention, early detection and treatment were delivered equally, disparities in cancer could be substantially reduced or eliminated. Achieving health equity by establishing inclusive health and social systems whereby all people are treated equitably creates conditions for improving health outcomes.

The American Cancer Society (ACS) has a longstanding history of advocacy, education, community outreach and research in the area of cancer disparities and continues to recognize the importance of research in the area. As highlighted in reports by the Agency for Healthcare Research and Quality and the Institute of Medicine, inequitable differences or health disparities are linked to various determinants of health. The determinants of health are interrelated risk factors that extend across the life span to impact health (Braveman, 2014). Environmental conditions—the conditions in which people are born, live, play, thrive, work and worship—and the available systems supporting health comprise the social determinants of health. Integral to these influences are the economic, political and social policies that exist in and shape communities. Besides sociopolitical influences, biology, genetics/genomics and individual
behaviors are also determinants of health. Inequity and health disparities may be further characterized by age, gender, disability status, ethnicity/race, geography, income, language, social class, or sexual orientation. The National Stakeholder Strategy for Achieving Health Equity, supported by the US Department of Health and Human Services Office of Minority Health, presents an action-oriented blueprint to move the nation towards achieving health equity by combating health disparities with a comprehensive, community-driven approach. The ACS has overlapping goals and is committed to addressing cancer health equity through research, education, advocacy and service.

The ACS Extramural Research and Training Grants Department identifies research addressing health equity and health disparities as a priority. Within the Cancer Control and Prevention Research Program of the Department, grant applications in psychosocial and behavioral research and in health policy and health services research focused on achieving health equity and eliminating health disparities are welcome from principal investigators at any career stage. This expanded eligibility is unique to the Priority Area Targeting Health Equity and Health Disparities in Cancer Prevention and Control. Applicants must explicitly specify the following within the application: (1) relevance to cancer generally and cancer disparities specifically; (2) how findings from the proposed research will substantially improve equity in access to cancer prevention, early detection, diagnosis, and/or treatment services; and (3) how findings may be applied to more quickly advance efforts to reduce cancer burden or costs, improve quality of care or quality of life, and/or save more lives. All cancer health equity applications must target two or more determinants of health. Population-based health equity studies must also target two or more levels of influence (individual, interpersonal, organizational, community, or public policy) to propose interventions focused on achieving health equity. (McLeroy et al., 1988; CDC, 2014).

Applications will be accepted using one of four mechanisms: Postdoctoral Fellowship, Mentored Research Scholar Grant, Research Scholar Grant, or Clinical Research Professor.

References:

Braveman P. What Are Health Disparities and Health Equity? We Need to Be Clear. Nursing in 3D: Diversity, Disparities, and Social Determinants. Public Health Reports. 2014 Supplement 2; 129:1-8


REQUESTS FOR APPLICATIONS (RFAs)

Pilot and Exploratory Projects in Palliative Care of Cancer Patients and their Families — Supports investigators performing pilot and exploratory research studies that test interventions, develop research methodologies, and explore novel areas of research in palliative care of cancer patients and their families. Applications will be accepted via the Pilot and Exploratory Grants Mechanism. The maximum award is for 2 years and up to $60,000 per year (direct costs) plus 20% indirect costs.

Research Scholar Grant in the Role of Health Policy and Healthcare Insurance in Improving Access to Care and Performance in Cancer Prevention, Early Detection, and Treatment Services— Supports investigations evaluating the impact of changes occurring in the health care system with a focus on cancer prevention, control, and treatment. Efforts focusing on improving access to care may also impact inequities that contribute to health disparities. New health public policy initiatives, for example, the new federal and state marketplaces that have expanded insurance coverage, as well as Medicaid expansion in some states, create natural experiments ripe for evaluation. Research to be funded by this RFA should focus on the changes in national, state, and/or local policy and the response to these changes by health care systems, insurers, payers, communities, practices, and patients.

Applications will be accepted via the Research Scholar Grant in Cancer Control and Prevention Program. Award length and budget limits vary; please see the Research Scholar Grant policies and instructions for a detailed description of this RFA.

GRANT PROGRAMS

HEALTH PROFESSIONAL TRAINING IN CANCER CONTROL – Virginia Krawiec, MPA, Program Director
This program provides grants in support of nurses, physicians and social workers to pursue training in cancer prevention and control practice. The program’s goal is to accelerate the wide application of research findings in cancer prevention and control by increasing the number of nursing and social work clinicians, and researchers and physicians with expertise and career commitment to cancer control.

MOLECULAR GENETICS AND BIOCHEMISTRY OF CANCER – Michael Melner, PhD, Program Director
This program focuses on genes involved in cancer and how alterations in those genes (mutations, deletions, and amplifications) play roles in the process. Of particular interest is the examination of the molecules involved in cancer (proteins, nucleic acids, lipids, and carbohydrates) and how their activities affect the disease. The program highlights new targets for prevention, detection, and treatment of cancer.

CANCER CELL BIOLOGY AND METASTASIS – Charles Saxe, PhD, Program Director
The primary goal of this program is to provide an understanding of the nature of cancer cells so they can be more effectively controlled and eliminated. Emphases include understanding the fundamental controls of normal and cancer cells with a focus on how cells regulate when to
grow, when to divide and when to die; how cells create an identity and how cells relate to the local environment and to other cells; how cells regulate when and how to move from one site to another.

**TRANSLATIONAL CANCER RESEARCH** – Lynne Elmore, PhD, Program Director
This program focuses at the interface between laboratory investigations and human cancer. The scope of the program includes investigations of the role of infectious diseases in cancer, microbial-based cancer therapies, the discovery, synthesis, and delivery of cancer drugs, the creation and use of animal models of cancer, and the role of individual or groups of genes in different types of cancer.

**CLINICAL CANCER RESEARCH, NUTRITION, AND IMMUNOLOGY** – Susanna Greer, PhD, Program Director
This research grant program focuses on investigations including basic, preclinical, clinical, and epidemiological studies. Areas of interest include new modalities for cancer prevention, diagnosis and treatment. In addition, the program seeks to improve understanding of cancer-related inflammatory responses, immunosurveillance, and the use of the immune system for cancer prevention and therapy. The program also focuses on exposome links to cancer and increased understanding of the effects of nutrition and the environment on cancer prevention, initiation, progression and treatment.

**CANCER CONTROL AND PREVENTION RESEARCH** – Elvan C. Daniels, MD, MPH, Program Director
This research grant program focuses on the development and testing of interventions to influence health behaviors and health care delivery. Research projects in this program focus on cancer risk reduction and delivery of high quality health promotion, screening, early detection and treatment services. The program also includes projects directed at health services, outcomes and policy research to assess the effectiveness of interventions and impact of policies on access to care, quality of care, and costs of cancer care. Special emphasis is placed on health equity research addressing disparities in disadvantaged groups, and social determinants of health that drive inequities.

2. **AUTHORITY FOR MAKING GRANTS**

All American Cancer Society grants and awards are made by the Chief Executive Officer on behalf of the Society’s Board of Directors.

3. **SOURCE OF FUNDS**

The American Cancer Society obtains its funds principally from public donations collected annually by our many dedicated volunteers. To disseminate information about the Society’s Extramural Research and Training Grants Program to our volunteers and to the public, grantees may occasionally be asked to give brief presentations to professional and lay audiences.
4. **WHO MAY APPLY**

Applicants for Clinician Scientist Development Grant and Postdoctoral Fellowships, must at the time of application be United States citizens or permanent residents of the United States. There are no US citizenship requirements for all other grants.

The Society will recognize only one individual as the responsible investigator and, therefore, only one person should be indicated as principal investigator. The Society does not recognize co-principal investigators. The sole principal investigator is responsible and accountable for the overall conduct of the project.

Although applicants may apply for multiple awards, a grantee may not be the principal investigator on more than one ACS Grant at any time. Exceptions are made for recipients of grants that are in response to RFAs and for PIs of Institutional Research Grants.

5. **COLLABORATIONS WITH ACS INTRAMURAL SCIENTISTS (IF APPLICABLE)**

1) If an extramural scientist is planning a collaboration with an ACS intramural scientist, they may be eligible to submit an application if they meet all other requirement of eligibility. Such collaborations are not required.

2) In most cases, the use of ACS research resources will require that at least one ACS intramural scientist is included as a collaborator on a grant application. Therefore prior to submission of an application, the collaboration between extramural scientists and intramural scientists must be established according to the policies and procedures established by ACS Intramural Research.

3) Intramural scientists and their staff may participate in grants and contracts in many ways, including:
   - Serving as unpaid consultants, collaborator, co-investigator or mentor. Intramural scientists may not serve as a principal investigator on an ACS grant or contract.
   - Contributing to the conceptualization, design, execution, or interpretation of a research study.
   - Having primary responsibility for a specific aim within a standard research project grant (e.g. RSG).
   - Developing/contributing data for an extramural collaboration.
   - Participating in a multi-institutional collaborative arrangement with extramural researchers for clinical, prevention, or epidemiological studies.

4) ACS intramural scientists may not receive salary support, travel expenses, or other funds from ACS-funded grants or contracts.

5) The intramural scientist or extramural scientist may have access to reagents, laboratory equipment and/or data to conduct the extramurally funded portion of the research, as established in their collaborative agreement.

6) While intramural scientists may write a description of the work to be performed by the intramural department, they may not write an applicant’s grant application or contract proposal. However, intramural scientist should review and approve sections relevant to the collaboration.
7) ACS intramural scientist participation must comply with the policies and procedures related to non-disclosure and disclosure regulations as well as conflict of interest.

8) ACS intramural scientists must file annual and final research reports related to their activities associate with any grant or contract awarded through the Extramural Grants Department.


6. ELIGIBLE INSTITUTIONS AND INSTITUTIONAL RESPONSIBILITIES

The Society’s grants and awards are made to not-for-profit institutions located within the United States, its territories, and the Commonwealth of Puerto Rico. A not-for-profit institution is one that –IF REQUESTED- can provide:

- A current letter from the Internal Revenue Service conferring 501(c)(3) status
- Documentation of an active cancer research program

Grant applications will not be accepted from, nor will grants be made for, the support of research conducted at for-profit institutions, federal government agencies (including the National Laboratories), or organizations supported entirely by the federal government (with the exception of postdoctoral fellowship applications) or organizations, such as Foundations operated by, and for the benefit of, Veteran Affairs Medical Centers, whose primary beneficiaries are federal government entities. Applications may be submitted by qualified academic institutions on behalf of Veteran Affairs Medical Centers, provided that a Dean’s Committee Memorandum of Affiliation is in effect between the two institutions.

The American Cancer Society does not assume responsibility for the conduct of the activities that the grant supports or the acts of the grant recipient as both are under the direction and control of the grantee institution and subject to the institution’s medical and scientific policies. Grantee institutions must safeguard the rights and welfare of individuals who participate as subjects in research activities by reviewing proposed activities through an Institutional Review Board (IRB), as specified by the National Institutes of Health Office for Human Research Protections, US Department of Health and Human Services. Furthermore, grantee institutions must adhere to DHHS guidelines as well as ACS guidelines regarding conflicts of interest, recombinant DNA, scientific misconduct, and all other ACS policies and procedures applicable to the grant application and grant. These policies apply to applicants and applicant institutions as well.

To signify agreement by the institution to all ACS policies and procedures, an application for a grant must bear the signature of the official authorized to sign for the institution. Signature of the department head is also required. Additional signatures are at the discretion of the institution.
The institution is responsible for verifying that all documentation related to the application and/or grant, including all representations made by any named researcher (e.g. position or title), is correct. Further, it is the responsibility of the institution to verify that the applicant is either a US citizen or permanent resident with a Resident Alien Card or “Green Card,” where applicable. If the award does not require US citizenship or permanent residency as an eligibility requirement, the institution is responsible for documenting that the applicant is legally eligible to work in the US for the duration of the award. For postdoctoral fellowships, if the terminal degree is granted after submission of the application, the institution must verify that the degree has been awarded prior to grant activation.

It is the responsibility of the institution to immediately report to ACS any finding that any information presented to ACS in connection with the application and/or grant was false. It is also the responsibility of the institution to immediately report to ACS any action including recertification, loss of certification, breach of conflict, or misconduct, or any change in a named researcher’s employment status with the institution, including administrative leave, which may occur during the term of any award that is pertinent related to the work described in the grant application. Failure to abide by the terms above, or any other ACS policies and procedures in connection with the application and/or grant, may result in ACS suspending grant funding, or canceling the grant, to be decided by ACS in its sole discretion.

By accepting an American Cancer Society award, you agree to the Guidelines for Maintaining Research and Peer Review Integrity that can be found in the appendix of these policies.

7. **TOBACCO-INDUSTRY FUNDING POLICY**

Scientific investigators or health professionals who are funded by the tobacco industry for any project, or whose named mentors in the case of mentored grants are funded by the tobacco industry for any project, may not apply and will not be eligible for American Cancer Society research and training grants. Scientific investigators, health professionals, or named mentors who accept funding from the tobacco industry for any project during the tenure of an American Cancer Society research or training grant must inform the Society of such funding, whereupon the American Cancer Society grant will immediately be terminated. Tobacco industry funding includes: funds from a company that is engaged in, or has affiliates engaged in the manufacture of tobacco produced for human use; funds in the name of a tobacco brand, whether or not the brand name is used solely for tobacco goods; funds from a body set up by the tobacco industry or by one or more companies engaged in the manufacture of tobacco goods.

The following do not constitute tobacco industry funding for the purposes of this policy:

- Legacies from tobacco industry investments (unless the names of a tobacco company or cigarette brand are associated with them);
- Funding from a trust or foundation established with assets related to the tobacco industry but no longer having any connection with the tobacco industry even though it may bear a name that (for historical reasons) is associated with the tobacco industry.

Tobacco industry funding is defined for purposes of Society grants and awards applicants and recipients as money provided or used for all or any of the costs of the research, including
personnel, consumables, equipment, buildings, travel, meetings, and conferences, running (operating) costs for laboratories and offices, but not meetings or conferences unrelated to a particular research project.

8. PEER REVIEW OF APPLICATIONS

The Society's Scientific Program Directors distribute the applications to the most appropriate Peer Review Committee and then assign each application to at least two committee members for independent and confidential review. Each committee generally has between 12 and 25 members who are leaders in their areas of expertise, plus up to three “stakeholders.” A stakeholder is an individual usually without formal training as a scientist or health professional who has a strong personal interest in advancing the effort to control and prevent cancer through research and training. This interest could stem from a personal experience with the disease, such as survivorship, a family cancer experience, or being a caregiver.

