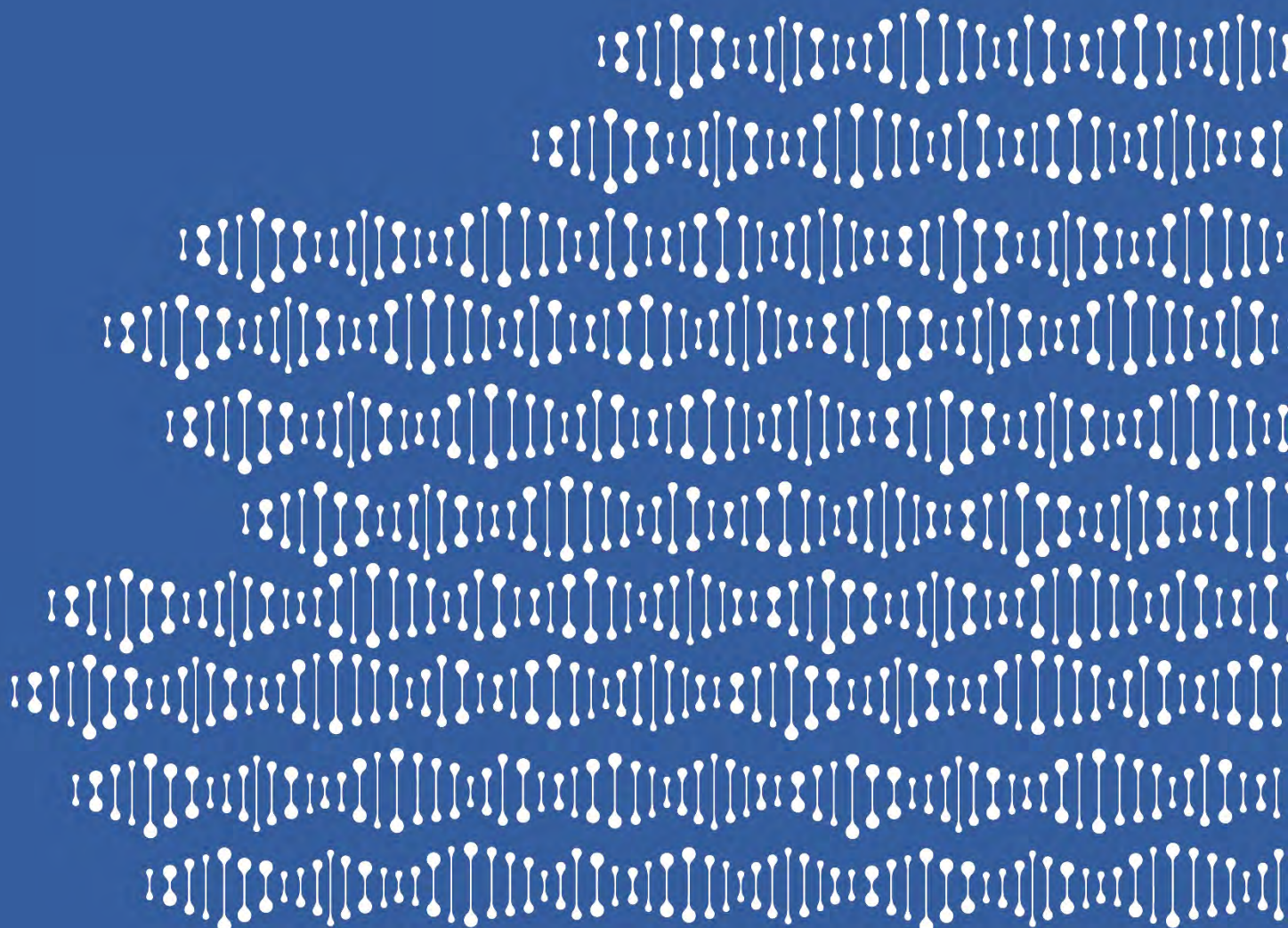




CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

Proposed Grant Awards

August 17, 2016



*Information in this packet is confidential until announced at the
August 17, 2016, Oversight Committee meeting.*

TABLE OF CONTENTS

Program Priorities Summary

Academic Research Awards
Summary Memo -
Chief Scientific Officer

Academic Research Awards -
Slate

Prevention Awards
Summary Memo -
Chief Prevention Officer

Prevention Awards -
Slate

PIC Chair Recommendation Letter

Compliance Certification -
Chief Compliance Officer

Academic Research
Supporting Information

Prevention
Supporting Information



| Academic Research Program Priorities Addressed by Recommended Awards | | | | | |
|---|---|---|---|---|---|
| A broad range of innovative, investigator-initiated research projects | Prevention and early detection | Computational biology and analytic methods | Rare and intractable cancers, including childhood cancers | Population disparities and cancers of importance in Texas | Enhance Texas' Research capacity and life science infrastructure |
| <p>\$27,202,887 5 Projects</p> <ul style="list-style-type: none"> UTSW RP160661 (\$4,103,894) UTMDA RP160693 (\$6,000,000) UTMDA RP160667 (\$5,101,316) UTMDA RP160710 (\$5,997,677) UTMB RP160674 (\$6,000,000) | <p>\$14,000,000 3 Projects</p> <ul style="list-style-type: none"> UTMB RP160674 (\$6,000,000) Rice RR160066 (\$2,000,000) BCM RP160771 (\$6,000,000) | <p>\$6, 103,894 2 Projects</p> <ul style="list-style-type: none"> UTSW RP160661 (\$4,103,894) UTSW RR160075 (\$2,000,000) | <p>\$21,702,622 6 Projects</p> <ul style="list-style-type: none"> BCM RP160771 (\$6,000,000) UTSW RP160661 (\$4,103,894) UTMDA RP160693 (\$6,000,000) UTMD RR160078 (\$2,000,000) UTSW RR160070 (\$2,000,000) UTSA RP160844 (\$4,598,728) | <p>\$12,101,571 3 Projects</p> <ul style="list-style-type: none"> UTSW RP160661 Lung; (\$4,103,894) UTMD RP160710 (\$5,997, 677) UTMDA RR160078 Pancreas (\$2,000,000) | <p>\$24,702,622 8 Projects</p> <ul style="list-style-type: none"> UTSA RP160844 (\$4,598,728) BCM RP160771 (\$6,000,000) UTMDA RR160078 (\$2,000,000) UTSW RR160075 (\$2,000,000) UTHSCT RR160067 (\$2,000,000) UTSW RR160070 (\$2,000,000) Rice RR160066 (\$2,000,000) UTSW RP160661 (\$4,103,894) |

Note: Grant awards are listed under each program priority addressed and the full amount of the award is included to calculate the total amount dedicated to the priority. Some grant awards address more than one program priority and will be double counted.

Program Priorities

| Prevention Program Priorities Addressed by Recommended Awards August 17, 2016 | | | |
|---|--|----------------------------------|---|
| Prioritize populations and geographic areas of greatest needs, greatest potential for impact | | Focus on Underserved Populations | Increase targeting of preventive efforts to areas where significant disparities in cancer incidence or mortality in the state exist |
| <div> <div> \$8,677,278 9 projects </div> <div> <ul style="list-style-type: none"> • PP160081 – U of H (lung) (\$299,981) • PP160079 – BCM (HPV) (\$1,161,015) • PP160093 – TTUHSC (breast) (\$299,785) • PP160058 – UTMB (HPV) (\$1,496,111) • PP160110 – UTSW (breast, colorectal, ovary) (\$399,954) • PP160080 – UTHSCSA (HPV) (\$1,302,955) • PP160122 – BCM (Colorectal) (\$1,477,698) • PP160097 – UTMB (HPV) (\$747,727) • PP160089 – BCM (liver) (\$1,492,052) </div> </div> | | | |
| <div> <div> \$13,690,454 14 projects </div> <div> <ul style="list-style-type: none"> • PP160081 – U of H (lung) (\$299,981) • PP160079 – BCM (HPV) (\$1,161,015) • PP160093 – TTUHSC (breast) (\$299,785) • PP160058 – UTMB (HPV) (\$1,496,111) • PP160110 – UTSW (breast, colorectal, ovary) (\$399,954) • PP160080 – UTHSCSA (HPV) (\$1,302,955) • PP160122 – BCM (Colorectal) (\$1,477,698) • PP160097 – UTMB (HPV) (\$747,727) • PP160089 – BCM (liver) (\$1,492,052) • PP160116 – Lone Star Community Health Center (breast, cervical) (\$23,602) • PP160075 – UTSW (colorectal) (\$1,499,826) • PP160105 – Houston Methodist (breast, cervical) (\$24,522) • PP160121 – UTSW (breast) (\$1,365,226) • PP160103 – UTSW (colorectal, kidney, liver, ovary, uterus) (\$2,100,000) </div> </div> | | | |
| <div> <div> \$8,285,098 8 projects </div> <div> <ul style="list-style-type: none"> • PP160081 – U of H (lung) (\$299,981) • PP160079 – BCM (HPV) (\$1,161,015) • PP160093 – TTUHSC (breast) (\$299,785) • PP160058 – UTMB (HPV) (\$1,496,111) • PP160075 – UTSW (colorectal) (\$1,499,826) • PP160080 – UTHSCSA (HPV) (\$1,302,955) • PP160122 – BCM (Colorectal) (\$1,477,698) • PP160097 – UTMB (HPV) (\$747,727) </div> </div> | | | |

Note: Grant awards are listed under each program priority addressed and the full amount of the award is included to calculate the total amount dedicated to the priority. Some grant awards address more than one program priority and will be double counted.