Depending on the grant applied for (see specific sections), the committees evaluate applications based on some or all of the following criteria: (a) the scientific merit, originality, and feasibility of the application; (b) the qualifications, experience and productivity of the applicant, and the members of the investigative team; (c) the facilities and resources available; and (d) the promise of the research or training as related to the control of cancer or to the benefit to be gained by persons with cancer. At the Peer Review Committee meeting, the most competitive applications are discussed and a priority score is voted. Written evaluations of each application are provided to the Council for Extramural Grants (the Council). The Council is a multidisciplinary panel of senior scientists, many having previously served on a Peer Review Committee, up to three stakeholders, and the Chair of the Society’s Research and Medical Affairs Committee serving as an ex officio, non-voting member. After considering the relative merit of the applications, the amount of available funds and the Society’s objectives, the Council establishes the pay line to determine which grants will be funded during each cycle. No voting member of a Peer Review Committee or of the Council may be a member of the Society’s staff or serve concurrently on the Board of Directors of the American Cancer Society.

In general, applications that are not funded may be revised and resubmitted twice; postdoctoral fellowship applications may only be resubmitted once. Resubmitted applications will be reviewed in the same detail and compete on an equal basis with all other new applications. (See Instructions for additional information on resubmission of applications.)

9. APPLICATION DEADLINES

Applications for grants and awards must be submitted as paper and electronic copies via proposalCENTRAL. Access is available using links provided in the American Cancer Society web site www.cancer.org (see Instructions). The electronic applications must be submitted at the proposalCENTRAL website by close of business (5:00 PM EST) on the specified deadline date. For the convenience of the applicant, a paper copy is due one day after submission of the electronic copy. If the deadline falls on a weekend or holiday, applications will be accepted the following business day.

No supplemental materials will be accepted after the deadline unless requested by staff for administrative purposes or when requested by the reviewers.
# DEADLINE, REVIEW, NOTIFICATION, AND ACTIVATION SCHEDULE

<table>
<thead>
<tr>
<th>GRANTS</th>
<th>Application* Deadline</th>
<th>Peer Review Meeting</th>
<th>Preliminary Notification</th>
<th>Council Meeting</th>
<th>Grantee Notification</th>
<th>Activation</th>
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<tbody>
<tr>
<td>Research Scholar Grant</td>
<td>April 1</td>
<td>June January</td>
<td>August March</td>
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<td>Mentored Research Scholar Grant</td>
<td>DISCONTINUED; See Clinician Scientist Development Grant</td>
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<td>Clinician Scientist Development Grant</td>
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<td>Postdoctoral Fellowship</td>
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<td>Pilot and Exploratory Projects</td>
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<tr>
<td>Institutional Research Grant</td>
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<td>Physician Training Award in Cancer Prevention</td>
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<td>Research Professor Award</td>
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<td>Doctoral Training Grant in Oncology Social Work</td>
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<td>January March</td>
<td>March April</td>
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<tr>
<td>Clinical Research Professor Award</td>
<td>LOI Deadline: August 1</td>
<td>January NA</td>
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<tr>
<td>Master’s Training Grant in Clinical Oncology Social Work</td>
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<tr>
<td>Cancer Control Career Development Award</td>
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<td>Doctoral Degree Scholarship in Cancer Nursing</td>
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<td>Graduate Scholarship in Cancer Nursing Practice</td>
<td>March</td>
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*Paper copy is due one business day following the deadline for the electronic copy.
10.  NOTIFICATION OF APPLICATION RECEIPT AND REVIEW

Approximately one month after receipt of the application, applicants will receive an email acknowledgment providing an application number, the assigned Peer Review Committee, and the name and telephone number of their Scientific Program Director. This email will be sent to the address in the Professional Profile supplied at the time of submission in proposalCENTRAL. It is important that the address listed in the Professional Profile is a viable mailing address as it will be used to notify you throughout the review and award process.

Preliminary Notification. Following review, preliminary information regarding the status of an application will be emailed along with instructions to download copies of the reviewers’ critiques. The notification will also indicate the likelihood of funding as described by one of the following phrases: experience suggests that (a) your application has been recommended for funding, (b) we cannot predict the likelihood of funding at this time or (c) your application is not likely to be funded. Please note that all final funding decisions are made by the Council for Extramural Grants which typically meets in March and September. Applicants may call the Extramural Grants Department at any time during the review cycle. The Program Director and Program Coordinator will shepherd your application through the entire process. Following receipt and careful consideration of the critiques, applicants are encouraged to contact their Program Director to discuss their review. For those applicants considering resubmission, it is strongly encouraged that they contact their Program Director well in advance of the next deadline.

11.  GRANT MANAGEMENT AND PAYMENTS

New grantees will receive a packet of information which includes instructions for activation of the award. The activation form as well as other important information about the grant can be found at https://proposalcentral.altum.com. Select the Award tab to see the Post Award Management Site.

Grant payments will be made at the end of each month, except for nursing scholarships and social work grants, which are made once yearly at the beginning of the year. The American Cancer Society requires that all payments are made to the sponsoring institution and are mailed to the address indicated on the grant activation form. Acknowledgment of payment by the sponsoring institution is not required. Continued funding by ACS throughout the grant period is contingent upon institution complying with all of the terms related to the grant; and failure to comply with all of the grant terms may result in a suspension of grant funding, or cancellation of the grant, to be determined by ACS in its sole discretion.

Personnel compensated in whole or in part with funds from the American Cancer Society are not considered employees of the Society. Institutions are responsible for issuing the appropriate IRS tax filings for all individuals receiving compensation from American Cancer Society grants and are responsible for withholding and paying all required federal, state, and local payroll taxes with regard to such compensation. Any tax consequences are the responsibility of the individual recipient and the sponsoring institution. We advise all grant and award recipients to consult a tax advisor regarding the status of their awards.
12. **ANNUAL AND FINAL PROGRESS REPORTS**

The following policies apply to Research Scholar Grants, Mentored Research Scholar Grants, and Postdoctoral Fellowships. For all other grants, see the appropriate "Required Progress Reports" sections. Annual and final reports represent a critical part of responsible stewardship of the donated dollars. We greatly appreciate your efforts to assist us in fulfilling this important commitment to our donors.

A. Both nontechnical and scientific progress reports are to be submitted each year within 60 days after the first and subsequent anniversaries of the start date of the grant, and final reports are due within sixty days after the grant has terminated. To access the necessary forms for annual and final progress reports, please go to https://proposalcentral.altum.com.

B. The final report should cover the entire grant period. In the event a grant has been extended without additional funds, the final report is not due until the official termination date of the grant. If the grant is terminated early, a final report must still be completed within 60 days of the termination date.

C. Reports are to be submitted in a timely manner. If this is not possible, a written request to extend the reporting deadline must be made. Otherwise, noncompliance may result in the withholding of payment on all grants in effect at the recipient institution until reports are received.

D. Please note that up to date annual reports are required when requesting any grant modifications including transfers or no cost extensions.

13. **PUBLICATIONS AND OTHER RESEARCH COMMUNICATIONS**

Publications resulting from research or training activities supported by the American Cancer Society must contain the following acknowledgment: "Supported by (insert name of grant and number) from the American Cancer Society." In the event that there are multiple sources of support, the acknowledgment should read "Supported in part by (insert name of grant and number) from the American Cancer Society" along with references to other funding sources. The Society’s support should also be acknowledged by the grantee and by the institution in all public communication of work resulting from this grant, including scientific abstracts (where permitted), posters at scientific meetings, press releases or other media communications, and Internet-based communications.

Although there is no formal approval process for publications by Society grantees, it is helpful if investigators notify their Program Directors when manuscripts have been accepted for future publication. This will allow ample time to consider and coordinate any additional public or Society-wide notifications. If your institution decides to send out a press release involving any of your Society-supported research, please notify the ACS Communications representative (phone number on your award letter) or your Program Director in advance.

ACS grants to you a limited, revocable, non-transferable license to use the ACS logo (as shown below) in association with your funded work. We encourage you to use the following ACS logo on any scientific poster, in a Power Point presentation, or any other visual presentation about
your funded work where the ACS is noted as a funding source. In turn, you agree to provide any materials featuring the ACS logo to ACS upon our request.

Permission to use the logo is limited to the uses outlined in the above paragraph. This is not meant to be used to indicate endorsement of products such as guidelines, websites, software for mobile devices (apps), or tool kits, etc.

14. **FINANCIAL RECORDS AND REPORTS**

A report of expenditures must be submitted within 90 days of the expiration date of the grant as indicated in the award letter. Any change in terms, such as a no-cost extension, will alter the date that the report is due. There are different reporting requirements for the Institutional Research Grant (please see the “Required Financial Reports” section in the IRG policies). Annual financial reports are not required. To access the necessary forms, please go to [https://proposalcentral.altum.com](https://proposalcentral.altum.com).

Signatures of the principal investigator and the institution’s financial officer are required. **Any unexpended funds must be returned to the Society.**

Reports are to be submitted in a timely manner. If this is not possible, a written request to extend the reporting deadline must be made. Otherwise, non-compliance may result in the withholding of payment on all grants in effect at the recipient institution until reports are received.

Institutions must maintain separate accounts for each grant, with substantiating invoices available for audit by representatives of the American Cancer Society. The Society is not responsible for expenditures made prior to the start date of the grant, costs incurred after termination or cancellation of the grant, or for commitments against a grant not paid within 60 days following the expiration date, or any expenditure that exceed the total amount of the award. (See also section 19, "Cancellation.")

15. **EXPENDITURES**

American Cancer Society research grants are not designed to cover the total cost of the research proposed nor the investigator's entire compensation. The grantee's institution is expected to provide the required physical facilities and administrative services normally available at an institution.

For grants that allow indirect costs, the calculation of allowable indirect costs includes all budget items except permanent equipment. See the Instructions for allowable expenditures for Health Professional Training Grants (Nursing Scholarships, Social Work Training Grants, Cancer Control Career Development Awards and Physician Training Awards in Cancer Prevention).

**The Society's research grants do not provide funds (direct budget) for such items as:**

- Secretarial/administrative salaries
• Student tuition and student fees including graduate and undergraduate; however, tuition is an
  allowable expense for the principal investigator of a Clinician Scientist Development Grants.
• Foreign travel (special consideration given for attendance at scientific meetings held in Canada)
• Books and periodicals except for required texts for coursework in the approved training plan for
  Clinician Scientist Development Grants.
• Membership dues
• Office and laboratory furniture
• Office equipment and supplies
• Rental of office or laboratory space
• Recruiting and relocation expenses
• Non-medical services to patients (travel to a clinical site or patient incentives are allowable
  expenses)
• Construction, renovation, or maintenance of buildings/laboratories

However, Society research and training grant funds can be used for computer purchases that are for
research and training purposes, and can be purchased with direct funds from the equipment budget.
See specific policies for different funding mechanisms.

16.  OWNERSHIP OF EQUIPMENT

Equipment purchased under American Cancer Society research grants or extensions thereof is for
the use of the principal investigator and collaborators. Title of such equipment shall be vested in the
institution at which the principal investigator is conducting the research. In the event the American
Cancer Society authorizes the transfer of a grant to another institution, equipment necessary for
continuation of the research project purchased with the grant funds may be transferred to the new
institution. Title to such equipment shall be vested in the new institution.

17.  INTELLECTUAL PROPERTY RIGHTS

As a not-for-profit organization supported by public contributions, the Society believes it has the
responsibility to adopt policies and practices that enhance the likelihood that potentially
beneficial discoveries and inventions will be exploited to the benefit of humankind. It is the
desire of the Society that such inventions be administered in such a manner that they are brought
into public use at the earliest possible time. The Society recognizes that often this may be best
accomplished through patenting and/or licensing of such inventions. Accordingly, the Society
has adopted the following patent policy that is binding on all Grantees and Not-for-profit Grantee
Institutions (hereinafter "Grantee"), excluding postdoctoral fellowship Grantees at the National
Institutes of Health and other government laboratories, for whom the applicable patent policies
of the federal government shall apply. Acceptance of a grant from the Society constitutes
acceptance of the terms and conditions of this policy. It is a goal of the Society that the terms
and conditions of this policy not conflict with the established patent policy of Grantee.

A. All notices required pursuant to this policy shall be in writing, and in this policy, the
following terms shall have the meaning set forth below.

i.  "Invention" shall mean any potentially patentable discovery, material, method, process,
product, program, software or use.
ii. "Funded Invention" shall mean any Invention made in the course of research funded in whole or in part by this Society grant.

iii. "Public Disclosure" shall mean any publication, presentation, offer for sale or any activity that would affect the patentability of the Invention under 35 USC. §102 or 103.

iv. "Net Income" shall mean gross income received by Grantee in respect of a Funded Invention less inventor distributions in accordance with Grantee policy, payments to joint holders of Funded Invention, and unreimbursed directly assignable out-of-pocket expenses resulting from patenting and licensing for Funded Invention.

B. Grantee shall notify the Society of each Funded Invention made by Grantee within thirty (30) days after the disclosure of the Funded Invention to Grantee's Technology Transfer Office or the equivalent thereof. Grantee shall promptly determine whether it desires to seek patent or other statutory protection for all Funded Inventions promptly after each Funded Invention is made and shall promptly inform the Society of all decisions to seek or not seek such protection. The Society shall have the right to seek patent or other statutory protection, at the Society's expense, for any Funded Invention in any country where Grantee has decided not to seek protection or has failed to file an application for such protection within six (6) months after disclosure of the Funded Invention to the Society, and, upon the Society's request, Grantee shall file for patent protection for Funded Invention in such countries as directed by Society at the Society's expense.

C. Grantee shall promptly notify the Society of the filing and issuance or grant of any application for a patent or other statutory rights for a Funded Invention and shall keep the Society reasonably informed of the status and progress of all such applications. Grantee shall pay all costs and expenses incident to all applications for patents or other statutory rights and all patents and other statutory rights that issue thereon owned by Grantee (other than as provided for in Sections B or C). Grantee shall also notify the Society at least sixty (60) days in advance of Grantee's intention to abandon any application for a patent or other statutory right for a Funded Invention or not to take action required to maintain any such application or any patent or other statutory right in a Funded Invention, in which event, at the request of the Society, Grantee shall continue patent protection for Funded Invention as directed by Society at the Society's expense (unless maintenance of such patent rights is inconsistent with Grantee’s good name).

D. Each of the Society and Grantee (the appropriate Grantee technology transfer officer managing Funded Invention) shall promptly inform the other of any suspected infringement of any patent covering a Funded Invention and of any misappropriation, misuse, theft or breach of confidence relating to other proprietary rights in a Funded Invention. Grantee and Society will discuss in good faith further action to be taken in this regard.

E. Grantee shall notify the Society within thirty (30) days of grant of a license, lease, or other revenue generating agreement involving a Funded Invention. In the event that Grantee fails to license a Funded Invention within five (5) years from the issuance of a patent for the
Funded Invention and the Grantee has determined no viable means of commercialization for Funded Invention, Grantee shall license the Funded Invention, with the right to sublicense, to the Society (under standard Grantee license terms on a royalty free basis). However, should the Society receive any revenue from sublicensing the Funded Invention, it will share that revenue with Grantee on a mutually acceptable basis.