Program Priorities

MEMORANDUM

TO: OVERSIGHT COMMITTEE
FROM: JIM WILLSON, MD, CHIEF SCIENTIFIC OFFICER
SUBJECT: ACADEMIC RESEARCH FY 2016 REVIEW CYCLE 2 AND RECRUITMENT AWARD RECOMMENDATIONS FY16.10
DATE: AUGUST 3, 2016

Summary and Recommendations:

Twelve applications are being recommended at the August 17, Oversight Committee Meeting for funding from FY2016 Cycle 2 and Recruitment 16.10 RFAs for a combined amount of \$47,801,615. These were reviewed and recommended by the CPRIT Scientific Review Council (SRC) and the Program Integration Committee. Applications were submitted in response to three Request for Applications (RFAs): Core Facilities Support Awards, Multi-Investigator Research Awards and Recruitment of First-Time Tenure Track Faculty Members.

| | Grant Type | Total |
|-----------|---|---------------------|
| 2 | Core Facilities | \$10,598,728 |
| 5 | Multi-Investigator | \$27,202,887 |
| 5 | First Time Tenure Track Faculty Recruitment | \$10,000,000 |
| 12 | Total | \$47,801,615 |

Program Priorities Addressed:

All of the recommended applications address one or more of the Academic Research Program priorities. Many applications address more than one priority. See attachment 1 for additional detail.

| # | Program Priorities Addressed by Grant Recommendations* |
|---|---|
| 5 | A broad range of innovative, investigator-initiated research projects |
| 3 | Prevention and early detection |
| 2 | Computational biology and analytic methods |
| 6 | Rare and intractable cancers, including childhood cancers |
| 3 | Population disparities and cancers of importance in Texas |
| 8 | Enhance Texas' research capacity and life science infrastructure |

* One recommendation may address more than one program priority

FY2016 Academic Research Funding:

Funding to date (not including August awards) totals \$167,810,000. Please note that at the May 3, 2016 Program Integration Committee (PIC) meeting, the PIC approved the use of the award deferral process set by CPRIT administrative rule § 703.7(d) to defer the decision to recommend awards for seven academic research applications until a future FY 2016 meeting. Two Core Facility Support Awards and five Multi-Investigator Research Awards (MIRA) were deferred due to CPRIT budget limitations for the remainder of FY 2016. On August 2, 2016, The PIC approved funding the 5 MIRA's at 80% of the total budget recommended by the Scientific Review Council. The budget reduction assures sufficient funds are available to support all recommended research grants in FY16.

Numerous recruitment awards reviewed in the last quarter of the fiscal year will be deferred to FY17 because sufficient funds are not available to support all recommended recruitment awards.

Academic Research Program Slates:***Core Facilities Support Awards (RFA R-16- – CFSA-2) Slate*****Peer Review Recommendations:**

The applications were evaluated and scored by members of the seven Research Peer Review Panels. Six applications were recommended to the Scientific Review Council for their consideration, and the SRC voted to recommend that all six to be considered for approval by the Program Integration and Oversight Committees. The peer review panels recommended a reduction in the funding amount for two of the applications. One application (RP160771) requested more than the eligible amount and the other (RP160844) was required to reduce personnel costs and remove budgetary line items. These applications were scored and recommended based on these changes. CPRIT caps the number of CFSA applications that may be submitted by a particular institution to one. Institutions were allowed to submit two applications if one of the applications was dedicated to childhood and adolescent cancer.

As previously noted, two of the six Core Facility Support Awards were deferred due to CPRIT budget limitations for the remainder of FY 2016 and the unknown impact of recruitment awards in the last quarter of the fiscal year. The 2 deferred applications are being presented today.

Purpose of Core Facility Support Awards:

The aim of Core Facility Support Awards is to promote the establishment or enhancement of core facilities (laboratory, clinical, population-based, or computer-based) that will directly support cancer research programs to advance knowledge of the causes, prevention, and/or treatment of cancer or improve quality of life for cancer patients and survivors.

Core Facility Funding Levels:

The maximum duration for this award mechanism is 5 years. Applicants may request a maximum of \$3,000,000 in total costs for the first 2 years and up to \$1,000,000 in total costs for each subsequent year for a total of \$6,000,000.

Recommended Core Facility Projects: (2 awards – totaling \$10,598,728)

RP160844, Center for Innovative Drug Discovery: Enhancement of a Shared Cancer Resource for South Texas

Principal Investigator: Stanton McHardy, Ph.D.

Applicant Organization: The University of Texas at San Antonio

Overall Evaluation Score [Rating Scale 1.0 (highest merit) to 9.0 (lowest merit)]: 2.9

Recommended Total Budget Award and Duration: \$4,598,728/5 years.

CPRIT Priorities addressed: Infrastructure; Childhood cancers

Description: The Center for Innovative Drug Discovery at UT San Antonio combines high throughput screening expertise at UTHSCSA and medicinal chemistry expertise at UTSA to support the discovery and development of new cancer therapeutics. Reviewers noted that this core facility is a “great resource” for researchers in South Texas and that acquisition of the technologies supported by the award will enable many cancer researchers to perform state-of-the-art drug discovery. A special emphasis will be given to support of drug discovery for pediatric cancer. The award will foster closer ties between UTSA and UTHSCSA and enable smoother completion and continuation of cancer projects.

RP160771, The Adolescent and Childhood Cancer Epidemiology and Susceptibility Service (ACCESS) for Texas

Principal Investigator: Michael Scheurer, Ph.D., M.P.H.

Applicant Organization: Baylor College of Medicine

Overall Evaluation Score [Rating Scale 1.0 (highest merit) to 9.0 (lowest merit)]: 2.9

Recommended Total Budget Award and Duration: \$6,000,000/5 years.

CPRIT Priorities addressed: Infrastructure; Childhood cancers; Prevention and early detection.

Description: The Adolescent and Childhood Cancer Epidemiology and Susceptibility Service for Texas (ACCESS-Texas) Core Facility will support research to identify novel genetic risk factors and gene-environment interactions important in understanding cancer susceptibility among children and adolescents, particularly among the diverse patient population in Texas. ACCESS-Texas will provide Texas cancer investigators access to highly annotated biospecimens for the discovery of novel biomarkers for cancer predisposition, early detection, diagnosis, treatment-related toxicity and response, survival, and late effects for childhood and adolescent cancers. ACCESS-Texas leverages existing Texas resources including the largest childhood cancer center in the US, Texas institutions with strong cancer genomics programs, and one of only a few centers in the US dedicated to the epidemiology of childhood cancers.

Multi-Investigator Research Awards (RFA R-16-MIRA-2) Slate

Peer Review Recommendations:

The applications were evaluated and scored by members of the seven Research Peer Review Panels. Eight applications were recommended to the Scientific Review Council for their consideration. The SRC voted to recommend that seven of the eight applications be considered for approval by the Program Integration Committee and Oversight Committee with recommended changes. The SRC determined that the one MIRA (RP160840) received project scores that were not reflected in the overall score, and it was recommended that this application not be moved forward for funding. Recommended changes included the deletion of two projects from application (RP160661) resulting in a reduced budget and application (RP160667) was required to modify one project, resulting in a reduced budget. These applications were scored and recommended based on these changes.

Purpose of Multi-Investigator Research Awards:

Multi-Investigator Research Awards are intended to support the creation of integrated programs of collaborative and cross-disciplinary research among multiple investigators. These should be equivalent to program projects, research centers, NCI SPOREs, multi-institutional clinical trial networks, or other types of collaborative interactions. Teams will focus on critical areas of cancer research, especially those that have been inadequately addressed by research up to this point or for which there may be an absence of an established paradigm or technical framework.

Multi-Investigator Research Awards Funding Levels:

The maximum duration for this award mechanism is 5 years. Applicants may request a maximum of \$7,500,000 in total costs.

Recommended Projects: (5– totaling \$27,202,887)

RP160661, Towards Carbon Beam Stereotactic Body Radiation Therapy (CSBRT) for Higher Risk Early Stage Lung Cancer

Principal Investigator: Steve Jiang, Ph.D.

Applicant Organization: The University of Texas Southwestern Medical Center

Overall Evaluation Score [Rating Scale 1.0 (highest merit) to 9.0 (lowest merit)]: 2.2

Recommended Total Budget Award and Duration: \$4,103,894/5 years

CPRIT Priorities addressed: Intractable cancers, lung cancer; computational biology; Infrastructure and innovative, investigator-initiated research.

Description: This MIRA brings together radiation therapists, radiation physicists, imaging experts and computational biologists at UT Southwestern to develop the next generation of stereotactic body radiotherapy by harnessing the potential of carbon ion therapy. Carbon beam therapy offers substantial theoretical advantages to enhance radiation therapy because carbon ions stop and deposit the majority of their energy/dose at the tumor site. The recommended MIRA projects are highly synergetic and are being led by some of the nation's leading investigators in carbon ion physics, imaging and computational technology. The first US carbon ion center in the US is being planned for Dallas, and the technology developed in this MIRA will be essential to realizing the full potential of this promising new cancer treatment technology.

RP160693 Acute Myeloid Leukemia in the Immunosuppressed Microenvironment**Principal Investigator:** Michael Andreeff, M.D.**Applicant Organization:** The University of Texas M. D. Anderson Cancer Center**Overall Evaluation Score [Rating Scale 1.0 (highest merit) to 9.0 (lowest merit)]:** 2.2**Recommended Total Budget Award and Duration:** \$6,000,000/ 5 years**CPRIT Priorities addressed:** Intractable cancer, Acute Myeloid Leukemia and innovative, investigator-initiated research.

Description: Acute Myeloid Leukemia (AML) is a highly lethal blood cancer. Progress in the treatment of AML has been slow despite the recent identification of numerous genetic and epigenetic defects and an improved understanding of mechanisms through which these defects lead to leukemia. This MIRA brings together a highly interactive group of scientists and clinical leukemia experts from MD Anderson and Baylor College of Medicine to focus on the leukemia cell in the contexts of the bone marrow where leukemic cells are protected from chemotherapy. The rationale is based on the observation that the same AML cell that is highly sensitive to chemotherapy while in circulation is fully protected when in bone marrow environment. The MIRA projects will both identify the mechanisms for this protection and develop novel immunotherapeutic and stem cell targeted approaches. This is a new paradigm in AML research that promises to break new ground.