F. Grantee will license a Funded Invention in accordance with Grantee Policy and established practices.

G.  
   i. The Society waives the receipt of income until the Net Income from the Funded Invention exceeds $500,000.
   
   ii. Once the Net Income from a Funded Invention exceeds $500,000, Grantee shall pay the Society annually a percentage of the Net Income from the Funded Invention that is proportionate to the Society's proportion of the financial support for the research that resulted in the Invention. Such royalty payment shall be accompanied by an appropriate statement of account detailing the amount and showing the calculation of Net Income received by Grantee during the preceding year. The Society shall have the right to audit the Grantee's books and records annually, in order to verify the Net Income derived annually from any Funded Invention.
   
   iii. The percentage of Net Income due the Society from a Funded Invention shall be determined by the parties within 90 days of the date the Society is notified by the Grantee (to be extended by mutual agreement of both parties) pursuant to Section E above of the grant of a license, lease or other revenue generating agreement involving the Funded Invention.

If the parties are unable to agree on the percentage of Net Income payable to the Society or any amount owed to Grantee pursuant to Paragraph E above, the dispute (the "Dispute") shall be resolved as follows:

One of the parties shall request (the "Negotiation Request") that each of the parties appoint a designated executive management representative to meet for the purpose of endeavoring to resolve such Dispute. The designated executive representatives, who shall not have been directly involved in the initial negotiations, shall discuss the Dispute and negotiate in good faith in an effort to seek a resolution. During the course of such negotiation, all reasonable requests made by one party to the other for information will be honored so that each of the parties may be fully advised regarding the Dispute. If the designated executive representatives are unable to resolve the Dispute within 30 days after the Negotiation Request, the parties shall mediate the Dispute with a mutually acceptable mediator within the 30-day period beginning 31 days after the Negotiation Request. If the Dispute is not resolved by mediation within 60 days after the Negotiation Request, either party may initiate arbitration by delivering an arbitration demand to the other party (initiator of arbitration will travel to venue of other party), and the Dispute shall be settled by arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association ("AAA"), except that
(a) there shall be one arbitrator mutually agreed upon by both parties within 30 days after initiation of arbitration and if the parties are unable to agree upon an arbitrator, the arbitrator shall be appointed by AAA;

(b) neither party may submit more than 20 interrogatories, including subparts;

(c) neither party shall be entitled to take more than two depositions and no deposition shall last more than two hours;

(d) all discovery shall be concluded within 90 days of serving the arbitration demand;

(e) each party shall bear its own costs and expenses and attorney’s fees and an equal share of the arbitrator fees and any administrative fees of the arbitrator; and

(f) arbitration shall not be utilized if Grantee is prohibited by law from submitting itself to binding arbitration.

The award of the arbitrator shall be binding, and judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction thereof.

Please note that the American Cancer Society is unable to renegotiate the terms of this agreement with any individual institution.

18. EXTENSION OF TERM OF GRANT/TRANSFERS/LEAVE OF ABSENCE

A request for the extension of a grant term without additional funds must be submitted in writing to the Program Director 90 days before the expiration date of the grant. An extension of term request form can be found at https://proposalcentral.altum.com. Please include with the request an estimate of the funds to be carried over into the extension, and an explanation for the delay in completion of the specific aims – which aims remain incomplete and why. In general, a grant may be extended for up to one year if a programmatic need is justified and the funds to be carried over into the no-cost period do not exceed an amount equivalent to one year of support (direct plus indirect).

Requests for a leave of absence will be handled on a case-by-case basis. Please contact the Program Director at least 30 days prior to the proposed beginning of leave.

A grantee who plans to change institutions during the grant period must contact the Program Director to initiate the transfer request process.

Please note that up-to-date annual reports are required prior to approval of any grant modifications including transfers and no-cost extensions.

The Society reserves the right to deny requests for extensions, leaves of absence, or transfers.
19. CANCELLATION OF GRANT

If a grant is to be canceled prior to the original termination date, contact your Program Director and please fill out and submit the Request for Cancellation form which can be found at https://proposalcentral.altum.com.

The American Cancer Society may cancel a grant in its sole discretion if the institution fails to comply with all of the terms and obligations related to the grant. In the event a grant is canceled; the institution is only entitled to the prorated amount of the award accumulated between the start and termination dates. If the Postdoctoral Fellowship is cancelled prior to its end date, payments of the fellowship allowance will be prorated on a monthly basis. The Society cannot assume responsibility for expenditures in excess of the prorated amount.

Please note that if the award is to be canceled after initiation of the grant period, a final report will be due within 60 days of the termination date describing the work completed up to that point.

For Master's Training Grants in Clinical Oncology Social Work, Doctoral Training Grants in Oncology Social Work, Graduate Scholarships in Cancer Nursing Practice, and Doctoral Degree Scholarships in Cancer Nursing, withdrawal from the graduate program requires cancellation of the grant.

20. PURPOSE OF PHYSICIAN TRAINING AWARDS IN CANCER PREVENTION

The Physician Training Award in Cancer Prevention (PTACP) is intended to encourage and assist the development of promising individuals who are pursuing careers in preventive medicine, including occupational medicine. This program is designed to create a cadre of preventive medicine specialists who are expert in cancer prevention and control, and with the potential to become leaders in research, education, and intervention in this area.

Through the Physician Training Award in Cancer Prevention, the Society seeks to support physicians in accredited residency programs that will lead to eligibility for certification in preventive medicine; such programs must provide cancer prevention and control research and practice opportunities.

21. REQUIREMENTS FOR INSTITUTIONS

The sponsoring institution must commit support for the clinical, research, and where appropriate, teaching activities of the candidate. This commitment may include facilities, resources, equipment, training programs/seminars, an organized cancer program that will support the cancer prevention and control aspects of the candidate's program, and/or a relationship with another institution or cancer center. Institutions that have a strong cancer prevention and control program as well as an accredited preventive medicine residency program will be the most competitive. Recently accredited programs will be reviewed more favorably once residents have graduated from the program.

A two-year institutional training program must be presented in the application, detailing the activities proposed to support the completion of the residency requirements in preventive medicine and with an emphasis in cancer prevention and control. Thus, the didactics, clinical training, research, public health, and other population-based experiences of the
residency must include appropriate cancer prevention and control content. The inclusion of teaching is also appropriate.

Programs that can document the following characteristics will be the most competitive:

• Identifiable curriculum in cancer control
• Cancer prevention track
• Institutional support (e.g., tuition reduction for sponsored residents)
• Memoranda of understanding supportive of underserved populations
• Memoranda of understanding with other entities engaged in cancer prevention and research
• External support (e.g., state health department, local foundation)

The following requirements must be met when submitting an application:

A. The training program must meet the requirements of the ACGME Residency Review Committee for residency programs that offer the academic and practicum phases leading to board eligibility for preventive medicine, including occupational medicine. Applications from one-year programs will be accepted, but must propose a two-year curriculum. Funded programs must document accreditation throughout the entire award period, providing updated letters and accreditations as necessary. Note: if a program loses or changes its accreditation status during the period of the grant, the funding will be put on hold until accreditation is restored. A grant may not be put on hold for longer than two years.

B. The institution must provide documentation of a supervised well-defined program in preventive medicine with an emphasis on cancer prevention and control. A description of the activities planned to support development of clinical, research, and teaching skills must be included.

C. The application must describe the roles of the principal investigator and any other key faculty in the proposed cancer prevention and control training program. Documentation of their credentials, expertise and commitment must be included.

D. The application must describe a plan for interaction between the funded residents and the local office of the American Cancer Society. A letter of support from the American Cancer Society must be submitted with the application.

E. The institution must describe how these funds, if awarded, will be used to support the residents’ completion of the preventive medicine residency requirements as well as the acquisition of expertise in cancer prevention and control. Peer reviewers will assess impact as demonstrated by measurable results and new deliverables.

F. To broaden the impact of the grant program beyond the programs that receive grants, funded programs must agree to work collaboratively to develop a curriculum to support cancer prevention and control training.

22. REQUIREMENTS FOR RESIDENTS

Candidates nominated for support via the PTACP must state their commitment to a career in preventive medicine with an emphasis on cancer prevention and control. During the two-year period of the award, residents are required to complete the residency requirements in
preventive medicine and become board eligible. It is expected that all awardees will take and pass the boards in preventive medicine. All awardees are expected to become involved as local American Cancer Society volunteers.

The following eligibility requirements must be met:

A. Nominated residents are not required to be United States (U.S.) citizens. It is the responsibility of the institution to determine and certify that the visa status of any resident who is not a U.S. citizen will allow them to remain in this country for the duration of the ACS-funded training. Note: the American Cancer Society will not intercede on behalf of non-citizens whose stay in the U.S. may be limited by their visa status.

B. The candidate must have an MD, DO, or equivalent degree.

C. The candidate must have completed the clinical year of a residency program in preventive medicine, or have at least one year of postgraduate clinical training.

D. The candidate must be accepted by or applying to the sponsoring residency program.

E. It is preferred that the candidates not have completed more than half of the required academic work at the beginning of the award period. Residents that have completed the MPH degree will be considered on a case-by-case basis, and must propose course work in cancer prevention and control.

23. **TERM AND FUNDING**

Grants begin each January 1 of the year following the application deadline. The funding for the PTACP shall be a maximum of $300,000 over the funding period of four and one half years, renewable after two years to maintain continuity. Thus, grants approved during the spring 2018 review cycle will begin January 1, 2019, and end June 30, 2023. Please note: if a grant is renewed, there is a one and one half year overlap with the previous grant. The application budget is to be based on one resident in years one and four and two residents in years two and three. Up to $50,000 per resident per year may be allocated. The timetable for submitting the initial proposal, resident nominations, and renewal applications appears on the chart below.

*Note: if a program is unable to nominate a resident, the grant will be put on hold until a resident(s) is approved. In general, the hold will be in place for one year beginning July of the year in which no resident was nominated for PTACP support. A grant may not be put on hold for longer than two years.*

The award funding may be used for resident tuition and stipend and faculty and administrative support for the training program. However, it is expected that most (75% or greater) of the
funds will be used to support the residents. No portion of the award may be used to pay indirect costs.

There is no objection to reasonable stipend supplementation from institutional funds and research or training grants (other than those of the American Cancer Society). Such supplementation must not entail duties that will interfere with or detract from the program and must be reported to the Society.

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<tr>
<th>DATE</th>
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<tr>
<td>April 2018</td>
<td>Application due date</td>
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<tr>
<td>October 2018</td>
<td>Award notice</td>
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<tr>
<td>January 2019</td>
<td>Start of funding (grant ends June 2023)</td>
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<tr>
<td>July 2019</td>
<td>Begin date for first resident</td>
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<tr>
<td>July 2020</td>
<td>Begin date for second resident (begin year 2 for first resident)</td>
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<tr>
<td>April 2021</td>
<td>Renewal application due date</td>
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<tr>
<td>July 2021</td>
<td>Begin date for third resident (begin year 2 for second resident)</td>
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<tr>
<td>October 2021</td>
<td>Renewal award notice</td>
</tr>
<tr>
<td>January 2022</td>
<td>If successful, start of funding of renewal grant (1.5 year overlap with prior grant)</td>
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<tr>
<td>July 2022</td>
<td>Begin date for first resident, 2021 grant (begin year 2 for third resident, 2019 grant)</td>
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<tr>
<td>June 2023</td>
<td>End date of grant that began January 2019</td>
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<tr>
<td>July 2023</td>
<td>Begin date for second resident</td>
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<tr>
<td>April 2024</td>
<td>Renewal application due date</td>
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<td>July 2024</td>
<td>Begin date for third resident</td>
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**CALENDAR FOR SUBMISSION OF PTACP RENEWAL APPLICATIONS**

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<tr>
<th>Grant Start Date</th>
<th>Grant End Date</th>
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24. **CHANGE OF PRINCIPAL INVESTIGATOR OR INSTITUTION**

Transfer of the grant from one institution to another is not permitted.

During the period from the receipt of an application through the end of an award, change of Principal Investigator requires authorization from the Society. Prior to a change, a request for the change must be submitted in writing and signed by an authorized official of the institution. To access the necessary form for change in principal investigator, please go to [https://proposalcentral.altum.com](https://proposalcentral.altum.com). (Submission instructions are in the appendix to these Policies.)

In order to authorize the change, the American Cancer Society must receive the following:

- The request for change in writing, indicating the anticipated change date; and
- A biographical sketch form for the proposed principal investigator.

25. **REQUIRED PROGRESS REPORTS**

Physician Training Awards in Cancer Prevention are awarded with the requirement that the residents will provide summary reports to the American Cancer Society at the completion of their training. Notice of the due date and instructions for submitting these reports will be forwarded to each resident and program director. The form for annual progress reports is available on [https://proposalcentral.altum.com](https://proposalcentral.altum.com). (Submission instructions are in the appendix to these Policies.) The timely receipt of progress reports may be a factor in continuing funding.
APPENDIX A: GUIDELINES FOR MAINTAINING RESEARCH AND PEER REVIEW INTEGRITY

The American Cancer Society seeks excellence in the discovery and dissemination of knowledge regarding the cause, prevention, detection and diagnosis, treatment, survivorship and health policy of cancer. This requires that all individuals affiliated with, or funded by, the American Cancer Society adhere to the highest standards of professional integrity. Volunteer grant reviewers for the American Cancer Society will also be held to the highest codes of conduct and integrity in performing their essential function of peer review.

The American Cancer Society provides grant funds for individuals at academic and other not-for-profit institutions to promote cancer-related training, research and treatment. This represents a contractual relationship with such institutions, and it is an accepted responsibility and obligation of those institutions to provide policies and procedures for their faculty, staff and students that address possible misconduct in training, research and treatment of patients. Moreover, it is the responsibility and obligation of faculty, students and staff engaged in scientific research and training to be aware of policies and procedures for addressing possible misconduct at their institutions, and to follow those procedures in reporting possible misconduct.

While questions of the integrity of applicants, grantees, and reviewers are very infrequent, they do occur. It is the responsibility of the Program Directors managing the review process and portfolios of funded grants and the responsibility of the Senior Vice President for Extramural Research to ensure that all questions regarding research integrity are handled in a discrete, but thorough manner. The actions of the Program Directors and the Senior Vice President for Extramural Research must ensure the confidentiality and anonymity of the individual raising the question of misconduct; ensure the integrity of the American Cancer Society and its review processes; ensure the rights of the individual accused of misconduct; and ensure their own credibility and integrity.

Article I

Standards and Definitions:

1.1 Research Misconduct by Applicants or Grantees

The American Cancer Society uses the following definitions related to scientific misconduct outlined in the Federal Guidelines [Federal Register, Vol. 65, No. 235, ppg. 76260-76264].

- Research misconduct is defined as fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results.¹
- Research, as used herein, includes all basic, applied, and demonstration research in all fields of science, engineering, and mathematics. This includes, but is not limited to, research in economics, education, linguistics, medicine, biology, chemistry, psychology, natural sciences, social sciences, statistics, and research involving human subjects or animals.¹
- Fabrication is defined as making up data or results and recording or reporting them.¹
• Falsification is defined as manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.\(^1\)
• The research record is defined as the record of data or results that embody the facts resulting from scientific inquiry, and includes, but is not limited to, research proposals, laboratory records, both physical and electronic, progress reports, abstracts, theses, oral presentations, internal reports, and journal articles.\(^1\)
• Plagiarism is defined as the appropriation of another person's ideas, processes, results, or words without giving appropriate credit.
• Research misconduct does not include honest error or differences of opinion.\(^1\)
• Reported Qualifications must be accurate (e.g. years since degree earned).