RP160667, DNA-Protein Crosslink Repair Pathways and Cancer Therapy**Principal Investigator:** Junjie Chen, Ph.D.**Applicant Organization:** The University of Texas M. D. Anderson Cancer Center**Overall Evaluation Score [Rating Scale 1.0 (highest merit) to 9.0 (lowest merit)]:** 2.4**Recommended Total Budget Award and Duration:** \$5,101,316/ 5 years.**CPRIT Priorities addressed:** This is an innovative, investigator initiated basic science project.

Description: Human cells have to cope with DNA damage that occurs naturally or is induced by exogenous sources like sunlight exposure. DNA-protein crosslinks (DPCs; proteins trapped on DNA) is one of the most toxic types of damage in the cell and several commonly used chemotherapeutic agents kill tumor cells by inducing DPC lesions. The ability to repair chemotherapy induced DPC lesions determines the response to the radiation and many chemotherapeutic agents. This program brings together renowned experts from MD Anderson, UT Southwestern, and UT Austin to determine how cancer cells deal with DPCs when they are confronted with anti-cancer drugs. The studies proposed will provide important knowledge likely to be translated into new opportunities for cancer treatment and overcoming drug resistance.

RP160710, A Randomized Clinical Trial Platform with Translational Studies to Overcome Resistance in Triple-Negative Breast Cancer**Principal Investigator:** William Symmans, M.D.**Applicant Organization:** The University of Texas M. D. Anderson Cancer Center**Overall Evaluation Score [Rating Scale 1.0 (highest merit) to 9.0 (lowest merit)]:** 2.6**Recommended Total Budget Award and Duration:** \$5,997,677/ 5 years**CPRIT Priorities addressed:** Disparities and Broad range of innovative, investigator-initiated research.

Description: One in six women with breast cancer, and one in three African American women with breast cancer, have triple negative breast cancer (TNBC) – a particularly aggressive type that grows very quickly and lacks the hormone and HER2 receptor targets for some of the most effective breast cancer treatments. While nearly half of TNBCs respond well to modern chemotherapy, those not responding have a significant risk of an early death. This MIRA brings together breast cancer clinicians and basic scientists at MD Anderson who will use an innovative clinical trial design to identify those patients with TNBC resistant to chemotherapy and then use tumor samples from these patients to identify biological reasons for this resistance and then design personalized treatment opportunities. Individual projects in this MIRA will focus on innovative new cancer therapeutics under development at MD Anderson including novel immunologic therapies and therapies that target the cancer stem cell.

RP160674, Comparative Effectiveness Research on Cancer in Texas (CERCIT) 2.0

Principal Investigator: James Goodwin, M.D.

Applicant Organization: The University of Texas Medical Branch at Galveston

Overall Evaluation Score [Rating Scale 1.0 (highest merit) to 9.0 (lowest merit)]: 2.7

Recommended Total Budget Award and Duration: \$6,000,000/ 5 years

CPRIT Priorities addressed: Prevention and early detection; innovative, investigator-initiated research

Description: This is a renewal of the MIRA, entitled “Comparative Effectiveness Research on Cancer in Texas” (CERCIT), which was originally funded in 2010. The rationale for the first CERCIT was the lack of information on cancer care in Texas. To address this, a consortium of Texas institutions UTMB Galveston, MD Anderson, UT Southwestern and the Texas Cancer Registry, linked information about patients with cancer diagnoses maintained in the cancer registry with information about the medical care they received to study: screening, diagnosis and treatment, follow-up monitoring of cancer patients after treatment, and cancer survival after diagnosis. The results were shared via 115 publications in peer-reviewed journals and three reports to state policy makers.

For the renewal, this team now plans to adopt a patient-centered focus to the study of cancer care in Texas. Four projects are planned: (1) How is the new low dose CT lung cancer screening being used and how are doctors and their patients sharing decisions about use of the new screening technologies?; (2) How is evidence for decision making about chemotherapy in older patients shared? ; (3) How assist patients in their surgery and radiation treatment choices? and (4) What are preferences about end-of-life care for cancer patients in Texas?

First Time Tenure Track Faculty Recruitment Slate FY16.10

Peer Review Recommendations

The applications were evaluated and scored by the Scientific Review Council (SRC) to determine the candidates’ potential to make a significant contribution to the cancer research program of the nominating institution. Review criteria focused on the overall impression of the

candidate and his/her potential for continued superb performance as a cancer researcher, his/her scientific merit of the proposed research program, his/her long-term contribution to and impact on the field of cancer research, and strength of the institutional commitment to the candidate.

* Please note that the SRC has not made final award decisions for all grant applications in Cycle 16.10, 16.11 and 16.12. The SRC is aware that there are limited grant funds available for the remainder of FY 2016 and have put forward only those grant award recommendations that will meet but not exceed the funds available for FY 2016.

Purpose of First Time Tenure Track Faculty Recruitment

The aim of this RFA is to recruit and support very promising emerging investigators, pursuing their first faculty appointment in Texas, who have the ability to make outstanding contributions to the field of cancer research.

Funding levels for First Time Tenure Track Faculty Recruitment

Up to \$2 million over a period of 4 years.

Recommended Projects:

Five candidates are being recommended for First-time Tenure-Track Faculty Awards:

- 1 at Rice University;
- 2 at The University of Texas Southwestern Medical Center;
- 1 at The University of Texas M.D. Anderson Cancer Center and
- 1 at The University of Texas Health Science Center at Tyler.

Below is a listing of these candidates with their associated expertise. All have outstanding training and records of achievement and a strong commitment to cancer research.

RR160078,

Candidate: Pawel Mazur, Ph.D.

Applicant Organization: The University of Texas M. D. Anderson Cancer Center

Overall Evaluation Score [Rating Scale 1.0 (highest merit) to 9.0 (lowest merit)]: 1.00

Recommended Total Budget Award and Duration: \$2,000,000/ 4 years.

CPRIT Priorities addressed: Enhance Texas research capacity and life science infrastructure; Rare and intractable cancers; Pancreas.

Description:

Dr. Mazur earned his PhD at the Max Planck Institute and completed his postdoc studies at Stanford University in the Departments of Genetics and Pediatrics, where he currently is employed. In his postdoctoral studies he developed a highly innovative approach that combined genetic and biochemistry methods to study mechanisms of malignant growth in pancreatic cancer and to design novel therapies. He plans to study novel signaling networks to guide the development of precision clinical trials with a particular focus on pancreatic cancer.

RR160075

Candidate: Cheng-Zhong Zang, Ph.D.

Applicant Organization: The University of Texas Southwestern Medical Center

Overall Evaluation Score [Rating Scale 1.0 (highest merit) to 9.0 (lowest merit)]: 1.00

Recommended Total Budget Award and Duration: \$2,000,000/ 4 years.

CPRIT Priorities addressed: Computational biology; Enhance Texas research capacity and life science infrastructure

Description:

Dr. Zhang received his Ph.D. in Chemical Engineering at Cal Tech and completed his Postdoctoral studies at Harvard Medical School. He currently holds the position of Computational Biologist at both the Dana- Farber Cancer Institute and Broad Institute in Boston where he has established himself as a leading bio informatician in the rapidly growing field of single-cell genomics. As a CPRIT scholar, he plans to apply single cell genomics to study the functional consequences of chromosomal alterations in cancers. His mentors and our CPRIT Scientific Review Council predict that he will make profound paradigm changing discoveries.

RR160067

Candidate: Prabodh Kapoor, Ph.D.

Applicant Organization: The University of Texas Health Center at Tyler

Overall Evaluation Score [Rating Scale 1.0 (highest merit) to 9.0 (lowest merit)]: 1.70

Recommended Total Budget Award and Duration: \$2,000,000.

CPRIT Priorities addressed: Enhance Texas research capacity and life science infrastructure

Description:

Dr. Prabodh Kapoor earned his Ph.D. at Jawaharlal Nehru University, New Delhi, India in Molecular and Structural Biology. His Doctorate training was completed at the internationally known Central Drug Research Institute of India. He completed his postdoctoral studies in the Department of Epigenetics and Molecular Carcinogenesis at MD Anderson Cancer Center where he made a seminal contribution in the chromatin remodeling and nuclear actin research field. The CPRIT Scientific Review Council were both impressed by Dr. Kapoor's outstanding credentials and the superb research environment that the UT Tyler leadership has created to assure his success as an independent investigator and his impact on cancer research at their institution.

RR160070

Candidate: Myriam Chaumeil, Ph.D.

Applicant Organization: The University of Texas Southwestern Medical Center

Overall Evaluation Score [Rating Scale 1.0 (highest merit) to 9.0 (lowest merit)]: 2.00

Recommended Total Budget Award and Duration: \$2,000,000/ 4 years.

CPRIT Priorities addressed: Enhance Texas research capacity and life science infrastructure; Rare and intractable cancers; Brain and nervous system.

Description:

Dr. Chaumeil earned her Ph.D. at the University of Paris XI-Orsay in Medical Physics and completed her postdoctoral studies at the University of California, San Francisco in the Department of Radiology and Biomedical Imaging. At UCSF, she applied hyperpolarized ¹³C MR technology for non-invasive evaluation of glioma progression and response to therapy. UT Southwestern has developed an internationally renowned program using hyperpolarized ¹³C for the non-invasive metabolic imaging in patients and Dr. Chaumeil's recruitment will help move this institutional capability to impact on cancer detection and treatment.

RR160066

Candidate: Alec Nielsen, Ph.D.

Applicant Organization: Rice University

Overall Evaluation Score [Rating Scale 1.0 (highest merit) to 9.0 (lowest merit)]:2.00

Recommended Total Budget Award and Duration: \$2,000,000/ 4 years.

CPRIT Priorities addressed: Prevention and Early Detection; Enhance Texas research capacity and life science infrastructure.