1.2 Research Misconduct by Peer Review Committee Members

The American Cancer Society has adopted the following definitions of misconduct in review by members of a Peer Review Committee. Misconduct in review is defined as:

• Review for an application for which there is a clear conflict of interest between the reviewer and applicant. What is considered a COI – a recent publication, grant collaboration, trained together
• Failure to notify ACS personnel of actual, potential perceived or potentially perceived conflicts of interest.
• Any communication pertaining to review related materials between a member[s] of a peer review committee and an applicant, or the mentor of an applicant, in the case of applications with an element of training as part of the application.
• Any communication of the unpublished content of a grant application by a member or members of a peer review committee with any individual who is not a permanent or ad hoc member of the peer review committee to which an application is assigned, or who has not been approved by the Program Director for such communication.
• Any use of the unpublished content or concepts of a grant application in pursuit of scientific or career goals by a member of a peer review committee.
• Any review of, or use of, the contents of a grant application by a member or members of a peer review committee who might have, or be perceived to have, a conflict of interest with the applicant or his/her mentor, in the case of applications with an element of training as part of the application.

1.3 Confidentiality Standard for Reviewers

To preserve the integrity of the peer review process, all parties involved in the review process must adhere to the following practices regarding confidentiality and non-disclosure:

• Reviewers must not discuss applications reviewed with any individual not designated as a part of the review process; and especially not with applicants, or their mentors in the case of training grants, either before or after the peer review meetings.

\(^1\) The above definitions are outlined in the Federal Guidelines [Federal Register, Vol.65, No.235, ppg: 76260-76264]
• Any inquiries to a peer review panel member regarding an application from an applicant, PI, Co-PIs, consultants or their mentor, to a member of a Peer Review Committee or ACS Council for Extramural Grants must be reported immediately to the Program Director.
• All materials related to the review process must be destroyed or given to the Program Coordinator at the end of the review meeting.
• For purposes of this standard, materials related to the review process include, but are not limited to: paper, bound volumes, compact disks (CDs), flashdrives, electronic files accessed via the internet, or oral presentations or discussions.

1.4 Conflict of Interest Standard for Reviewers

To preserve the integrity of the peer review process, all participants in the process must adhere to these principles and practices:

• Reviewers must not be an employer or employee of an applicant, and may not be employed by the same institution as an applicant within three years of the date of submission of an application
• Reviewers must not be a party to any agreement for future employment or other agreements or arrangements with an applicant or any person listed as key personnel on an application
• Reviewers must not have served as mentors or collaborators of an applicant within 3 years of the date of an application
• Reviewers must not participate in the review of an application submitted by a standing member of a Peer Review Committee serving on the same review committee, with the exception of Health Professional Training Grants or Institutional Research Grants
• Reviewers must not be under the health care of, or providing health care to, an applicant or any person listed as key personnel on an application
• Reviewers must not have received or have the potential to receive direct financial benefit from the application
• Reviewers must not be pursuing research projects which might be viewed as being in direct competition with applicants or their collaborators and colleagues; nor have potential to receive direct benefit from failure of the application to be funded
• Reviewers must not have any cause of action against, any dispute with, any long-standing scientific or personal differences with, or any claim whatsoever against the applicant or any person listed as key personnel on an application

Article II

Policies:

2.1 Policy Governing Misconduct by Applicants and Grantees

2.1.1 Applicants:

Any allegations of scientific misconduct must be brought to the immediate attention of the Program Director in charge of the Peer Review Committee which is responsible for reviewing the work in question. If possible, allegations of misconduct on the part of an applicant in the submission of a
grant proposal should be raised in advance of the review meeting. The Program Director will then bring the allegation to the attention of the Senior Vice President for Extramural Research at ACS. The Senior Vice President for Extramural Research will evaluate the allegation and make a determination on the misconduct issue and the appropriate next steps to be taken to engage in further investigation or action in accordance with Article III “Procedures for Handling Conflicts of Interest and Allegations or Findings of Misconduct in Research and Peer Review”.

2.1.2 Grantees:

In instances where alleged scientific misconduct occurs after the awarding of a grant, such as in the publication of falsified data, the Program Director will bring the allegation to the attention of the Senior Vice President for Extramural Research at ACS. The Senior Vice President for Extramural Research will evaluate the allegation and make a determination of the appropriate steps to be taken to engage in further investigation or action as defined in Article III, “Procedures for Handling Conflicts of Interest and Allegations or Findings of Misconduct in Research and Peer Review”.

2.2 Policy Governing Misconduct by Peer Review Committee Members

2.2.1 Confidentiality:

Confidentiality is at the heart of the peer review process and is imperative for objective evaluation and free expression in the review process. The applicant-reviewer relationship is a privileged alliance founded on the ethical rule of confidentiality. To maintain the essence and integrity of the peer review process, the Society and its appointed peer reviewers must ensure and be assured that the confidentiality of the applicant’s information, the contents of the grant application, and of the proceedings of the review panel will be maintained. Such confidentiality adheres when a person discloses information to another with the understanding that the information will not be divulged to others without the discloser’s consent, or as otherwise required by law. In the context of peer review, this rule upholds the applicants’ rights to have the information they submit, whether in proposal form or in communications, kept confidential. The rule also ensures that those involved in the review process maintain their obligation to keep confidential any information concerning an application. In fact, the very existence of a submission should not be revealed (or confirmed) to anyone other than those within the review process unless and until the application is funded.

To this end, all contents, evaluation and discussion of applications shall be confined to Peer Review Committee (PRC) members and ACS staff personnel (Program Director, Senior Vice President for Extramural Research, Program Coordinator, support staff) responsible for managing the review process of that PRC. For these purposes, reviewers include all standing and ad hoc reviewers of PRCs and members of the Council for Extramural Grants. In rare and specific instances, discussion of applications with, or in the presence of, non-committee members can occur after obtaining the written consent of the Program Director. Reviewers must not discuss reviews with applicants or their mentors in the case of training grants, either before or after the review meetings. Reviewers also must not communicate the contents of any grant applications with individuals not associated with the review process. Any materials related to the review process must be disposed of at the meeting, and all final critiques given to the Program Director for inclusion in summary statements.
If an allegation of a breach of reviewer confidentiality is brought forward, that allegation will be communicated to the Senior Vice President for Extramural Research who will determine if an investigation of that allegation is warranted. The Senior Vice President for Extramural Research will then follow the appropriate steps as defined in Article III, “Procedures for Handling Conflicts of Interest and Allegations or Findings of Misconduct in Research and Peer Review”.

2.2.2 Conflict of Interest:

An objective evaluation of grant proposals is essential to the peer review process. In achieving this goal, there must be no conflict of interest, apparent conflict of interest or pending future conflict of interest between any participant in the review process and the applicants or their collaborators and colleagues. In this setting, reviewers include standing and ad hoc Peer Review Committee (PRC) members and members of the ACS Council for Extramural Grants responsible for, and participating in, the review process. There are numerous bases for conflicts of interest, and these can include: employment, professional relationships, personal relationships, financial benefit, industry affiliation or other interests. The conflicts can be real or apparent. For Definitions of Conflict of Interest, refer to Section 1.4.

Reviewers may not make use of any of the contents of a grant for their own research purposes or those of their collaborators and colleagues. Reviewers must exercise proper due diligence in investigating and disclosing any potential conflict of interest that might exist between themselves and an applicant or the applicant’s collaborators or mentors. The Conflict of Interest Statement attached as EXHIBIT A shall be submitted to the Senior Vice President for Extramural Research for review at least sixty (60) days prior to the beginning of the Peer Review cycle.

If an allegation of a reviewer conflict of interest is brought forward, that allegation will be communicated to the Senior Vice President for Extramural Research who will determine if an investigation of that allegation is warranted. The Senior Vice President for Extramural Research will then follow the appropriate steps as defined in Article III “Procedures for Handling Conflicts of Interest and Allegations or Findings of Misconduct”.

Article III

Procedures for Handling Conflicts of Interest and Allegations or Findings of Misconduct:

To ensure the integrity of the peer review process and the integrity of ACS-sponsored research, it is necessary that the procedures for dealing with allegations of misconduct be clearly understood by all reviewers and ACS personnel. Procedures for handling allegations of misconduct by applicants, grantees and reviewers are detailed in the following sections.

3.1 Procedures for Handling an Allegation of Scientific Misconduct by Applicants or Grantees

3.1.1 Misconduct by Applicants:

In the event that an allegation of scientific misconduct by an applicant is brought forward to a Program Director or other ACS staff, all effort must be made to investigate the validity of the
allegation while maintaining the confidentiality of the individual making the allegation, the anonymity of the person against whom the allegation is made, and the integrity of the review process. The Program Director must immediately inform the Senior Vice President for Extramural Research of the allegation, and provide all relevant information regarding the allegation. It is the Vice President’s responsibility to evaluate the likelihood of scientific misconduct; and, if warranted, it is the Vice President’s responsibility to contact the appropriate institutional office at the applicant’s institution regarding the allegation. The Senior Vice President for Extramural Research will then serve as the point of contact between the ACS and the institutional official[s] handling issues of scientific misconduct.

If determined to be appropriate, the Senior Vice President for Extramural Research will forward an allegation of misconduct and all pertinent information to the Research Integrity Officer at the institution sponsoring the grant application in question or at which the alleged misconduct was carried out. If there is not a Research Integrity Officer, the Dean of the School in question or its chief academic officer will be contacted. In the instance that the person[s] making the allegation does not contact the American Cancer Society but raises the allegation of misconduct with the appropriate institutional official according to their established institutional procedures, it is the responsibility of the institution to contact the American Cancer Society regarding the allegation, any investigation of the allegation, and the outcome of that investigation. All such correspondence will be held in strict confidence, and will not be made public by the American Cancer Society irrespective of the outcome of the investigation. The American Cancer Society assumes no responsibility in carrying out the investigation of scientific misconduct, or in determining an individual’s innocence or guilt of the allegation of misconduct. However, acceptance or non-acceptance of the findings of the institutional investigation is at the discretion of the Senior Vice President, and additional clarification may be requested.

Allegations of scientific misconduct in a grant application may be made by individuals who are colleagues, trainees, or reviewers. In the instance that an allegation of misconduct is made in reference to a grant application, the Senior Vice President for Extramural Research will contact the institutional official at the sponsoring research institution and seek to follow their established protocol for investigating such allegations. If an investigation is deemed necessary, it will be the responsibility of the sponsoring institution to carry out the investigation, to keep the ACS aware of the progress, and to report the outcome of the investigation to the Senior Vice President for Extramural Research.

In fairness to the applicant, the review process must continue while the allegation of misconduct undergoes assessment. Review may continue either in the standing review committee or under the By-pass to Council review mechanism. Under no circumstance should a reviewer, Program Director or ACS staff raise the issue of the allegation in a peer review meeting or meeting of ACS Council for Extramural Grants. If that were to occur, review of that application could not be completed without bias; and review of the application must therefore be deferred to ad hoc reviewers or the ACS Council for Extramural Grants. If a reviewer suspects misconduct, which is discovered at the time of the meeting, it is appropriate to request the Chair of the PRC or Council take a "break" and discuss the issue privately with the Program Director. The Program Director will then take the proscribed administrative steps following the adjournment of the review meeting. The ACS will complete the process of peer review of the application, but will suspend any administrative action which would result in funding of the award in question until the resolution of
the investigation. At the conclusion of the investigation, the ACS will require the Office of Research Integrity or comparable entity at the applicant’s sponsoring institution to provide a written statement detailing the results of the investigation. Failure of the institution to carry out such an investigation in a timely manner or to provide written results of the investigation will result in the administrative disapproval of the application. If the applicant is absolved of any scientific misconduct, the ACS will reinstitute administrative action that can result in funding for the award if it was approved and is within the pay-line established by ACS Council for Extramural Grants. In the instance that misconduct has occurred, the ACS will administratively inactive the application. Also, in the case of a finding of scientific misconduct, the investigator may no longer be eligible to participate in ACS funded awards, either as principal investigator, co-investigator, collaborator, mentor or consultant. The investigator also may not be eligible to serve in any capacity in reviewing ACS grant proposals.

3.1.2 Misconduct by Grantees:

In the event that an allegation of scientific misconduct by a grantee is brought forward to a Program Director or other ACS staff, all effort must be made to investigate the validity of the allegation while maintaining the confidentiality of the individual making the allegation and the anonymity of the person against whom the allegation is made. The Program Director or ACS staff contacted about the alleged misconduct must immediately inform the Senior Vice President for Extramural Research of the allegation, and provide all relevant information regarding the allegation. It is the Vice President’s responsibility to evaluate the likelihood of scientific misconduct; and, if warranted, it is the Senior Vice President for Extramural Research’s responsibility to contact the appropriate institutional office at the applicant’s institution regarding the allegation. The Senior Vice President for Extramural Research will then serve as the point of contact between the ACS and the institutional official[s] handling issues of scientific misconduct.

If determined to be appropriate, the Senior Vice President for Extramural Research will forward an allegation of misconduct and all pertinent information to the Research Integrity Officer at the institution sponsoring the grant in question or at which the alleged misconduct was carried out. If there is not a Research Integrity Officer, the Dean of the School in question or its chief academic officer will be contacted. In the instance that the person[s] making the allegation does not contact the American Cancer Society but raises the allegation of misconduct with the appropriate institutional official according to their established institutional procedures, it is the responsibility of the institution to contact the American Cancer Society regarding the allegation, any investigation of the allegation, and the outcome of that investigation. All such correspondence will be held in strict confidence, and will not be made public by the American Cancer Society irrespective of the outcome of the investigation. The American Cancer Society assumes no responsibility in carrying out the investigation of scientific misconduct, or in determining an individual’s innocence or guilt of the allegation of misconduct. However, failure of the institution to carry out such an investigation in a timely manner or to provide written results of the investigation may result in the suspension of ACS funds for all grants awarded at the institution. The American Cancer Society assumes no responsibility in carrying out the investigation of scientific misconduct, or in determining an individual’s innocence or guilt of the allegation of misconduct. However, acceptance or non-acceptance of the findings of the institutional investigation is at the discretion of the Senior Vice President, and additional clarification may be requested.
If the investigator has an active ACS award, funding of that award will be suspended until the allegation has either been confirmed or be proven to be erroneous. If the allegation is proven not to have merit, the award will be reinstated at the date of notification of those findings by the sponsoring institution. If the allegation of misconduct is confirmed, the award will be terminated and any residual funds, as of the date of notification of the sponsoring institution of the allegation, must be returned to the ACS. In the case of a finding of scientific misconduct, the investigator may no longer be eligible to participate in ACS funded awards, either as principal investigator, co-investigator, collaborator, mentor, or consultant. The investigator may also not be eligible to serve in any capacity in reviewing ACS grant proposals.

The publication of data serves to further the interests of the scientific pursuit, and specifically in the case of the ACS, the pursuit of eliminating the burden of cancer. Therefore, it is incumbent on both the ACS and the scientific community to insure that any instances of misrepresentation of findings in a scientific study are apparent to the scientific community. To that end, a finding of falsification or misrepresentation of data in a published forum must be reported to the editor-in-chief of the journal in which such data is reported. It is the responsibility of the Senior Vice President for Extramural Research to coordinate such notification with the appropriate sponsoring institutional official according to their established policies and in conjunction with the policies of the journal. If the sponsoring institution does not have a policy regarding notification of the journal, then the Senior Vice President for Extramural Research will notify the editor-in-chief of the journal according to the journal’s established policies.

In the case of findings of falsification or misrepresentation of published data supported by ACS funds, any active grant[s] held by the responsible individual will be terminated and that individual may no longer be eligible for ACS funding via any mechanism as a principal investigator, co-investigator, collaborator, mentor, or consultant. That individual may also not be eligible to participate in ACS review in any capacity.

3.1.3  Reviewer Misconduct and Conflict of Interest

In the event that an allegation of reviewer misconduct, such as failure to acknowledge a conflict of interest, is brought forward to a Program Director or other ACS staff, all effort must be made to investigate the validity of the allegation while maintaining the confidentiality of the individual making the allegation, the anonymity of the person against whom the allegation is made, and the integrity of the review process. The Program Director or other ACS staff contacted regarding the alleged misconduct must immediately inform the Senior Vice President for Extramural Research of the allegation, and provide all relevant information regarding the allegation. It is the Senior Vice President for Extramural Research’s responsibility to evaluate the likelihood of reviewer conflict of interest or misconduct; and, if warranted, it is the Senior Vice President for Extramural Research’s responsibility to handle the investigation internally or to inform the appropriate institutional office at the reviewer’s institution about the allegation if aspects of the reviewer misconduct violate any of the tenets of professional behavior established by that institution. The Senior Vice President for Extramural Research will then serve as the point of contact between the ACS and the institutional official handling issues of reviewer misconduct.

Some elements of reviewer misconduct represent conduct that will only have relevance for the appropriateness of the reviewer’s role as a member of a peer review committee. For instance, if
there is inappropriate communication between reviewer and applicant or an applicant’s mentor or colleagues. In a case of this type, all elements of the investigation of the reviewer misconduct will be handled by ACS personnel at the discretion of the Senior Vice President for Extramural Research. In cases where a reviewer does not retain the confidentiality of the applicant’s information or the content of his or her application, and makes that information available to a third party, it will be at the discretion of the Senior Vice President for Extramural Research to handle the issue internally at ACS or contact the Office of Research Integrity at the reviewer’s institution, based upon an initial assessment of whether such conduct violates the rules of conduct established by that institution. For instance, if there is communication of the contents of a grant proposal by a reviewer to a competitor in the same field as the applicant, or if the reviewer makes use of findings or ideas in an application to further his or her own research interests. In the instance of such an allegation, the American Cancer Society assumes no responsibility for carrying out the investigation of scientific misconduct, or in determining an individual’s innocence or guilt of the allegation of misconduct. It is the institution’s responsibility to handle the misconduct according to their established procedures. However, acceptance or non-acceptance of the findings of the institutional investigation is at the discretion of the Senior Vice President, and additional clarification may be requested. In any instance of a finding of reviewer misconduct, that individual may no longer be eligible to serve in any capacity in reviewing ACS grant proposals, and may be barred from receiving any ACS grant funds.

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APPENDIX B: INSTRUCTIONS FOR SUBMITTING DELIVERABLES

GRANT ACTIVATION FORM
ANNUAL PROGRESS/FINAL
REPORT TRANSFER REQUEST
CHANGE OF INSTITUTION
REQUEST CHANGE OF TERM
REQUEST EXTENSION OF
TERM REQUEST GRANT
CANCELLATION
CHANGE OF PRINCIPAL INVESTIGATOR
REQUEST REPORT OF EXPENDITURES

The American Cancer Society subscribes to the Post Award Management System provided by Altum proposalCENTRAL. The system is designed to collect grant post award information from grantees. Grantees are asked to keep their proposalCENTRAL profile current for the duration of the grant.

The site is used to upload all requests for grant changes and related documents, and required reports (deliverables). The site will house all reports, requests and correspondence pertaining to a grant and is accessible to both ACS program staff and grantees. Grantees may provide access to others at their institution (e.g. grants officers) using the instructions provided below.

All awardees of an ACS grant will need to upload deliverables, and then send an email (correspondence) to the Program Director/Program Coordinator informing the program office of the submitted deliverables. The first deliverable we will be collecting through the Post Award Management System is the “Activation Form.” For the Activation Form only, please also email Mary LeMahieu at mary.lemahieu@cancer.org in the Research Business office notifying her that you have uploaded your Grant Activation Form.

**Uploading an Award Deliverable**

- Log onto [https://proposalcentral.altum.com/login.asp](https://proposalcentral.altum.com/login.asp)
- PI must enter their ProposalCENTRAL username and password in “Applicant Login” to access their award detail information
- Click on the Awarded link or all Proposal link
- In the Status column, click on the Award Details link
- On the Award Details screen, click on the Deliverables link at the bottom of the screen

The schedule of deliverables due for the award is shown chronologically.

- Go to the Deliverables Templates section at the bottom section of the screen to select the appropriate template
- Download and save the template to your computer and complete it.
- To Submit Grant Deliverables and other documents, click the Upload link next to the scheduled deliverable and date
- Click “Browse” button to select the file from your computer
- Click Save to upload the deliverable. You can replace the uploaded document with another document by clicking Browse….again, selecting a different document from your computer files and click the Save (Adding description of deliverable is optional)
- Click Close

**Send Email (Correspondence) to an ACS Administrator**

- To send correspondence to Program Director at the ACS, click the “Correspondence” link from the Award Details screen
- From this page, you can see any correspondence that has already been sent by clicking on the Blue link in the Message column
- Use the Respond link to respond directly to a message you have received
- To send a new message, click “Send Correspondence to Program Director” at the top of the page
- Select the administrator(s) who should receive the correspondence email
- Enter a subject and text for the correspondence in the spaces provided
- Click the “Send Email” button to send the email(s) to the selected administrator

Once an application is awarded it moves from proposalCENTRAL into the Post Award Management System. People who previously had access to your application in proposalCENTRAL will not have access to your awarded grant in the Post Award Management System. You may need to allow access to different users than those listed in proposalCENTRAL to enable them to upload various reports on your behalf.

**To allow to another user access to your award and to submit deliverable**

- Person(s) must be a registered user on proposalCENTRAL. If they are not, ask them to register as a new user at:

  https://proposalcentral.altum.com

- Once user is registered, from Award Detail screen click Contacts and User Access link
- Click on Manage User Access To Award at the top of the screen
- Enter and confirm email address of person
- Click on Add button
- Change the Permissions role from View to Administrator
- Click on Save button to activate access for new person

**To upload other documents such as publications, CV, etc.:**

- Click the "Add Deliverable" link on the Award Deliverable screen
- Select "Other" from the drop down menu next to "Deliverable Type" from the pop up screen
- Type in the "Deliverable Description" (i.e. Publications; CV; etc...)
- Click "Browse" to upload their document
- Click "Save"

Additional information and help can be obtained through proposalCENTRAL customer support desk: By phone: 1-800-875-2562 toll free  By email: pcsupport@altum.com
PHYSICIAN TRAINING AWARD IN CANCER PREVENTION

INSTRUCTIONS

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A. GENERAL INFORMATION

1. ACS GRANT APPLICATION SYSTEM

Access the American Cancer Society Research site at www.cancer.org.
- Select “Our Research” followed by “Apply for Grant” > “Grant Types”
- Select link to grant type, which allows access to the electronic application process at proposalCENTRAL
- Follow the sequential instructions for login/register, completion, and submission
- Key steps:
  o “Create New Proposal” > “Grant Types” > “Apply Now”
  o Enter Project Title (unless provided) > SAVE (permits access to other application components)
  o Saved applications are stored under the “Manage Proposals”
- See proposalCENTRAL login page for tutorials and additional details about the grant application process
- Alternatively, click “Help” or contact ALTUM Customer Service at pcsupport@altum.com or 1-800-875-2562

2. FORMAT

- Insert Principal Investigator (PI) name in the header for each template of the application. Do not change the footers on the templates.
- Application documents may be single or double-sided (if single spacing, a space between paragraphs is recommended)
- **Type size:** 12-point Times New Roman or 11-point Arial as the minimum font size for the text; 10-point Times New Roman or 9-point Arial font type may be used for figures, legends, and tables
- **Margins:** ≥ 0.5 inches all around, unless a form with different margins is supplied in the Application Templates
- **Page numbering:**
  - **Cover Pages:** Cover pages (Signature Page, Contact Page, General Audience Summary and Structure Technical Abstract, if applicable) are not numbered.
  - **Proposal Sections:** Proposal sections are listed in the Table of Contents and must be independently numbered in the upper right-hand corner
  - **Appendix:** The Appendix is not numbered.

3. UPDATES OF INFORMATION

**Withdrawal of application:** Notify the Society promptly, in writing, if an application is to be withdrawn. A letter (or email) to the Program Director (indicated in the application acknowledgment letter) should include the PI name, application number, and the reason for withdrawal. If the project has been funded by another organization, please include that funding agency.
Change of address: Notify the Society in writing (email) if a mailing address, email address, or phone number has changed since a submission. Please include the PI name and application number on the correspondence and update your information in proposalCENTRAL.

Change of institution: If you change institutions between application submission and peer review, contact the Program Director (identified in the application acknowledgment letter). He/she will inform as to whether the application can be reviewed that cycle.

4. REQUIRED INFORMATION

Note: Not all fields are required for all applications; see mechanism-specific instructions

Project Title: The title should not exceed 75 characters in length (including spaces). Please avoid abbreviation, if possible.

Principal Investigator/Applicant Information: Some (or all) of the required information may be populated from your profile. This information was provided when you registered on proposalCENTRAL and completed the Professional Profile. If any information is outdated, update the Professional Profile before finalizing this section and submitting an application. Please keep contact information current.

Key Personnel: Individuals who contribute to the scientific development or execution of a project in a substantive, measurable way (whether they receive salaries or compensation under the grant) are considered Key Personnel. NB: The PI is always considered Key Personnel but do not list them under key personnel on proposalCENTRAL. Typically, key Personnel have doctoral or other professional degrees, although individuals at the master’s or baccalaureate level (such as graduate students and research assistants) may be considered Key Personnel if they meet this definition. Since Key Personnel must devote measurable effort to the project, “zero percent” effort or “as needed” are not acceptable levels of involvement.

The Principal Investigator assumes the authority and responsibility to direct the project. The American Cancer Society does not permit applications to be directed by Co-Principal Investigators.

A Co-Investigator is a vital scientific contributor (at the same or a different institution), often bringing a needed expertise to the research team. He/she commits some level of measurable effort to the project and is, therefore, always designated as Key Personnel whether being compensated or otherwise.

A Collaborator plays a lesser role in the thinking and logistics of the project than a Co-Investigator. Depending on the role and effort, a collaborator may be designated as Key Personnel and may be compensated.

A Consultant provides expert advice and opinion on what needs to be done, most often for a fee. Generally, a consultant is not considered Key Personnel. However, if the consultant contributes
to the scientific development or execution of a project substantively and measurably, he/she should be designated as such.

Other personnel (e.g., Mentor and Preceptor) are applicable for some mentored and health professional training grants, e.g., Doctoral Scholarships in Cancer Nursing. *See mechanism-specific instructions for definitions and required supporting documents.*

A **Subcontractor** evaluates a need and performs work relating to that need for a fee. A subcontractor is **not** considered Key Personnel.

### REQUIRED SUPPORTING DOCUMENTS FOR NAMED PERSONNEL

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Designated &quot;Key&quot;</th>
<th>Biosketch</th>
<th>&quot;Other support&quot; Documentation</th>
<th>Included in Budget &amp; Justification</th>
<th>Letters</th>
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</thead>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>Co-Investigator</td>
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<td>Yes</td>
<td>Yes(^b)</td>
<td>Yes</td>
<td>Letter of Agreement</td>
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<td>Yes(^b)</td>
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<td>No</td>
<td>No</td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Letter of Commitment</td>
</tr>
</tbody>
</table>

\(^a\) PI is always considered key personnel, but supporting documents should **not** be duplicated in the Key Personnel section on proposalCENTRAL

\(^b\) Excluding postdoctoral fellows, technicians, and graduate students

\(^c\) Total subcontract amount is listed in the main budget with details in the subcontractor budget page and justification form.

**Citizenship Status:** Indicate your current citizenship status and country of citizenship. (mandatory).

**Justification of Eligibility:** Applicants must satisfy all eligibility requirements defined for each application type. Indicate when (months and years) of awarding of terminal degree and first independent faculty position (or equivalent), if applicable. If you have a letter from the American Cancer Society Eligibility Committee, include in the Appendix and in the Table of Contents and denote in the justification space provided.
**Justification of Designation “Priority Focus in Health Equity Research”:** Indicate on the title page “Health Equity” if the proposal falls into the Priority Focus (Health Equity Research) in the Cancer Control and Prevention Research Program.

**Space:** If applicable, indicate the approximate area of independent research space provided by your institution to support your research program and the name of the department head responsible for verification of this commitment. You must insert a value for square footage on the electronic form, even if that number is zero.

**Institutional Official:** Indicate the name and address of the official authorized to sign for the institution. Institutional officials must sign the front page; we do not require original signatures (electronic signatures are acceptable). Provide a mailing address for disbursement of funds, in the event that the grant is awarded funding.

**Department Chair:** Indicate the name, department, and email address of the department head. The department head must sign the front page to affirm the title/position of the PI and the committed resources.

**Primary Mentor:** Please fill out all fields for mentor information (if applicable).

**Additional Mentor(s):** Please fill out all fields for additional mentor information (if applicable).

### 5. GENERAL AUDIENCE SUMMARY

The general audience summary provides an overview of the proposed research to people who are not trained in the sciences. This summary may be read by peer review stakeholders, ACS staff members, potential donors, and the public. **Stakeholders** are individuals without formal scientific or medical training, who are full voting members of all peer review panels. The stakeholder uses the general summary to evaluate how the proposed work will benefit cancer patients and their families (i.e., the cancer relevancy). **ACS staff members**, who work with major donors, use these summaries to identify projects that align with the interests of donors seeking to support specific areas of cancer research. Staff may also use the summary for communicating to local media about ACS-funded studies. Summaries of all grants funded by the Society are made available to the **public**. Therefore, do not include proprietary/confidential information.