Description:

Dr. Nielsen received his Ph.D. at MIT in biomedical engineering. He developed techniques whereby constructs can be generated containing whole circuits of regulated genes that can then be inserted into bacteria or yeast. His paper in Science, 2016 is described by CPRIT Scientific Review Council as a tour de force, and a major technology step forward. As a CPRIT scholar he proposed an immune-modulating platform for preventive colorectal cancer immunotherapy. This work is an initial step toward steering the gut environment away from carcinogenesis. The CPRIT Scientific Review Council commented that the potential of this research to meaningfully address, through the development of an immune modulating flora, the course of bowel inflammation and, potentially, colorectal cancers, is high.

Attachment #1

| Academic Research Program Priorities Addressed by Recommended Awards | | | | | |
|---|---|--|---|--|---|
| A broad range of innovative, investigator-initiated research projects | Prevention and early detection | Computational biology and analytic methods | Rare and intractable cancers, including childhood cancers | Population disparities and cancers of importance in Texas | Enhance Texas' Research capacity and life science infrastructure |
| <p>\$27,202,887 5 Projects</p> <ul style="list-style-type: none"> UTSW RP160661 (\$4,103,894) UTMDA RP160693 (\$6,000,000) UTMDA RP160667 (\$5,101,316) UTMDA RP160710 (\$5,997,677) UTMB RP160674 (\$6,000,000) | <p>\$14,000,000 3 Projects</p> <ul style="list-style-type: none"> UTMB RP160674 (\$6,000,000) Rice RR160066 (\$2,000,000) BCM RP160771 (\$6,000,000) | <p>\$6,103,894 2 Projects</p> <ul style="list-style-type: none"> UTSW RP160661 (\$4,103,894) UTSW RR160075 (\$2,000,000) | <p>\$21,702,622 6 Projects</p> <ul style="list-style-type: none"> BCM RP160771 (\$6,000,000) UTSW RP160661 (\$4,103,894) UTMDA RP160693 (\$6,000,000) UTMD RR160078 (\$2,000,000) UTSW RR160070 (\$2,000,000) UTSA RP160844 (\$4,598,728) | <p>\$12,101,571 3 Projects</p> <ul style="list-style-type: none"> UTSW RP160661 Lung; (\$4,103,894) UTMD RP160710 (\$5,997,677) UTMDA RR160078 Pancreas (\$2,000,000) | <p>\$24,702,622 8 Projects</p> <ul style="list-style-type: none"> UTSA RP160844 (\$4,598,728) BCM RP160771 (\$6,000,000) UTMDA RR160078 (\$2,000,000) UTSW RR160075 (\$2,000,000) UTHSCT RR160067 (\$2,000,000) UTSW RR160070 (\$2,000,000) Rice RR160066 (\$2,000,000) UTSW RP160661 (\$4,103,894) |

Attachment #2

RFA Descriptions

- **Core Facilities Support Awards (RFA R-16-CFSA-2):**
Solicits applications from institutions to establish or enhance core facilities (laboratory, clinical, population-based, or computer-based) that will directly support cancer research programs to advance knowledge of the causes, prevention, and/or treatment of cancer or improve quality of life for patients with and survivors of cancer. Award: Up to \$3M (total costs) for the first 2 years and up to \$1M (total costs) for each subsequent year; Maximum duration: 5 years
- **Multi-Investigator Research Awards (RFA R-16-MIRA-2)**
Supports the creation of integrated programs of collaborative and cross-disciplinary research among multiple investigators. Teams will focus on critical areas of cancer research. Laboratory research, translational studies, clinical, and population-based investigations may be supported. Award: Up to \$7.5M (total costs); Maximum duration: 5 years.
- **Recruitment of First-Time Tenure Track Faculty Members (RFA R-17-1. RFT):**
Supports very promising emerging investigators, pursuing their first faculty appointment in Texas, who have the ability to make outstanding contributions to the field of cancer research. Award: Up to \$2 million over a period of four years.

ACADEMIC RESEARCH FY 2016 REVIEW CYLCE 2 AND RECRUTIMENT AWARD RECOMMENDATIONS FY 16.10

| Application ID | Award Mechanism | SRC Score | PI | Application Title | PI Organization | Budget | Priorities Met |
|----------------|-----------------|-----------|--------------------|---|--|-------------|--|
| RP160844 | CFSA | 2.90 | McHardy, Stanton | Center for Innovative Drug Discovery: Enhancement of a Shared Cancer Resource for South Texas | The University of Texas at San Antonio | \$4,598,728 | Childhood Cancers, Infrastructure |
| RP160771 | CFSA | 2.90 | Scheurer, Michael | The Adolescent and Childhood Cancer Epidemiology and Susceptibility Service (ACCESS) for Texas | Baylor College of Medicine | \$6,000,000 | Childhood Cancers, Infrastructure, Prevention and Early Detection |
| RP160661 | MIRA | 2.20 | Jiang, Steve | Towards Carbon Beam Stereotactic Body Radiation Therapy (C-SBRT) for Higher Risk Early Stage Lung Cancer | The University of Texas Southwestern Medical Center | \$4,103,894 | Intractable Cancers, Lung Cancer, Computational Biology, Infrastructure and Broad Range of Innovative, Investigator-Initiated Research |
| RP160693 | MIRA | 2.20 | Andreeff, Michael | Acute Myeloid Leukemia in the Immunosuppressed Microenvironment | The University of Texas M. D. Anderson Cancer Center | \$6,000,000 | Intractable Cancer, Acute Myeloid Leukemia and Broad Range of Innovative, investigator-Initiated Research |
| RP160667 | MIRA | 2.40 | Chen, Junjie | DNA-Protein Crosslink Repair Pathways and Cancer Therapy | The University of Texas M. D. Anderson Cancer Center | \$5,101,316 | Broad Range of Innovative, investigator-Initiated Basic Science Project |
| RP160710 | MIRA | 2.60 | Symmans, William | A Randomized Clinical Trial Platform with Translational Studies to Overcome Resistance in Triple Negative Breast Cancer | The University of Texas M. D. Anderson Cancer Center | \$5,997,677 | Disparities and Broad Range of Innovative, Investigator-Initiated Research |
| RP160674 | MIRA | 2.70 | Goodwin, James | Comparative Effectiveness Research on Cancer in Texas (CERCIT) 2.0 | The University of Texas Medical Branch at Galveston | \$6,000,000 | Prevention and Early Detection; Colon Cancer and a Broad Range of Innovative, Investigator-Initiated Research |
| RR160078 | RFTFM | 1.00 | Mazur, Pawel | Recruitment of First Time Tenure Track- Pawel K. Mazur, Ph.D. | The University of Texas M. D. Anderson Cancer Center | \$2,000,000 | Enhance Texas Research Capacity and Life Science Infrastructure; Rare and Intractable Cancers; Pancreas |
| RR160075 | RFTFM | 1.00 | Zhang, Cheng-Zhong | Nomination of Cheng-Zhong Zhang, Ph.D. for a CPRIT Recruitment of First-Time, Tenure-Track Faculty Member Award | The University of Texas Southwestern Medical Center | \$2,000,000 | Enhance Texas Research Capacity and Life Science Infrastructure, Computational Biology |
| RR160067 | RFTFM | 1.70 | Kapoor, Prabodh | Recruitment of First-Time, Tenure-Track Faculty Member - Dr. Prabodh Kapoor | The University of Texas at Tyler | \$2,000,000 | Enhance Texas Research Capacity and Life Science Infrastructure |
| RR160070 | RFTFM | 2.00 | Chaumeil, Myriam | Nomination of Myriam M. Chaumeil, Ph.D. for a First-Time, Tenure-Track Faculty Member Award | The University of Texas Southwestern Medical Center | \$2,000,000 | Enhance Texas Research Capacity and Life Science Infrastructure; Rare and Intractable Cancers; Brain and Nervous System |
| RR160066 | RFTFM | 2.00 | Nielsen, Alec | Recruitment of First-Time, Tenure-Track Faculty Member - Dr. Alec Nielsen | Rice University | \$2,000,000 | Enhance Texas Research Capacity and Life Science Infrastructure; Prevention and Early Detection |

CFSA: Core Facilities Support Awards

MIRA: Multiple Investigator Research Awards

RFTFM: First Time Tenure-Track Faculty Recruitment



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

MEMORANDUM

TO: CPRIT OVERSIGHT COMMITTEE
FROM: REBECCA GARCIA, PH.D., CHIEF PREVENTION AND COMMUNICATIONS OFFICER
SUBJECT: PREVENTION GRANT RECOMMENDATIONS
DATE: AUGUST 3, 2016

Summary and Recommendation:

The Program Integration Committee has completed its review and recommends awarding 14 projects totaling \$13,690,454. The grant recommendations are presented in six slates corresponding to the six grant mechanisms released in Cycle 16.2.

| Number | Grant Type | Amount |
|--------|---|-------------|
| 7 | <i>Evidence-Based Cancer Prevention Services</i> | \$9,046,499 |
| 1 | <i>Colorectal Cancer Prevention Coalition</i> | \$2,100,000 |
| 1 | <i>Competitive Continuation/Expansion for Evidence-Based Cancer Prevention Services</i> | \$1,496,111 |
| 1 | <i>Cancer Prevention Promotion and Navigation to Clinical Services</i> | \$ 399,954 |
| 2 | <i>Dissemination of CPRIT-Funded Cancer Control Interventions</i> | \$ 599,766 |
| 2 | <i>Evidence-Based Cancer Prevention Services – See, Test & Treat Program</i> | \$ 48,124 |

Background:

Program Priorities Addressed

All of the recommended applications address one or more of the Prevention Program priorities. Some applications address more than one priority. See Attachment 1 for additional detail.

| <u>Number of Applications Addressing Priorities</u> | |
|---|---|
| 9 | Prioritize populations and geographic areas of greatest need, greatest potential for impact |
| 14 | Focus on underserved populations |
| 8 | Increase targeting of preventive efforts to areas where significant disparities in cancer incidence or mortality in the state exist |

Cycle 16.2 RFAs

Six RFAs were released September 24, 2015 and applications were due March 3. (See RFA description, Attachment 2). Forty-four prevention grant applications were submitted in response to the RFAs. Peer review was conducted in May 2016 and the programmatic review by the Prevention Review council was conducted July 1, 2016.