The general audience summary should not duplicate the structured technical abstract. It should be written in an understandable way for the general public and concisely describe the background, significance, question(s) being asked, information to be obtained, and potential impact. If symbols or Greek characters must be used, they should be spelled out to avoid formatting problems. See examples of General Audience Summaries in the Appendix.

*This form is limited to 3,000 characters (including spaces) and will truncate at that point. Please adhere to the character limit to prevent readers (including peer reviewers) from fully appreciating the ‘big picture perspective’ of the proposal.*
6. STRUCTURED TECHNICAL ABSTRACT

Note: not all applications require a structured technical abstract.

The structured technical abstract is a summary of the proposed research or scholarly project for general scientific audiences (see Appendix for an example).

Please organize into the following sections:

- Background
- Objective/Hypothesis
- Specific Aims
- Study Design

Emphasize those elements you consider most relevant to assignment of the proposal for peer review. This form is limited to 3,000 characters (including spaces) and will truncate at that point. Please adhere to the character limit to prevent peer reviewers from fully appreciating the technical synopsis and scientific rationale.

7. PROJECT CODING

Note: Project coding is not considered at peer review. Red asterisks indicate required fields (not all grant types require project coding).

Donors often have interests in funding specific types of cancer research. Selection of project codes by applicants allows for the identification of proposals for consideration of donor-driven special funding. This information also assists the Society in communicating the research portfolio to the public.

Select the most appropriate Areas of Research (Common Scientific Outline –CSO) and Types of Cancer. Please note that relevant items may be included under Resources and Infrastructure Related to [specific area]. See the Appendix for specific terms and examples.

8. ASSURANCES AND CERTIFICATION

All activities involving human subjects and vertebrate animals must be approved by the appropriate institutional committee before the application will be funded by the American Cancer Society. Compliance with current US Department of Health and Human Services and ACS guidelines for conflict of interest, recombinant DNA, and scientific misconduct is also required. The signature of the institutional official verifies these approval and compliance mandates.
Vertebrate animals. Every proposal involving vertebrate animals must be approved by an Institutional Animal Care and Use Committee (IACUC), in accordance with Public Health Service Policy on Humane Care and Use of Laboratory Animals, before the application will be funded by the American Cancer Society. Enter the date of the most recent IACUC approval in the space provided.

All research supported by the ACS (including subcontracted activities) involving vertebrate animals must be conducted at performance sites, which are covered under an approved Animal Welfare Assurance. It is the responsibility of the institution to immediately report to American Cancer Society any action including recertification or loss of IACUC approval that is pertinent to the work described in the grant application.

Human Subjects. All proposed research projects involving human subjects must be approved by an Institutional Review Board (IRB).

The institution must be approved from the Office for Human Research Protections (OHRP) of the US Department of Health and Human Services (DHHS). Enter the institution's Assurance of Compliance number(s). Copies of the DHHS policy and information regarding the assured status and assurance numbers of institutions may be obtained from OHRP. The definitions and further sources of clarification are found in the NIH Grants Policy Statement (Revised 12/03), www.grants.nih.gov/grants/policy, or the NIH Office of Extramural Research.

If institutional review of human subjects or vertebrate animal use has not been finalized before the submission date of the application, you must indicate that approval is pending on the certification page and give the appropriate institutional reference numbers, if available. Certification of the institutional committee review, clearly labeled with the assigned American Cancer Society application number, must be received prior to activation of a grant for funding. Failure to supply the ACS with completed IRB and/or IACUC certifications prior to the approved start of funding will result in withholding of payments and may result in cancellation of funding.

Note: Applications for the Institutional Research Grant (IRG) and some Health Professional Training Grants do not require submission of IRB and IACUC certifications. Regardless, institutions must comply with the requirements described above to use American Cancer Society grant funding for activities involving human subjects or vertebrate animals.

If a grant is funded, it is the responsibility of the institution to immediately report to American Cancer Society any action including recertification or loss of IRB approval, which occurs during the term of the award that is related to the work described in the grant application.
9. PI DATA

Submit this section electronically only.

The requested PI information is for statistical purposes only (e.g. not considered at peer review). This section will not print with the cover pages and should not to be submitted with your paper copy.

10. RESUBMISSION

All resubmissions must create a new application on proposalCENTRAL. Applications that are not initially funded can generally be resubmitted twice. Postdoctoral Fellowship applications are an exception with only one resubmission. Applicants are strongly encouraged to contact the Program Director prior to resubmission to discuss the previous review.

Resubmission guidelines:

- Submit a complete application with a current date—electronic and paper copies.
- The title of the project can be altered, but should be marked as a first or second resubmission.
- Select the appropriate application number from the list of your prior submissions on proposalCENTRAL.
- The review committee code (e.g. TBE, CCE, CPPB, etc.) from the previous application must be provided where requested on the title page.
- A “Reply to Previous Review”, not to exceed 3 pages, should be placed where indicated in the Table of Contents of the Application Templates section. It should clearly address the points raised in the previous review and direct the reader to the specific sections of the text where revisions have been made. Text revised in response to the reviewers’ comments should be designated (e.g.: bold type, highlighting, line in the margin, underlining, etc.). Reviewers’ previous critiques should be inserted immediately after the “Reply to Previous Reviews” as indicated in the Table of Contents.

11. APPLICATION SUBMISSION AND REQUIRED SIGNATURES

Applications must be submitted in two formats: an electronic version and one paper copy.

A. ELECTRONIC APPLICATION

- All application attachments, including the Appendix, must be uploaded as .pdf documents, with the exception of the signed copy of the front page (this is only to be submitted with the paper copy). See proposalCENTRAL FAQ or contact support at 1-800-875-2562 for assistance.

- Validate the application on proposalCENTRAL. An application that has not been validated cannot be electronically submitted.
- If any modifications are made to the proposal during the signature process, make sure the electronic and paper versions are consistent.
• Technical questions regarding the electronic application process, should be directed to Altum at pcsupport@altum.com or 1-800-875-2562.

• Electronic applications must be submitted on proposalCENTRAL by close of business (5:00 PM EST) on the specified deadline date. **If the deadline falls on a weekend or holiday, applications will be accepted the following business day.**

Note: You will **not** be able to make any changes to the forms or upload any modifications to the files after submission.

B. PAPER COPY

• The paper copy must include the signatures (front page) and contact information (second page) for the:
  o Applicant
  o Institutional Official
  o Department Head

• Original signatures are not required (electronic signatures are acceptable). See program-specific instructions for additional required signatures. Please confirm that all required signatures have been collected before mailing the paper copy.

• Print application via proposalCENTRAL. (“Print” on the menu > select “Print Signature Pages and Attached PDF Files”). **Do not print cover pages for an application before validation.**

• Note that cover pages are not uploaded to proposalCENTRAL and are only mailed with your paper version.

Please secure the application with a rubber band or clip rather than stapling and mail only one application per package to:

**The American Cancer Society**
Extramural Research Department
250 Williams Street NW
Atlanta, GA  30303
404-329-7558

**A single paper copy of the application must be received by the American Cancer Society Corporate Center no later than 5:00 PM (EST) on the next business day following the deadline date for the electronic submission.**
B. PREPARING THE APPLICATION

Please read carefully the requirements set forth in the Policies, Physician Training Award in Cancer Prevention, before completing the application. Prospective applicants who have questions should contact the Society for clarification prior to submission of an application.

Questions should be directed to:

Virginia Krawiec, MPA  
Director, Health Professional Training in Cancer Control  
Stella Jones, Program Coordinator  
404-329-5734 / stella.jones@cancer.org

COVER PAGES

The application cover pages include the Signature page with Assurances and Certifications, Contact page and General Audience Summary. Most of the information that is collected online at proposalCENTRAL appears on the cover pages. This includes eligibility information, for example, citizenship. IMPORTANT: the applicant’s mailing address must appear in the box with the headings “APPLICANT CURRENT INSTITUTION” and “MAILING ADDRESS.” This is drawn from the information provided in the Professional Profile section of proposalCENTRAL.

Signatures The department head and the applicant are required to sign the application. Please note that you do need to complete the General Audience Summary at proposalCENTRAL. You do not need to complete a structured technical abstract.

1. APPLICATION TEMPLATES

An application consists of several sections that must be uploaded before the online application is submitted. Templates for these sections are available once an application is started on proposalCENTRAL. The templates must be downloaded to a computer and completed offline using word processing software. Detailed below are the instructions for completing the individual sections. The sections must be converted into .pdf documents before being uploaded. Please see proposalCENTRAL’s FAQ or call support at 1-800-875-2562 if you need assistance.

2. TABLE OF CONTENTS (PAGE 1.1)

The Table of Contents is pre-numbered. Complete by adding the Appendix information. Note: there is no overall page limit for the completed application.

3. REPLY TO PREVIOUS REVIEW (RESUBMISSIONS AND RENEWALS) (PAGE 2.1)

IF THE APPLICATION IS A NEW SUBMISSION, upload the provided template with “Not Applicable” in the body.
IF THE APPLICATION IS A RESUBMISSION, it must be identified as such on the cover page. This section should clearly and briefly address the points raised in the previous reviews and direct the reader to the specific sections where text revisions have been made. Text changed in response to reviewers’ comments should be identifiable in the revised application (e.g. bold type, line in the margin, underlining, etc.).

IF THE APPLICATION IS A RENEWAL, it must be identified as such on the cover page. Effective January 2017, the peer review committee will review the critiques of the most recent application as part of the evaluation of a new proposal. Renewal applications must include the critiques of the previous application and document progress made toward addressing the points made by the reviewers by completing the Reply to Previous Review. Copies of the previous critiques should be inserted immediately after the Reply to Previous Review as illustrated in the Table of Contents.

4. PREVIOUS CRITIQUES (RESUBMISSIONS AND RENEWALS)

Electronic copies of the critiques for your previous submission can be downloaded from your “Submitted” page on proposalCENTRAL. Select the link to “View Review Info” then “View Summary Statement” and save the document to your computer. Upload the document to your new application with the other proposal sections.

5. INSTITUTION INFORMATION (PAGE 3.1)

(Use the “Institution Information” template and continuation pages as necessary to answer the following questions.) Describe the applicant institution, i.e., is it a university, academic health center, department of public health, etc.? Address facilities, resources, equipment, and personnel (including the total number of professional staff), existing cancer epidemiology, control and prevention activities at the institution or at the collaborating institutions. Indicate whether there is access to a cancer registry. Note: letters of support from collaborating institutions that provide cancer prevention and control rotations must be included with the application (see “Required Letters”).

6. RESIDENCY PROGRAM INFORMATION (PAGE 4.1):

(Use the “Residency Program Information” template and continuation pages as necessary to provide the requested information for items 1-4.) Provide all residency program information requested for questions 1-4, including current accreditation status. If the program was cited by ACGME during the most recent site visit, any issues/concerns raised must be addressed here and a copy of the progress report included as well. Items 5-7 should be answered on continuation pages following your response to item 4. The Table of PTACP Residency Program Graduates should include only residents supported with PTACP funds. The Table of All Residency Program Graduates should list all other residents. For residents who completed training many years prior to this application, the last column may indicate the resident’s last known position. Both lists of residents should be in chronological order, starting with most recent and working backwards.
5. Describe the overall structure of the program and its core components, including any existing training concentrations or tracks. Discuss the affiliation with a school of public health, including the cost of tuition for the master’s degree. Describe existing and planned practicum training sites. Indicate whether there are memoranda of understanding with other agencies, including for research. Describe changes to the residency program that are planned as a result of funding via this award. Outline the components to be added for the cancer prevention and control track that distinguish it from the existing program, e.g., core curriculum, other didactics, rotations, etc.

6. Provide in chart form the names and titles of key faculty for the proposed cancer prevention and control training program. For each, indicate in the budget the percent time, funded or in-kind, that each will devote to the proposed project. Individuals named as key faculty with cancer control expertise must provide letters describing their roles, support, and commitment.

7. Describe the roles of the principal investigator and other key faculty (mentors and other experts in cancer prevention and control, cancer epidemiology, clinical cancer care) in the proposed training program and their particular qualifications for this function.

Biographical Information for Principal Investigator and Key Faculty (PAGE 5.1 or 6.1)
The application must include a biographical sketch for the principal investigator and for each of the listed key faculty [see Policies, 21. Requirements for Institutions]. Use the “Biographical Sketch” template and adhere to the format provided. The template provided may be used repeatedly as needed, but must not exceed two pages. Provide the appropriate section number in heading of the template (i.e., use 5.1 for first page of principal investigator form, and 6.1 for first page of key faculty forms).

Education/Training. Complete the educational block at the top of the page by providing the information requested. Postdoctoral training should include residency, internships and any fellowships. For fellowships, list title of position, mentor’s name, and exact dates of training.

Complete sections A through E.
A. Certifications. List professional certifications and credentials with dates.
B. Current Activities and Previous Positions (include academic and teaching responsibilities) List in chronological order, concluding with your present position. State duration, title, and institution.
E. Publications. Give complete references for all peer reviewed publications, including titles; begin each citation on a new line. If the number of publications is extensive, you may give a partial listing; indicate total number of publications (excluding abstracts, non-peer reviewed articles or book chapters).
planned to support development of clinical, research, and teaching skills, and explain how the outcomes will be evaluated.

- **Renewal applications** also should describe the history (i.e., number of grants thus far) and impact of the PTACP funding to date, by restating the objectives outlined in the previous application(s) and the progress to date in meeting them. Highlight measurable results, e.g., increase in graduates with cancer prevention and control focus, new collaborations, new rotations, new relationships that create sustainability. Provide an update about any deliverables that have resulted from the grant funding. Include in the application Appendix copies of resident final reports that were submitted to the American Cancer Society. Copies of the residents’ schedules also must be provided; the forms provided for ACGME site visits are acceptable. See the Appendix for an example format.

- **New applications** should describe the anticipated impact of these grant funds on the residency program. Ideally, measurable results of the cancer prevention and control program goals and objectives should be identified, such as increase in graduates with cancer prevention and control focus, new collaborations, new rotations, new relationships that create sustainability. Prior experience in providing cancer prevention and control training should be described as well as how this factor will be leveraged.

This section should include information about how the residents will apportion their time over the two-year period of the award: teaching appointments, clinical responsibilities, participation in practicum site projects and programs, research opportunities, committee memberships, anticipated conference presentations/publication, etc. Include a proposed two-year program schedule of activities for the PTACP resident(s).

**Provide a table that shows the cancer prevention and control curriculum for the residents. Courses required of all PTACP residents as well as elective options should be included.**

### 2. Proposed support of residents

Describe specific support to be provided to the residency-training program by the institution, for example: space, personnel, computers, other equipment, funds to attend conferences.

### 3. Resident recruitment

Provide explicit information about methods for recruiting residents to the proposed training program. Details about the applicant pool and strategies to reach prospective residents should be included.

### 4. Describe the plan for interaction between the residents and the American Cancer Society.

### 8. DETAILED BUDGET AND JUSTIFICATION OF BUDGET (PAGE 8.1)

Provide a budget for the period of the award, detailing in the budget justification the proposed use of the funds provided by the ACS [see Policies]. Indicate here any other sources of income for the proposed cancer prevention and control training program.