Prevention Program Slates

Evidence-Based Cancer Prevention Services Slate

Recommended projects (7): \$9,046,499

Twenty applications were submitted in this mechanism. Seven new evidence-based prevention services projects are recommended.

| | | | | | |
|------------|--|-----------------------|----------------------------|-------------|-----|
| PP160079 | Leveraging a Community Network for Cancer Prevention to Increase HPV Vaccine Uptake and Completion among Pediatric Patients in a Safety Net Healthcare Setting | Jibaja-Weiss, Maria L | Baylor College of Medicine | \$1,161,015 | 1.8 |
| Priorities | <ul style="list-style-type: none">• Populations and geographic areas of greatest need, potential for impact• Focus on underserved populations• Areas where significant disparities exist | | | | |

Community Network for Cancer Prevention (CNCN) is an academic-community partnership between Baylor College of Medicine, Harris Health System, and several academic and community-based healthcare institutions that aims to reduce the burden of cancer among medically underserved populations in Harris County, Texas. This successful CNCN model will be adapted to improve HPV vaccine initiation and completion among medically underserved pediatric patients within the Harris Health System.

| | | | | | |
|------------|--|-------------------------|--|-------------|-----|
| PP160080 | Promoting HPV vaccination among Hispanic adolescents and young adults using Health Care System-Based Interventions and Community Outreach | Morales-Campos, Daisy Y | The University of Texas Health Science Center at San Antonio | \$1,302,955 | 2.5 |
| Priorities | <ul style="list-style-type: none">• Populations and geographic areas of greatest need, potential for impact• Focus on underserved populations• Areas where significant disparities exist | | | | |

The project will focus on four Nuestra Clinica del Valle (NCDV) clinics in Hidalgo County. Formative assessments will identify and understand factors that influence HPV vaccine practices of health care providers and coverage rates in the clinics. The three year project will provide patients (adolescents and young adults) with clinic-based education and vaccination; and serve healthcare providers with our provider directed intervention.

| | | | | | |
|------------|--|------------------|---|-----------|-----|
| PP160097 | School-Based Human Papillomavirus Vaccination Program in the Lower Rio Grande Valley | Rodriguez, Ana M | The University of Texas Medical Branch at Galveston | \$747,727 | 3.5 |
| Priorities | <ul style="list-style-type: none"> • Populations and geographic areas of greatest need, potential for impact • Focus on underserved populations • Areas where significant disparities exist | | | | |

The goal is to increase HPV vaccination completion rates among 7th graders in the Rio Grande City Consolidated Independent School District (RGCCISD). The project will create a school-based HPV program offering educational sessions for parents/guardians and free HPV vaccination. The project is a collaboration of RGCCISD; Starr County Health Department; The University of Texas Health Science Center School of Public Health, Brownsville Regional Campus; The University of Texas MD Anderson Cancer Center; and The University of Texas Medical Branch.

| | | | | | |
|------------|--|--------------|---|-------------|-----|
| PP160075 | Implementation an Evidence-Based Colorectal Cancer Screening Outreach Program among Socioeconomically Disadvantaged Patients in a Safety Net Health System | Singal, Amit | The University of Texas Southwestern Medical Center | \$1,499,826 | 2.3 |
| Priorities | <ul style="list-style-type: none"> • Focus on underserved populations • Areas where significant disparities exist | | | | |

The project will conduct an evidence-based CRC prevention program among uninsured 50-64 year old persons served by Parkland with the goals of improving rates of CRC screening, timely follow-up of abnormal FIT results, and timely cancer treatment evaluation among a racially and socioeconomically diverse cohort of patients at Parkland. They will also compare an outreach strategy offering mailed home FIT kits to a strategy of inviting patients to complete their choice of test (home FIT kit or scheduled colonoscopy) to increase CRC screening completion.

| | | | | | |
|------------|--|----------------|----------------------------|-------------|-----|
| PP160122 | Reducing Racial/Ethnic Disparities in CRC Screening: A Comprehensive EMR-Based Patient Navigation Program Including Technology-Driven CRC Outreach and Education | Rustveld, Luis | Baylor College of Medicine | \$1,477,698 | 2.5 |
| Priorities | <ul style="list-style-type: none"> • Populations and geographic areas of greatest need, potential for impact • Focus on underserved populations • Areas where significant disparities exist | | | | |

This project will provide tailored education and counseling regarding CRC prevention and screening guidelines to underserved Harris County residents, implement a patient navigator-led Colorectal Cancer navigation program integrated in the Electronic Medical Record, improve the referral, scheduling and completion of colonoscopies, and assess the cost-effectiveness of the colonoscopy patient navigation program relative to standard CRC care.

| | | | | | |
|------------|---|-------------------|---|-------------|-----|
| PP160121 | Promoting Activity in Cancer Survivors (PACES): An active living intervention for breast cancer survivors | Trivedi, Madhukar | The University of Texas Southwestern Medical Center | \$1,365,226 | 2.9 |
| Priorities | <ul style="list-style-type: none"> Focus on underserved populations | | | | |

This program will provide evidence-based education on physical activity to breast cancer survivors, and deliver more intensive evidence-based interventions to survivors with the greatest need (those not meeting physical activity recommendations). Through rigorous evaluation, the project will identify the optimal combination of intervention components to increase physical activity among breast cancer survivors.

| | | | | | |
|------------|---|---------------|----------------------------|-------------|-----|
| PP160089 | PREVENT HCC – through Screening, Vaccination and Treatment of Viral Hepatitis | Mittal, Sahil | Baylor College of Medicine | \$1,492,052 | 3.7 |
| Priorities | <ul style="list-style-type: none"> Populations and geographic areas of greatest need, potential for impact Focus on underserved populations | | | | |

The project's goal is to reduce the burden and disparities in hepatocellular cancer (HCC) caused by hepatitis B virus (HBV) or hepatitis C virus (HCV) in Harris County by increasing evidence-based primary and secondary preventive services for HCC in the uninsured and underinsured minority populations. The project includes education of Harris County residents and Harris Health System patients and providers, point of care screening for chronic HBV and HCV, followed by diagnostic testing, navigator assisted education regarding risk factors to mitigate viral transmission and timely linkage to specialized care for antiviral treatments.

Colorectal Cancer Prevention Coalition

Recommended projects (1): \$2,100,000

Four applications were received in response to the colorectal cancer coalition RFA and one is being recommended for funding. The budget was reduced due to overlap with the infrastructure of the organization's currently funded projects.

| | | | | | |
|------------|---|------------------|---|-------------|-----|
| PP160103 | Detecting Unaffected Individuals for Lynch Syndrome (DUAL): Screening, Diagnosis and Navigation | Ross, Theodora S | The University of Texas Southwestern Medical Center | \$2,100,000 | 2.3 |
| Priorities | <ul style="list-style-type: none"> Focus on underserved populations | | | | |

This coalition targets patients from safety-net hospitals (Parkland and John Peter Smith), UT Southwestern (UTSW) and underserved patients from 23 counties that are participating in a current CPRIT colon cancer coalition screening grant and builds on existing screening programs at UTSW. The project will screen people to identify patients at high-risk for colon cancer based on their family history, provide education about colon screening intervals specific for their family history, improve compliance of high-risk individuals for early colon surveillance, promote education and dissemination of information about Lynch Syndrome. Genetic

counseling will be in-person or by telephone or telehealth based on a network of established clinics.

Competitive Continuation/Expansion Grants

Recommended projects (1): \$1,496,111

This mechanism is intended to fund the continuation or expansion of currently or previously funded projects that have demonstrated exemplary success as evidenced by progress reports and project evaluations. Of the six applications submitted, one is being recommended for funding.

| | | | | | |
|------------|--|-------------------|---|-------------|-----|
| PP160058 | Postpartum administration of HPV vaccine: Strategies to increase initiation and series completion among low income women across Southeast Texas | Berenson, Abbey B | The University of Texas Medical Branch at Galveston | \$1,496,111 | 2.1 |
| Priorities | <ul style="list-style-type: none">• Populations and geographic areas of greatest need, potential for impact• Focus on underserved populations• Areas where significant disparities exist | | | | |

The initial postpartum vaccination program was limited to Galveston County women who delivered an infant at UTMB's John Sealy Hospital (JSH). This innovative approach led to an HPV initiation rate of over 80 percent among this economically disadvantaged target population. The expansion will include HPV vaccinations to all postpartum women at JSH, thereby addressing the cancer-prevention needs of women from 37 additional counties. The project will use patient navigators to facilitate HPV vaccination among women who deliver an infant at JSH, increase awareness among providers on the importance of counseling women about the HPV vaccine and offer subsequent doses at preexisting healthcare visits and track patients through the entire vaccine series.

Cancer Prevention Promotion and Navigation to Clinical Services

Recommended projects (1): \$399,954

Seven applications were submitted to this mechanism; one is being recommended for funding.

| | | | | | |
|------------|--|------------------|---|-----------|-----|
| PP160110 | Use of Genetic Patient Navigators to Help Mutation Carriers Comply with the NCCN Guidelines and to Enable Healthy Behaviors | Ross, Theodora S | The University of Texas Southwestern Medical Center | \$399,954 | 2.5 |
| Priorities | <ul style="list-style-type: none">• Populations and geographic areas of greatest need, potential for impact• Focus on underserved populations | | | | |

A dedicated genetic patient navigator (GPN) will be used to promote patient adherence to recommended guidelines for risk reduction strategies. The (GPN) will contact all Hereditary Breast and Ovarian/ Lynch Syndrome (HBOC/LS) mutation carriers identified from the previous CPRIT grant, as well as others in the system. The GPN will obtain updated medical history, ascertain the need for services and current compliance with National Comprehensive Cancer

Network (NCCN) recommendations, and navigate to services and education regarding cancer risk factor minimization. The GPN will follow-up with patients after scheduled screenings or risk-reduction efforts and obtain information on relatives tested and to navigate relatives to genetic counseling and testing and the Moncrief Cancer Institute survivorship program if needed.

Dissemination of CPRIT-Funded Cancer Control Interventions

Recommended projects (2): \$599,766

Three applications were submitted to this mechanism and two are being recommended for funding.

| | | | | | |
|------------|--|---------------------|-----------------------|-----------|-----|
| PP160081 | Statewide Dissemination of the "Taking Texas Tobacco Free" Workplace Program | Reitzel, Lorraine R | University of Houston | \$299,981 | 1.6 |
| Priorities | <ul style="list-style-type: none"> • Populations and geographic areas of greatest need, potential for impact • Focus on underserved populations • Areas where significant disparities exist | | | | |

The overall goal of this dissemination project is to increase the reach, adoption, implementation, and maintenance of a comprehensive tobacco-free workplace program to 21 remaining Local Mental Health Authorities (LMHAs) in Texas with the aim of reducing tobacco-related cancers among individuals with behavioral health needs. The previously implemented program, Taking Texas Tobacco Free (TTTF), is operational in 18 LMHAs and will be scaled up to remaining agencies utilizing active dissemination strategies that include a step-by-step replication guide and toolkit with training materials and sample policies delivered via a user-friendly web-based platform, face-to-face consultation with stakeholders, trainings with clinical champions to facilitate capacity, and the promulgation of narratives of best practices.

| | | | | | |
|------------|--|-----------------------------|--|-----------|-----|
| PP160093 | Access for Breast Care for West Texas (ABC4WT) Development of a Replication Model for Dissemination and Implementation | Layeequr Rahman, Rakhshanda | Texas Tech University Health Sciences Center | \$299,785 | 1.9 |
| Priorities | <ul style="list-style-type: none"> • Populations and geographic areas of greatest need, potential for impact • Focus on underserved populations • Areas where significant disparities exist | | | | |

The Access to Breast Care for West Texas (ABC4WT) program was designed for the Texas Panhandle in 2010 to address breast cancer screening disparities for this geographically isolated area. The dissemination products from the ABC4WT project include: (i) Coalition building training program, (ii) Lay Public Educational Curriculum (the Women Inspiring, Serving and Educating (W.I.S.E) woman project), and (iii) Customizable outcome tracking database. The project will also provide pre-service training, in-service training, and ongoing consultations to end users employing both passive (e-mail blasts, websites, social media) and active dissemination strategies (webinar series with CME/CEU credits, project director's guide, and hands-on training modules).

Evidence-Based Cancer Prevention Services – See, Test & Treat Program

Recommended projects (2): \$48,124

Four applications were submitted to this mechanism and two are being recommended for funding.

| | | | | | |
|------------|--|-------------------|---|----------|-----|
| PP160116 | Lone Star Community Health Center, Inc. 2016 See, Test & Treat Program | McKernan, Stephen | Lone Star Community Health Center, Inc. dba Lone Star Family Health | \$23,602 | 1.7 |
| Priorities | <ul style="list-style-type: none"> Focus on underserved populations | | | | |

The ST&T event at Lone Star Community Health Center, Inc. (LSCHC) will provide breast and cervical cancer screening with same-day, face-to-face results, connection to follow-up care, culturally sensitive outreach and accessible services, education to create patient understanding about how to access health care, the need for preventive screening and how a healthy lifestyle and behavior can lower the risk of cancer. The cancer screenings will be conducted by licensed gynecologists, primary care physicians, radiologists and pathologists.

| | | | | | |
|------------|---|-----------------|-------------------|----------|-----|
| PP160105 | Implementing a See, Test & Treat Program in Sunnyside Health Center to Provide Free Cervical and Breast Cancer Screening and Medical Home for Underserved Women | Coffey, Donna M | Houston Methodist | \$24,522 | 2.7 |
| Priorities | <ul style="list-style-type: none"> Focus on underserved populations | | | | |

This See, Test & Treat® Program (STT) will provide cervical and breast cancer screenings for underserved individuals in Harris County, aid participants in establishing a medical home and provide educational outreach to improve public understanding about breast and cervical cancer screening guidelines,. The project will provide patient navigation services to facilitate education, understanding results of testing, assistance with implementation of any additional treatment patients require, and an opportunity to access additional financial assistance in the surrounding area.

| Prevention Program Priorities Addressed by Recommended Awards August 17, 2016 | | | |
|---|--|----------------------------------|---|
| Prioritize populations and geographic areas of greatest needs, greatest potential for impact | | Focus on Underserved Populations | Increase targeting of preventive efforts to areas where significant disparities in cancer incidence or mortality in the state exist |
| <div> <div> <p>\$8,677,278 9 projects</p> <ul style="list-style-type: none"> • PP160081 – U of H (lung) (\$299,981) • PP160079 – BCM (HPV) (\$1,161,015) • PP160093 – TTUHSC (breast) (\$299,785) • PP160058 – UTMB (HPV) (\$1,496,111) • PP160110 – UTSW (breast, colorectal, ovary) (\$399,954) • PP160080 – UTHSCSA (HPV) (\$1,302,955) • PP160122 – BCM (Colorectal) (\$1,477,698) • PP160097 – UTMB (HPV) (\$747,727) • PP160089 – BCM (liver) (\$1,492,052) </div> <div> <p>\$13,690,454 14 projects</p> <ul style="list-style-type: none"> • PP160081 – U of H (lung) (\$299,981) • PP160079 – BCM (HPV) (\$1,161,015) • PP160093 – TTUHSC (breast) (\$299,785) • PP160058 – UTMB (HPV) (\$1,496,111) • PP160110 – UTSW (breast, colorectal, ovary) (\$399,954) • PP160080 – UTHSCSA (HPV) (\$1,302,955) • PP160122 – BCM (Colorectal) (\$1,477,698) • PP160097 – UTMB (HPV) (\$747,727) • PP160089 – BCM (liver) (\$1,492,052) • PP160116 – Lone Star Community Health Center (breast, cervical) (\$23,602) • PP160075 – UTSW (colorectal) (\$1,499,826) • PP160105 – Houston Methodist (breast, cervical) (\$24,522) • PP160121 – UTSW (breast) (\$1,365,226) • PP160103 – UTSW (colorectal, kidney, liver, ovary, uterus) (\$2,100,000) </div> <div> <p>\$8,285,098 8 projects</p> <ul style="list-style-type: none"> • PP160081 – U of H (lung) (\$299,981) • PP160079 – BCM (HPV) (\$1,161,015) • PP160093 – TTUHSC (breast) (\$299,785) • PP160058 – UTMB (HPV) (\$1,496,111) • PP160075 – UTSW (colorectal) (\$1,499,826) • PP160080 – UTHSCSA (HPV) (\$1,302,955) • PP160122 – BCM (Colorectal) (\$1,477,698) • PP160097 – UTMB (HPV) (\$747,727) </div> </div> | | | |

Note: Grant awards are listed under each program priority addressed and the full amount of the award is included to calculate the total amount dedicated to the priority. Some grant awards address more than one program priority and will be double counted.

Prevention - CPO Summary

Attachment 2

RFA Description

- ***Evidence-Based Cancer Prevention Services*** – for projects that provide the delivery of evidence-based prevention services (e.g., screening, survivorship services). The maximum grant award is up to \$1.5 million for up to three years.
- ***Colorectal Cancer Prevention Coalition*** -- for projects that will deliver a comprehensive and integrated colorectal cancer screening project that includes provision of screening, diagnostic, and navigation services in conjunction with outreach and education of the target population through a coalition of partners. No funding cap, up to three years.
- ***Competitive Continuation/Expansion for Evidence-Based Cancer Prevention Services*** – for projects that propose to continue or expand highly successful projects previously or currently funded by CPRIT. The award ranges from \$150,000 to \$1.5 million up to three years, depending on the type of project proposed.
- ***Cancer Prevention Promotion and Navigation to Clinical Services*** –for projects that deliver public education and outreach and navigation to cancer screening and preventive services. Maximum of \$400,000; maximum duration of 36 months.
- ***Dissemination of CPRIT-Funded Cancer Control Interventions***- to fund projects that will facilitate the dissemination and implementation of successful CPRIT-funded, evidence-based cancer prevention and control interventions across Texas. Maximum of \$300,000; maximum duration of 24 months.
- ***Evidence-Based Cancer Prevention Services – See, Test & Treat Program*** -- to fund projects that deliver public education and outreach and navigation to cancer screening and preventive services. The proposed project must assist participants in obtaining prevention interventions being promoted by providing navigation services. Maximum of \$400,000; maximum duration of 36 months.

PIC Chair Recommendation Letter



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS



August 4, 2016

Dear Oversight Committee Members:

I am pleased to present the Program Integration Committee's (PIC) unanimous recommendations for funding 26 grant applications totaling \$61,492,069. The PIC recommendations for 12 academic research grant awards and 14 prevention grant awards are attached.

Dr. James Willson, CPRIT's Chief Scientific Officer, and Dr. Becky Garcia, CPRIT's Chief Prevention Officer, have prepared overviews of the academic research and prevention program slates to assist your evaluation of the recommended awards. The overviews are intended to provide a comprehensive summary with enough detail to understand the substance of the proposal and the reasons for endorsing grant funding. In addition to the full overviews, all of the information considered by the Review Councils is available by clicking on the appropriate link in the portal. This information includes the application, peer reviewer critiques, and the CEO affidavit for each proposal.

At its meeting on May 3, 2016, the PIC used the award deferral process set by CPRIT administrative rule § 703.7(d) to defer the decision to recommend awards for seven academic research applications until a future FY 2016 meeting. Two Core Facility Support Awards and five Multi-Investigator Research Awards (MIRA) were deferred due to CPRIT budget limitations for the remainder of FY 2016 and the unknown impact of recruitment awards in the last quarter of the fiscal year. The PIC considered the seven applications on August 2, 2016, and unanimously voted to recommend all of the previously deferred applications to the Oversight Committee.