Justify the need for personnel, supplies, travel, other items and all equipment costing over $5000. As part of the justification, complete the provided table to provide the overall residency program budget. **It is expected that most (75% or greater) of the funds will be used for direct support of the resident.** Program development costs may be budgeted in the first year of funding. Explain in detail how the funds requested for other activities will be used. If the emphasis is not on resident support, the impact on cancer prevention and control training must be clearly justified.
Budget Category Definitions

- **Non-trainee expenses.** List all key faculty (from Residency Program Information) and percent time.
- **Subcontracts.** If any portion of the proposed project is to be carried out at another institution, enter the total costs and provide a categorical breakdown on a continuation budget page. Administrative pages pertaining to the subcontract should be included in the Appendix.
- **Permanent Equipment.** Any item that costs over $5000 with a useful life of two or more years. List and justify each item separately.
- **Supplies.** Group into major categories (survey materials, computer software, etc.)
- **Travel.** Domestic travel only. Special consideration may be given to attendance at scientific meetings held in Canada.
- **Miscellaneous Expenditures.** List specific amounts for each item; examples of expenditures allowed include: publication costs, special fees (e.g., pathology), computer time and scientific software, and equipment maintenance.

9. **REQUIRED LETTERS**

*Letters are submitted electronically."

- Letters describing roles, support, and commitment from individuals named as key faculty with cancer control expertise.
- Letters of support from collaborating institutions that provide cancer prevention and control rotations.
- Letter of support from the local American Cancer Society.

The letters will be provided electronically on proposalCENTRAL. Provide the names and email addresses of the persons you ask to provide letters in the Required Letters section of the online application. This allows proposalCENTRAL to email those persons a link to the website and give them access to the site to upload their letters. There are specific instructions on the site for you and those who submit letters on your behalf. Your application cannot be submitted until these letters have been provided on proposalCENTRAL.

10. **APPLICATION APPENDIX**

In addition to the application templates, other key documents may be uploaded and submitted as part of the application. However, applicants are urged to keep this section as brief as possible. Include here:

- The ACGME accreditation letter and residency progress report if relevant
- Copies of resident final reports and schedules

Appended materials may also include:

- Other letters of support
- Recent reprints or preprints

It is not necessary to number the pages of the appendix, but please list in the Table of Contents of the application.
APPENDIX A: CLASSIFICATION CATEGORIES - AREAS OF RESEARCH

The areas of research are based on seven broad categories called the Common Scientific Outline (CSO) developed by the International Cancer Research Partnership (ICRP):

1. Biology
2. Etiology
3. Prevention
4. Early Detection, Diagnosis and Prognosis
5. Treatment
6. Cancer Control, Survivorship and Outcomes Research

Applicants are asked to select from the following codes:

<table>
<thead>
<tr>
<th>1 – BIOLOGY</th>
</tr>
</thead>
</table>

Research included in this category looks at the biology of how cancer starts and progresses as well as normal biology relevant to these processes.

1.1 Normal Functioning

*Examples of science that would fit:*
- Developmental biology (from conception to adulthood) and the biology of aging
- Normal functioning of genes, including their identification and expression, and the normal function of gene products, such as hormones and growth factors
- Normal formation of the extracellular matrix
- Normal cell-to-cell interactions
- Normal functioning of apoptotic pathways
- Characterization of pluripotent progenitor cells (e.g., normal stem cells)

1.2 Cancer Initiation: Alterations in Chromosomes

*Examples of science that would fit:*
- Abnormal chromosome number
- Aberration in chromosomes and genes (e.g., in chronic myelogenous leukemia)
- Damage to chromosomes and mutation in genes
- Failures in DNA repair
- Aberrant gene expression
- Epigenetics
- Genes and proteins involved in aberrant cell cycles
1.3 Cancer Initiation: Oncogenes and Tumor Suppressor Genes

*Examples of science that would fit:*
- Genes and signals involved in growth stimulation or repression, including oncogenes (Ras, etc.), and tumor suppressor genes (p53, etc.)
- Effects of hormones and growth factors and their receptors such as estrogens, androgens, TGF-beta, GM-CSF, etc.
- Research into the biology of stem cell tumour initiation

1.4 Cancer Progression and Metastasis

*Examples of science that would fit:*
- Latency, promotion, and regression
- Expansion of malignant cells
- Interaction of malignant cells with the immune system or extracellular matrix
- Cell mobility, including detachment, motility, and migration in the circulation
- Invasion
- Malignant cells in the circulation, including penetration of the vascular system and extrasavation
- Systemic and cellular effects of malignancy
- Tumor angiogenesis and growth of metastases
- Role of hormone or growth factor dependence/independence in cancer progression
- Research into cancer stem cells supporting or maintaining cancer progression

1.5 Resources and Infrastructure

*Examples of science that would fit:*
- Informatics and informatics networks
- Specimen resources
- Epidemiological resources pertaining to biology
- Reagents, chemical standards
- Development and characterization of new model systems for biology, distribution of models to scientific community or research into novel ways of applying model systems, including but not limited to computer-simulation systems, software development, in vitro/cell culture models, organ/tissue models or animal model systems. Guidance note: this should only be used where the focus of the award is creating a model. If it is only a tool or a methodology, code to the research instead.
- Education and training of investigators at all levels (including clinicians and other health professionals), such as participation in training workshops, conferences, advanced research technique courses, and Master's course attendance. This does not include longer-term research-based training, such as Ph.D. or post-doctoral fellowships.
2 – ETIOLOGY

Research included in this category aims to identify the causes or origins of cancer - genetic, environmental, and lifestyle, and the interactions between these factors.

2.1 Exogenous Factors in the Origin and Cause of Cancer

Examples of science that would fit:

- Research into the role of lifestyle factors such as smoking, chewing tobacco, alcohol consumption, parity, diet, sunbathing, and exercise in the origin and cause of cancer or increasing the risk of cancer
- Research into the social determinants of cancer such as crime, housing dilapidation, neighbourhood level socioeconomic status and services and their relationship to cancer incidence and mortality etc.
- Studies on the effect(s) of nutrients or nutritional status on cancer incidence
- Development, characterization, validation, and use of dietary/nutritional assessment instruments in epidemiological studies and to evaluate cancer risk
- Environmental and occupational exposures such as radiation, second-hand smoke, radon, asbestos, organic vapors, pesticides, and other chemical or physical agents
- Infectious agents associated with cancer etiology, including viruses (Human Papilloma Virus-HPV, etc.) and bacteria (helicobacter pylori, etc.)
- Viral oncogenes and viral regulatory genes associated with cancer causation
- Contextual Factors Contributing to Cancer Incidence (e.g., race/ethnicity, socioeconomic status, neighborhood factors, community factors, built environment).

2.2 Endogenous Factors in the Origin and Cause of Cancer

Examples of science that would fit:

- Free radicals such as superoxide and hydroxide radicals
- Identification /confirmation of genes suspected of being mechanismically involved in familial cancer syndromes; for example, BRCA1, Ataxia Telangiectasia, and APC
- Identification/confirmation of genes suspected or known to be involved in "sporadic" cancer events; for example, polymorphisms and/or mutations that may affect carcinogen metabolism (e.g., CYP, NAT, glutathione transferase, etc.)
- Investigating a role for stem cells in the etiology of tumours

2.3 Interactions of Genes and/or Genetic Polymorphisms with Exogenous and/or Endogenous Factors

Examples of science that would fit:

- Gene-environment interactions
- Interactions of genes with lifestyle factors, environmental, and/or occupational exposures such as variations in carcinogen metabolism associated with genetic polymorphisms
• Interactions of genes and endogenous factors such as DNA repair deficiencies and endogenous DNA damaging agents such as oxygen radicals or exogenous radiation exposure

2.4 Resources and Infrastructure Related to Etiology

*Examples of science that would fit:*

• Informatics and informatics networks; for example, patient databanks
• Specimen resources (serum, tissue, etc.)
• Reagents and chemical standards
• Epidemiological resources pertaining to etiology
• Statistical methodology or biostatistical methods
• Centers, consortia, and/or networks
• Development, characterization and validation of new model systems for etiology, distribution of models to the scientific community or research into novel ways of applying model systems, including but not limited to computer-simulation systems, software development, in vitro/cell culture models, organ/tissue models or animal model systems. Guidance note: this should only be used where the focus of the award is creating a model. If it is only a tool or a methodology, code to the research instead.
• Education and training of investigators at all levels (including clinicians and other health professionals), such as participation in training workshops, conferences, advanced research technique courses, and Master's course attendance. This does not include longer term research based training, such as Ph.D. or post-doctoral fellowships.

3 – PREVENTION

Research included in this category looks at identifying individual and population-based primary prevention interventions, which reduce cancer risk by reducing exposure to cancer risks and increasing protective factors.

3.1 Interventions to Prevent Cancer: Personal Behaviors (Non-Dietary) that Affect Cancer Risk

*Examples of science that would fit:*

• Research on determinants of personal behaviors, such as physical activity, sun exposure, and tobacco use, known to affect cancer risk and interventions (including educational and behavioral interventions directed at individuals as well as population-based interventions including social marketing campaigns, environmental supports, and regulatory, policy and legislative changes) to change determinants
• Directed education to specified populations of patients, health care providers, and at-risk groups about cancer risk and prevention and relevant interventions with the intent of promoting increased awareness and behavioural change. This includes communication of lifestyle models that reduce cancer risk, such as communicating smoking and tobacco cessation interventions
3.2 Dietary Interventions to Reduce Cancer Risk and Nutritional Science in Cancer Prevention

*Examples of science that would fit:*
- Quantification of nutrients, micronutrients, and purified nutritional compounds in cancer prevention studies
- Development, characterization, validation, and use of dietary/nutritional assessment instruments to evaluate cancer prevention interventions
- Research on determinants of dietary behavior and interventions to change diet (including educational and behavioral interventions directed at individuals as well as population-based interventions including social marketing campaigns, environmental supports, and regulatory and legislative changes) to change diet
- Education of patients, health care providers, at-risk populations, and the general population about cancer risk and diet
- Communicating cancer risk of diet to underserved populations, at-risk populations, and the general public
- Communication of nutritional interventions that reduce cancer risk

3.3 Chemoprevention

*Examples of science that would fit:*
- Chemopreventive agents and their discovery, mechanism of action, development, testing in model systems, and clinical testing

3.4 Vaccines

*Examples of science that would fit:*
- Vaccines for prevention, their discovery, mechanism of action, development, testing in model systems, and clinical testing (e.g., HPV vaccines)
- Guidance note: only preventive/prophylactic vaccine research should be included here. Vaccines for the treatment of cancer should be coded to 5.3 or 5.4, depending on the phase of development.

3.5 Complementary and Alternative Prevention Approaches

*Examples of science that would fit:*
- Discovery, development, and testing of complementary/alternative medicine (CAM) approaches or other primary prevention interventions that are not widely used in conventional medicine or are being applied in different ways as compared to conventional medical uses
- Mind and body medicine (e.g., meditation, acupuncture, hypnotherapy), manipulative and body-based practices (e.g., spinal manipulation, massage therapy), and other practices (e.g., light therapy, traditional healing) used as a preventive measure.

3.6 Resources and Infrastructure Related to Prevention

*Examples of science that would fit:*
- Informatics and informatics networks; for example, patient databanks
Specimen resources (serum, tissue, etc.)
Epidemiological resources pertaining to prevention
Clinical trials infrastructure
Statistical methodology or biostatistical methods
Centers, consortia, and/or networks
Development and characterization of new model systems for prevention, distribution of models to scientific community or research into novel ways of applying model systems, including but not limited to computer-simulation systems, software development, in vitro/cell culture models, organ/tissue models or animal model systems. Guidance note: this should only be used where the focus of the award is creating a model. If it is only a tool or a methodology, code to the research instead.
Education and training of investigators at all levels (including clinicians and other health professionals), such as participation in training workshops, conferences, advanced research technique courses, and Master's course attendance. This does not include longer term research based training, such as Ph.D. or post-doctoral fellowships.

4 – EARLY DETECTION, DIAGNOSIS, AND PROGNOSIS

Research included in this category focuses on identifying and testing cancer markers and imaging methods that are helpful in detecting and/or diagnosing cancer as well as predicting the outcome or chance of recurrence or to support treatment decision making in stratified/personalised medicine.

4.1 Technology Development and/or Marker Discovery

Examples of science that would fit:

- Discovery or identification and characterization of markers (e.g., proteins, genes, epigenetic), and/or technologies (such as fluorescence, nanotechnology, etc.) that are potential candidates for use in cancer detection, staging, diagnosis, and/or prognosis
- Use of proteomics, genomics, expression assays, or other technologies in the discovery or identification of markers
- Defining molecular signatures of cancer cells, including cancer stem cells (e.g., for the purposes of diagnosis/prognosis and to enable treatment decision planning in personalized/stratified/precision medicine)

4.2 Technology and/or Marker Evaluation with Respect to Fundamental Parameters of Method

Examples of science that would fit:

- Development, refinement, and preliminary evaluation (e.g., animal trials, preclinical, and Phase I human trials) of identified markers or technologies such as genetic/protein biomarkers (prospective or retrospective) or imaging methods (optical probes, PET, MRI, etc.)
- Preliminary evaluation with respect to laboratory sensitivity, laboratory specificity, reproducibility, and accuracy
- Retrospective studies of existing sample collections and evaluation of markers in ancillary studies
- Research into mechanisms assessing tumor response to therapy at a molecular or cellular level

4.3 Technology and/or Marker Testing in a Clinical Setting

*Examples of science that would fit:*
- Evaluation of clinical sensitivity, clinical specificity, and predictive value (Phase II or III clinical trials)
- Quality assurance and quality control
- Inter- and intra-laboratory reproducibility
- Testing of the method with respect to effects on morbidity and/or mortality
- Study of screening methods, including compliance, acceptability to potential screeners, and receiver-operator characteristics. Includes education, communication, behavioral and complementary/alternative approaches to improve compliance, acceptability or to reduce anxiety/discomfort.
- Research into improvements in techniques to assess clinical response to therapy

4.4 Resources and Infrastructure Related to Detection, Diagnosis, or Prognosis

*Examples of science that would fit:*
- Informatics and informatics networks; for example, patient databanks
- Specimen resources (serum, tissue, images, etc.)
- Clinical trials infrastructure
- Epidemiological resources pertaining to risk assessment, detection, diagnosis, or prognosis
- Statistical methodology or biostatistical methods
- Centers, consortia, and/or networks
- Development, characterization and validation of new model systems for detection, diagnosis or prognosis, distribution of models to the scientific community or research into novel ways of applying model systems, including but not limited to computer-simulation systems, software development, in vitro/cell culture models, organ/tissue models or animal model systems. Guidance note: this should only be used where the focus of the award is creating a model. If it is only a tool or a methodology, code to the research instead.
- Education and training of investigators at all levels (including clinicians and other health professionals), such as participation in training workshops, conferences, advanced research technique courses, and Master's course attendance. This does not include longer term research based training, such as Ph.D. or post-doctoral fellowships.
5 – TREATMENT

Research included in this category focuses on identifying and testing treatments administered locally (such as radiotherapy and surgery) and systemically (treatments like chemotherapy which are administered throughout the body) as well as non-traditional (complementary/alternative) treatments (such as supplements, herbs). Research into the prevention of recurrence and treatment of metastases are also included here.

5.1 Localized Therapies - Discovery and Development

*Examples of science that would fit:*

- Discovery and development of treatments administered locally that target the organ and/or neighboring tissue directly, including but not limited to surgical interventions, cryotherapy, local/regional hyperthermia, high-intensity, focused ultrasound, radiotherapy, and brachytherapy
- Therapies with a component administered systemically but that act locally (e.g., photodynamic therapy, radioimmunotherapy and radiosensitizers)
- Development of methods of localized drug delivery
- Research into the development of localized therapies to prevent recurrence
- Guidance note: localized therapies are considered to be localized when the site of action is the same as the site of administration.

5.2 Localized Therapies - Clinical Applications

*Examples of science that would fit:*

- Clinical testing and application of treatments administered locally that target the organ and/or neighboring tissue directly, including but not limited to surgical interventions, cryotherapy, local/regional hyperthermia, radiotherapy, and brachytherapy.
- Clinical testing and application of therapies with a component administered systemically but that act locally (e.g., photodynamic therapy and radiosensitizers)
- Phase I, II, or III clinical trials of promising therapies that are administered locally
- Side effects, toxicity, and pharmacodynamics
- Clinical testing of localized therapies to prevent recurrence and prevent and treat metastases
- Guidance note: localized therapies are considered to be localized when the site of action is the same as the site of administration.

5.3 Systemic Therapies - Discovery and Development

*Examples of science that would fit:*

- Discovery and development of treatments administered systemically such as cytotoxic or hormonal agents, novel systemic therapies such as immunologically directed therapies (treatment vaccines, antibodies), gene therapy, angiogenesis inhibitors, apoptosis
• Identifying mechanisms of action of existing cancer drugs and novel drug targets, including cancer stem cells for the purposes of treatment/identifying drug targets
• Drug discovery and development, including drug metabolism, pharmacokinetics, pharmacodynamics, combinatorial chemical synthesis, drug screening, development of high throughput assays, and testing in model systems, including that which may aid treatment planning in stratified/personalised medicine
• Investigating the molecular mechanisms of drug resistance (including the role of cancer stem cells) and pre-clinical evaluation of therapies to circumvent resistance
• Development of methods of drug delivery
• Research into the development of systemic therapies to prevent recurrence

5.4 Systemic Therapies - Clinical Applications

Examples of science that would fit:
• Clinical testing and application of treatments administered systemically such as cytotoxic or hormonal agents, novel systemic therapies such as immunologically directed therapies (treatment vaccines, antibodies), gene therapy, angiogenesis inhibitors, apoptosis inhibitors, whole body hyperthermia, bone marrow/stem cell transplantation, and differentiating agents
• Phase I, II, or III clinical trials of promising therapies administered systemically
• Side effects, toxicity, and pharmacodynamics
• Clinical testing of systemic therapies to prevent recurrence and prevent and treat metastases

5.5 Combinations of Localized and Systemic Therapies

Examples of science that would fit:
• Development and testing of combined local and systemic approaches to treatment (e.g., radiotherapy and chemotherapy, or surgery and chemotherapy)
• Clinical application of combined approaches to treatment such as systemic cytotoxic therapy and radiation therapy
• Development and clinical application of combined localized and systemic therapies to prevent recurrence and prevent and treat metastases

5.6 Complementary and Alternative Treatment Approaches

Examples of science that would fit:
• Discovery, development, and clinical application of complementary/alternative medicine (CAM) treatment approaches such as diet, herbs, supplements, natural substances, or other interventions that are not widely used in conventional medicine or are being applied in different ways as compared to conventional medical uses
• Complementary/alternative or non-pharmaceutical approaches to prevent recurrence and prevent and treat metastases
5.7 Resources and Infrastructure Related to Treatment and the Prevention of Recurrence

*Examples of science that would fit:*
- Informatics and informatics networks; for example, clinical trials networks and databanks
- Mathematical and computer simulations
- Specimen resources (serum, tissue, etc.)
- Clinical trial groups
- Epidemiological resources pertaining to treatment
- Statistical methodology or biostatistical methods
- Drugs and reagents for distribution and drug screening infrastructures
- Centers, consortia, and/or networks
- Development and characterization of new model systems for treatment, distribution of models to scientific community or research into novel ways of applying model systems, including but not limited to computer-simulation systems, software development, in vitro/cell culture models, organ/tissue models or animal model systems. Guidance note: this should only be used where the focus of the award is creating a model. If it is only a tool or a methodology, code to the research instead.
- Reviews/meta-analyses of clinical effectiveness of therapeutics/treatments
- Education and training of investigators at all levels (including clinicians and other health professionals), such as participation in training workshops, conferences, advanced research technique courses, and Master's course attendance. This does not include longer term research based training, such as Ph.D. or post-doctoral fellowships.

6 - CANCER CONTROL, SURVIVORSHIP, AND OUTCOMES RESEARCH

Research included in this category includes a broad range of areas: patient care and pain management; tracking cancer cases in the population; beliefs and attitudes that affect behavior regarding cancer control; ethics; education and communication approaches for patients, family/caregivers, and health care professionals; supportive and end-of-life care; and health care delivery in terms of quality and cost effectiveness.

6.1 Patient Care and Survivorship Issues

*Examples of science that would fit:*
- Research into patient-centred outcomes
- Quality of life
- Pain management
- Psychological impacts of cancer survivorship
- Rehabilitation, including reconstruction and replacement
- Economic sequelae, including research on employment, return to work, and vocational/educational impacts on survivors and their families/caregivers
- Reproductive issues
• Long-term issues (morbidity, health status, social and psychological pathways)
• Symptom management, including nausea, vomiting, lymphedema, neuropathies, etc.
• Prevention and management of long-term treatment-related toxicities and sequelae, including symptom management (e.g., physical activity or other interventions), prevention of mucosities, prevention of cardiotoxicities, opportunistic infections, etc.
• Psychological, educational or complementary/alternative (e.g., hypnotherapy, relaxation, transcendental meditation, imagery, spiritual healing, massage, biofeedback, herbs, spinal manipulation, yoga, acupuncture) interventions/approaches to promote behaviors that lessen treatment-related morbidity and promote psychological adjustment to the diagnosis of cancer and to treatment effects
• Burdens of cancer on family members/caregivers and interventions to assist family members/caregivers
• Educational interventions to promote self-care and symptom management
• Research into peer support, self-help, and other support groups
• Behavioral factors in treatment compliance

6.2 Surveillance
Examples of science that would fit:
• Epidemiology and end results reporting (e.g., SEER)
• Registries that track incidence, morbidity, co-morbidities/symptoms, long-term effects and/or mortality related to cancer
• Surveillance of established cancer risk factors in populations such as diet, body weight, physical activity, sun exposure, and tobacco use
• Analysis of variations in established cancer risk factor exposure in populations by demographic, geographic, economic, or other factors
• Trends in use of interventional strategies in populations (e.g., geographic variation)

6.3 Population-based Behavioral Factors
Examples of science that would fit:
• Research into populations’ attitudes and belief systems (including cultural beliefs) and their influence on behaviors related to cancer control, outcomes and treatment. For example, how populations’ beliefs can affect compliance/interaction with all aspects of the health care/service provision

6.4 Health Services, Economic and Health Policy Analyses
Examples of science that would fit:
• Development and testing of health service delivery methods
• Interventions to increase the quality of health care delivery
• Impact of organizational, social, and cultural factors on access to care and quality of care, including studies on variations or inequalities in access among racial, ethnic, geographical or socio-economic groups
• Studies of providers such as geographical or care-setting variations in outcomes
• Effect of reimbursement and/or insurance on cancer control, outcomes, and survivorship support
• Health services research, including health policy and practice
• Analysis of health service provision, including the interaction of primary and secondary care
• Analyses of the cost effectiveness of methods used in cancer prevention, detection, diagnosis, prognosis, treatment, and survivor care/support

6.5 Education and Communication Research

*Examples of science that would fit:*
- Development of generic health provider-patient communication tools and methods (e.g., telemedicine/health)
- Tailoring educational approaches or communication to different populations (e.g., social, racial, geographical, or linguistic groups)
- Research into new educational and communication methods and approaches, including special approaches and considerations for underserved and at-risk populations
- Research on new methods and strategies to disseminate cancer information/innovation to healthcare providers (e.g., web-based information, telemedicine, smartphone apps, etc.) and the effectiveness of these approaches
- Research on new communication processes and/or media and information technologies within the health care system and the effectiveness of these approaches
- Media studies focused on the nature and ways in which information on cancer and cancer research findings are communicated to the general public
- Education, information, and assessment systems for the general public, primary care professionals, or policy makers
- Research into barriers to successful health communication

6.6 End-of-Life Care

*Examples of science that would fit:*
- Hospice/end-of-life patient care focused on managing pain and other symptoms (e.g., respiratory distress, delirium) and the provision of psychological, social, spiritual and practical support through either conventional or complementary/alternative interventions/approaches throughout the last phase of life and into bereavement
- Quality of life and quality of death for terminally-ill patients
- Provision of psychological, social, spiritual and practical support to families/caregivers through either conventional or complementary/alternative interventions/approaches
- Research into the delivery of hospice care

6.7 Research on Ethics and Confidentiality

*Examples of science that would fit:*

Physician Training Awards in Cancer Prevention Instructions
January 2018
• Informed consent modeling/framing and development
• Quality of Institutional Review Boards (IRBs)
• Protecting patient confidentiality and privacy
• Research ethics
• Research on publication bias within the cancer research field

6.8 – *Historical code [no longer used]*

6.9 Resources and Infrastructure Related to Cancer Control, Survivorship, and Outcomes Research

*Examples of science that would fit:*
• Informatics and informatics networks
• Clinical trial groups related to cancer control, survivorship, and outcomes research
• Epidemiological resources pertaining to cancer control, survivorship, and outcomes research
• Statistical methodology or biostatistical methods pertaining to cancer control, survivorship and outcomes research
• Surveillance infrastructures
• Centers, consortia, and/or networks pertaining to cancer control, survivorship and outcomes research
• Development and characterization of new model systems for cancer control, outcomes or survivorship, distribution of models to scientific community or research into novel ways of applying model systems, including but not limited to computer-simulation systems, software development, in vitro/cell culture models, organ/tissue models or animal model systems. Guidance note: this should only be used where the focus of the award is creating a model. If it is only a tool or a methodology, code to the research instead.
• Psychosocial, economic, political and health services research frameworks and models
• Education and training of investigators at all levels (including clinicians and other health professionals), such as participation in training workshops, conferences, advanced research technique courses, and Master's course attendance. This does not include longer-term research-based training, such as Ph.D. or post-doctoral fellowships.
APPENDIX B: SAMPLE OF GENERAL AUDIENCE SUMMARY

The ACGME accredited residency program in general preventive medicine and public health at the School of Medicine will provide physician training in cancer prevention and control through a well-defined and enriched curriculum track for resident awardees, featuring a variety of cancer prevention control research and practice experiences and related academic coursework. The training is designed to develop board certified preventive medicine specialists who will be future leaders in research, education and interventions in cancer prevention and control and will contribute to the accomplishment of national and ACS objectives for cancer control. The Department of Preventive Medicine at the School of Medicine has several NIH-supported research projects in cancer prevention and control and operates related clinical services for hospital employees and other occupational populations. The training program is building upon this rich resource in cancer control research and service, as well as on its longstanding affiliations with health departments, hospitals and other practicum training sites with experience and programs in cancer prevention and control.
APPENDIX C: CRITERIA FOR THE REVIEW OF APPLICATIONS

The following items are used by reviewers in evaluating applications for the Physician Training Award in Cancer Prevention.

Effective January 2017, renewal applications must include the critiques of the previous application and document progress made toward addressing the points made by the reviewers. Resubmitted applications should also include this section. Evaluate the adequacy of the response.

INSTITUTION INFORMATION
- Overall strength and reputation of institution and department of preventive medicine.
- Commitment to cancer control of institution and department of preventive medicine.

RESIDENCY PROGRAM
- Overall strength and reputation of residency program and school of public health; proven ability to train personnel in preventive medicine/cancer control? Special consideration: Is there a cancer prevention and control track distinguished from the general residency training?
- Affiliations with other institutions/agencies, e.g. public health department, cancer center. Special consideration: Are there memoranda of understanding supportive of underserved populations; memoranda of understanding with other entities engaged in cancer prevention and research?
- Adequacy of institutional and departmental facilities and resources. Special consideration: Does institutional support include tuition reduction?

PRINCIPAL INVESTIGATOR AND KEY FACULTY
- Qualifications of principal investigator in preventive medicine and cancer control, including publication record.
- Qualifications of other faculty in preventive medicine and cancer control, including publication record.
- Appropriateness of all faculty, including principal investigator, to roles in training program; any special evidence of commitment to the training program, e.g., percentage of time available for participation.

PROGRAM GOALS AND DESCRIPTION
- Appropriateness of program goals and objectives to purpose of the grant program.
  - If a renewal application, the progress made toward achieving the goals stated in the original application should be considered. Are measurable results described, e.g., increase in graduates with cancer prevention and control focus, new collaborations, new rotations, new relationships that create sustainability? Have any deliverables resulted from the grant funding to date?
- **New applications** should describe the anticipated impact of these grant funds on the residency program. Are anticipated measurable results of the cancer prevention and control program goals and objectives identified, such as increase in graduates with cancer prevention and control focus, new collaborations, new rotations, new relationships that create sustainability. Is there prior experience in providing cancer prevention and control training and how well will this factor be leveraged?

  - Appropriateness of proposed academic, clinical, research, teaching or other activities to accomplish program goals and objectives in cancer prevention and control, including the expected applicant pool and methods/strategies for recruiting residents. *Special consideration: Is there an identifiable curriculum in cancer control?*

  - Commitment of space, funding, support personnel, computers, supplies, other equipment, funds to be used to attend conferences, etc., in support of the residency program. *Special consideration: Any external support (e.g., state health department, local foundation)?*

  - Overall adequacy of facilities and resources, including faculty and staff.

  - Well-defined plan of interaction between the residents and the American Cancer Society.

**BUDGET AND JUSTIFICATION OF BUDGET**

- Are all key faculty listed with a percent time commitment to the PTACP project?

- Appropriateness of budget and justification, including proportion of total budget allocated for direct support of residents.

- **Assess the overall program budget; are there any outside sources of support for the residency program and any for the training proposed in cancer prevention and control?**
APPENDIX D: EXAMPLE RESIDENT SCHEDULE

PREVENTIVE MEDICINE RESIDENT SCHEDULE
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<td>Preventive Medicine Seminars (2 hrs per week)</td>
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