Additionally, the PIC unanimously approved a change in budget to the five MIRA grants that are recommended to the Oversight Committee. Dr. Willson recommended reducing the budgets of each award by 20% due to overall CPRIT budget concerns.

The approval of these grant recommendations is governed by a statutory process that requires two-thirds of the members present and voting to approve each recommendation. Vince Burgess, CPRIT's Chief Compliance Officer, will certify the review process for the recommended grants prior to any Oversight Committee action.

The award recommendations will not be considered final until the Oversight Committee meeting on Wednesday, August 17, 2016. Consistent with the non-disclosure agreement that you have signed, the recommendations should be kept confidential and not be disclosed to anyone until the award list is publicly announced at the Oversight Committee meeting. I request that Oversight Committee members not print, email or save to your computer's hard drive any material on the portal. I appreciate your assistance to protect this information.

If you have any questions or would like more information on the review process or any of the projects recommended for an award, CPRIT's staff, including myself, Dr. Willson and Dr. Garcia are available. Please feel free to contact us directly should you have any questions. The programs that will be supported by the CPRIT awards are an important step in our efforts to mitigate the effects of cancer in Texas. Thank you for being part of this endeavor.

Sincerely,
Wayne R. Roberts
Chief Executive Officer

Academic Research Award Recommendations –

The PIC unanimously recommends approval of 12 academic research grant proposals totaling \$47,801,615. The recommended grant proposals were submitted in response to three grant mechanisms: Core Facility Support Awards; Multi-Investigator Research Awards; and Recruitment of First-Time, Tenure-Track Faculty Members. The PIC followed the recommendations made by the Scientific Review Council (SRC) including the seven applications that the PIC deferred on May 3, 2016. The SRC provided the prioritized list of recommendations for the non-recruitment research awards to the presiding officers on March 29, 2016 and a prioritized list of recruitment awards on July 26, 2016.

The PIC is required to give funding priority, to the extent possible, to applications that meet one or more criteria set forth in V.T.C.A., TEX. HEALTH & SAFETY CODE § 102.251(a)(2)(C). The PIC determined that these academic research proposals met the following CPRIT funding priorities:

- could lead to immediate or long-term medical and scientific breakthroughs in the area of cancer prevention or cures for cancer;
- strengthen and enhance fundamental science in cancer research;
- ensure a comprehensive coordinated approach to cancer research and cancer prevention;
- are interdisciplinary or interinstitutional;
- address federal or other major research sponsors' priorities in emerging scientific or technology fields in the area of cancer prevention or cures for cancer;
- are matched with funds available by a private or nonprofit entity and institution or institutions of higher education;
- are collaborative between any combination of private and nonprofit entities, public or private agencies or institutions in this state, and public or private institutions outside this state:
 - This factor only applies to Core Facility Support Awards and Multi-Investigator Research Awards
- have a demonstrable economic development benefit to this state;
- enhance research superiority at institutions of higher education in this state by creating new research superiority, attracting existing research superiority from institutions not located in this state and other research entities, or enhancing existing research superiority by attracting from outside this state additional researchers and resources;
- Expedite innovation and commercialization, attract, create, or expand private sector entities that will drive a substantial increase in high-quality jobs, and increase higher education applied science or Technology research capabilities; and
- Address the goals of the Texas Cancer Plan.

Academic Research Grant Award Recommendations

This list includes applications already approved by the Oversight Committee on May 18, 2016, as well as the seven previously deferred applications that are recommended by the PIC for the August 17, 2016 meeting. The previously deferred applications recommended by the PIC on August 2, 2016, are highlighted in blue and are updated to reflect budget amount changes as approved by the PIC.

| Rank | App ID | Organization/Company | Application Title | Budget | Mech | Overall Score |
|------|-----------|--|---|-------------|------|---------------|
| 1 | RP160805 | Baylor College of Medicine | Preclinical Candidate Discovery Core | \$5,999,997 | CFSA | 1.6 |
| 2 | RP160813 | Acelerox | Nanoparticle Prophylaxis for Protection from Chemotherapy Ototoxicity | \$195,665 | HIHR | 1.8 |
| 3 | RP160795 | Baylor College of Medicine | A "Pap smear" for ovarian cancer | \$200,000 | HIHR | 1.8 |
| 4 | RP160657 | The University of Texas at Austin | Targeted Therapeutic Drug Discovery & Development Program | \$4,982,636 | CFSA | 1.9 |
| 5 | RP160776 | The University of Texas at Austin | Rapid Molecular Diagnosis of Lung Cancer Biopsies by Ambient Ionization Mass Spectrometry | \$200,000 | HIHR | 1.9 |
| 6 | RP160884 | Baylor College of Medicine | RNA processing stress: a new therapeutic entry point in triple-negative breast cancer | \$200,000 | HIHR | 2.0 |
| 7 | RP160847 | Texas A&M Engineering Experiment Station | A Body Coil for MR Imaging and Spectroscopy of Cancer at 7 Tesla | \$200,000 | HIHR | 2.0 |
| 8 | RP160732 | The University of Texas Health Science Center at San Antonio | UTHSCSA Cancer Genome Sequencing and Computation Core | \$3,680,756 | CFSA | 2.0 |
| 9 | RP160652 | The University of Texas M. D. Anderson Cancer Center | Defining and Defeating Mechanistic Subtypes of KRAS-mutant Lung Cancers | \$5,981,040 | MIRA | 2.0 |
| 10 | RP160668* | The University of Texas M. D. Anderson Cancer Center | Pathogenesis and Early Progression of Lung Cancer | \$4,606,275 | MIRA | 2.0 |
| 11 | RP160834 | Texas A&M University | Integrated-cavity-enhanced pre-screening for lung cancer | \$200,000 | HIHR | 2.1 |
| 12 | RP160842 | Texas A&M University System Health Science Center | Novel roles for NIK in high-grade glioma: regulation of mitochondrial dynamics to control cell migration and invasion | \$200,000 | HIHR | 2.1 |

| | | | | | | |
|----|-------------|--|---|-------------|------|-----|
| 13 | RP160716 | The University of Texas Health Science Center at San Antonio | Texas Pediatric Patient Derived Xenograft Facility | \$5,079,843 | CFSA | 2.1 |
| 14 | RP160713 | The University of Texas Southwestern Medical Center | Amino Acid Sensing: Directing Cell Growth through mTORC1 | \$198,983 | HIHR | 2.1 |
| 15 | RP160693 | The University of Texas M. D. Anderson Cancer Center | Acute Myeloid Leukemia in the Immunosuppressed Microenvironment | \$6,000,000 | MIRA | 2.2 |
| 16 | RP160739 | The University of Texas M. D. Anderson Cancer Center | Targeting Histone Acetylation Readers in MLL- translocated Leukemias | \$200,000 | HIHR | 2.2 |
| 17 | RP160661** | The University of Texas Southwestern Medical Center | Towards Carbon Beam Stereotactic Body Radiation Therapy (C-SBRT) for Higher Risk Early Stage Lung Cancer | \$4,103,894 | MIRA | 2.2 |
| 18 | RP160667*** | The University of Texas M. D. Anderson Cancer Center | DNA-Protein Crosslink Repair Pathways and Cancer Therapy | \$5,101,316 | MIRA | 2.4 |
| 19 | RP160822 | Texas AgriLife Research | Exploring Geminivirus-encoded suppressor of histone methyltransferases as an anti-cancer drug | \$199,958 | HIHR | 2.5 |
| 20 | RP160866 | The University of Texas at Dallas | Renal Clearable Nanodelivery System for Triple Negative Breast Cancer Therapy | \$200,000 | HIHR | 2.6 |
| 21 | RP160710 | The University of Texas M. D. Anderson Cancer Center | A Randomized Clinical Trial Platform with Translational Studies to Overcome Resistance in Triple Negative Breast Cancer | \$5,997,677 | MIRA | 2.6 |
| 22 | RP160806 | Texas Tech University | Development of high throughput technology to identify drugs for muscle wasting during cancer | \$199,995 | HIHR | 2.7 |
| 23 | RP160674 | The University of Texas Medical Branch at Galveston | Comparative Effectiveness Research on Cancer in Texas (CERCIT) 2.0 | \$6,000,000 | MIRA | 2.7 |
| 24 | RP160827 | Texas A&M University System Health Science Center | A platform technology for the isolation of anti- cancer monoclonal antibodies from chickens | \$200,000 | HIHR | 2.8 |
| 25 | RP160775 | The University of Texas | Becoming fatter to survive: cancer cells | | | |

| | | | | | | |
|----|---------------|--|---|-------------|------|-----|
| | | Health Science Center at Houston | increase lipid storage to counter metabolic stress | \$200,000 | HIHR | 2.8 |
| 26 | RP160771**** | Baylor College of Medicine | The Adolescent and Childhood Cancer Epidemiology and Susceptibility Service (ACCESS) for Texas | \$6,000,000 | CFSA | 2.9 |
| 27 | RP160844***** | The University of Texas at San Antonio | Center for Innovative Drug Discovery: Enhancement of a Shared Cancer Resource for South Texas | \$4,598,728 | CFSA | 2.9 |
| 28 | RP160841 | The University of Texas Health Science Center at San Antonio | Targeting EWS-FLI-1 for degradation | \$200,000 | HIHR | 2.9 |
| 29 | RP160765 | Texas A&M University System Health Science Center | An unlikely therapeutic target for malignant bone disease: Dkk-1 activates a stress resistance mechanism in bone tumor cells | \$200,000 | HIHR | 3.1 |
| 30 | RP160852 | Texas State University - San Marcos | Chemo-preventive Approach to Cancer Exploiting a Presumptive Link between Genomic Instability and Structural Stability of non-B DNA Sequences | \$200,000 | HIHR | 3.1 |
| 31 | RP160770 | The University of Texas at Dallas | Optical opening of blood-brain barrier for brain tumor drug delivery by plasmonic nanobubbles | \$200,000 | HIHR | 3.1 |
| 32 | RP160819 | Texas AgriLife Research | Quantitative mapping of intracellular protein- protein interactomes in healthy and cancerous cells | \$198,753 | HIHR | 3.2 |
| 33 | RP160704 | The University of Texas at Austin | High affinity therapeutic mimotope antibodies to the oncogenic Epidermal Growth Factor Receptor | \$200,000 | HIHR | 3.2 |
| 34 | RP160763 | The University of Texas Health Science Center at Houston | Targeting multiple myeloma stem cell niche | \$200,000 | HIHR | 3.2 |

*RP160668 - The peer review panel recommended the deletion of Project 4 from the MIRA application. As a result, the funds dedicated to that project were removed from the budget for a revised total of \$5,757,844. The final score was based on revised scope with the deletion of Project 4.

**RP160661 - The peer review panel recommended the deletion of Project 3 and Project 4 from the MIRA application. As a result, the funds dedicated to those projects was removed from the budget for a revised total of \$5,129,867. The final score was based on revised scope with the deletion of Projects 3 and 4.

***RP160667 - The peer review panel recommended changes to the MIRA application by modifying Project 2 by deleting

| |
|---|
| Aim 3 and reducing the budget by the amount dedicated to that project. Additionally, the panel recommended reducing the budget for Core 1 by 25%. Finally, the panel recommended reducing Core 2 by \$20,000. These changes resulted in a revised budget totaling of \$6,376,645. The final score was |
| ****RP160771 - The peer review panel recommended the overall budget be reduced to the allowable \$6,000,000 for entire funding period. One required reduction is \$500,000 (\$100,000/year) for pilot projects that were not substantiated. Other reductions can be made based on budget negotiations with CPRIT. |
| *****RP160844 - The peer review panel recommended reducing the personnel budget by 1/3 (\$507,155), removing \$150,000 for pilot projects, and \$100,000 for a software suite. The revised budget total is \$4,598,728. The final score was based on these budget reductions. |
| |
| |
| CFSA - Core Facilities Support Awards |
| HIHR - High-Impact/High-Risk Research Awards |
| MIRA - Multi-Investigator Research Awards |

Academic Research Recruitment Grant Award Recommendations Cycle 16.10

| Rank | App ID | Candidate | Mechanism | Organization | Budget | Overall Score |
|------|-----------|-------------------|-----------|---|-------------|---------------|
| 1 | RR 160078 | Mazur, Pawel | RFTFM | The University of Texas M.D. Anderson Cancer Center | \$2,000,000 | 1.00 |
| 2 | RR160075 | Zang, Cheng-Zhong | RFTFM | The University of Texas Southwestern Medical Center | \$2,000,000 | 1.00 |
| 3 | RR160067 | Kapoor, Prabodh | RFTFM | The University of Texas Health Center at Tyler | \$2,000,000 | 1.70 |
| 4 | RR160070 | Chaumeil, Myriam | RFTFM | The University of Texas Southwestern Medical Center | \$2,000,000 | 2.00 |
| 5 | RR160066 | Nielsen, Alec | RFTFM | Rice University | \$2,000,000 | 2.00 |

Prevention Award Recommendations –

The PIC unanimously recommends approval of 14 prevention grant proposals totaling \$13,690,454. The recommended grant proposals were submitted in response to Cancer Prevention Promotion and Navigation to Clinical Services, Competitive Continuation/Expansion - Evidence-Based Cancer Prevention Services, Dissemination of CPRIT-Funded Cancer Control Interventions, Evidence-Based Cancer Prevention Services, Evidence-Based Cancer Prevention Services - See, Test & Treat® Program, and Evidence-Based Cancer Prevention Services - Colorectal Cancer Prevention Coalition Requests for Applications. The Prevention Review Council (PRC) recommended 14 applications to the PIC. The PRC provided its recommendation to the presiding officers on July 26, 2016.

The PIC is required to give funding priority, to the extent possible, to applications that meet one or more criteria set forth in V.T.C.A., TEX. HEALTH & SAFETY CODE § 102.251(a)(2)(C). The PIC determined that these product development proposals met the following CPRIT funding priorities:

- Ensure a comprehensive coordinated approach to cancer research and cancer prevention;
- are interdisciplinary or interinstitutional (the PIC chose this factor for Established Company Awards);
- address federal or other major research sponsors' priorities in emerging scientific or technology fields in the area of cancer prevention, or cures for cancer;
- are collaborative between any combination of private and nonprofit entities, public or private agencies or institutions in this state, and public or private institutions outside this state;
- have a demonstrable economic development benefit to this state; and
- address the goals of the Texas Cancer Plan.

Prevention Grant Award Recommendations

| App ID | Mech | Applicant Name | Organization | Total Funding Requested | Average Overall Score | Rank Order | PRC Recommendation Justifications |
|----------|------|----------------------------|---|-------------------------|-----------------------|------------|-----------------------------------|
| PP160081 | DI | Reitzel, Lorraine R | University of Houston | \$299,981 | 1.6 | 1 | |
| PP160116 | STT | McKernan, Stephen | Lone Star Community Health Center, Inc. dba Lone Star Family Health | \$23,602 | 1.7 | 2 | |
| PP160079 | EBP | Jibaja-Weiss, Maria L | Baylor College of Medicine | \$1,161,015 | 1.8 | 3 | |
| PP160093 | DI | Layeequr Rahman, Rakhshand | Texas Tech University Health Sciences Center | \$299,785 | 1.9 | 4 | |

| | | | | | | | |
|----------|-----|-------------------------|--|-------------|-----|-------|--|
| PP160058 | CCE | Berenson, Abbey B | The University of Texas Medical Branch at Galveston | \$1,496,111 | 2.1 | 5 | |
| PP160075 | EBP | Singal, Amit | The University of Texas Southwestern Medical Center | \$1,499,826 | 2.3 | 6 | recommended out of rank order due to ROI and type of program |
| PP160110 | PN | Ross, Theodora S | The University of Texas Southwestern Medical Center | \$399,954 | 2.5 | 7-tie | recommended out of rank order due to ROI, geography, and type of service |
| PP160080 | EBP | Morales-Campos, Daisy Y | The University of Texas Health Science Center at San Antonio | \$1,302,955 | 2.5 | 7-tie | recommended out of rank order due to geography, population served, and type of program |
| PP160122 | EBP | Rustveld, Luis | Baylor College of Medicine | \$1,477,698 | 2.5 | 7-tie | recommended out of rank order due to ROI and type of program |
| PP160105 | STT | Coffey, Donna M | Houston Methodist | \$24,522 | 2.7 | 10 | recommended out of rank order due to ROI |
| PP160121 | EBP | Trivedi, Madhukar H | The University of Texas Southwestern Medical Center | \$1,365,226 | 2.9 | 11 | recommended out of rank order due to type of program and population served |
| PP160097 | EBP | Rodriguez, Ana M | The University of Texas Medical Branch at Galveston | \$747,727 | 3.5 | 12 | recommended out of rank order due to geography and type of program |
| PP160089 | EBP | Mittal, Sahil | Baylor College of Medicine | \$1,492,052 | 3.7 | 13 | recommended out of rank order due to cancer type |
| PP160103 | CRC | Ross, Theodora S | The University of Texas Southwestern Medical Center | \$2,100,000 | 2.3 | 14 | recommended out of rank order due to geography and type of program |

Compliance Certification – Chief Compliance Officer



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

Compliance Certification



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

MEMORANDUM

TO: OVERSIGHT COMMITTEE MEMBERS
FROM: VINCE BURGESS, CHIEF COMPLIANCE OFFICER
SUBJECT: COMPLIANCE CERTIFICATION – AUGUST 2016 AWARDS
DATE: AUGUST 3, 2016

Summary and Recommendation:

As CPRIT's Chief Compliance Officer, I am responsible for reporting to the Oversight Committee regarding the agency's compliance with applicable statutory and administrative rule requirements during the grant review process. I have reviewed the compliance pedigrees for the grant applications submitted to CPRIT for the:

- Recruitment of First-Time, Tenure-Track Faculty Members Awards
- Core Facility Support Awards
- Multi-Investigator Research Awards
- Competitive Continuation/Expansion – Evidence-Based Cancer Prevention Services
- Evidence-Based Cancer Prevention Services
- Evidence-Based Cancer Prevention Services – Colorectal Cancer Prevention Coalition
- Evidence-Based Cancer Prevention Services – See, Test, and Treat® Program
- Dissemination of CPRIT-Funded Cancer Control Interventions
- Cancer Prevention Promotion and Navigation to Clinical Services

I have conferred with staff at CPRIT and SRA International (SRA), CPRIT's contracted third-party grant administrator, regarding the academic research and prevention awards and studied the supporting grant review documentation, including third-party observer reports for the peer review meetings. I am satisfied that the application review process that resulted in the above mechanisms recommended by the Program Integration Committee followed applicable laws and agency administrative rules. I certify these academic research and prevention award recommendations for the Oversight Committee's consideration.

I note that the Core Facility Support Awards and Multi-Investigator Research Awards slates were certified in May 2016, which is when applications from those slates were first considered by the PIC. At its May 3, 2016, meeting, the PIC voted to recommend some applications from the abovementioned slates as well as to defer seven applications to a later meeting. Because Core

Facility Support Awards and Multi-Investigator Research Awards were already certified in May, I have included the compliance certification from May 2016 as a reference.

Background:

CPRIT's Chief Compliance Officer must report to the Oversight Committee regarding compliance with the agency's statute and administrative rules. Among the Chief Compliance Officer's responsibilities is the obligation "to ensure that all grant proposals comply with this chapter and rules adopted under this chapter before the proposals are submitted to the oversight committee for approval." Texas Health & Safety Code § 102.051(c) and (d).

CPRIT uses a compliance pedigree to formally document compliance for the grant award process. The compliance pedigree tracks the grant application as it moves through the review process and documents compliance with applicable laws and administrative rules. A compliance pedigree is created for each application; the information related to the procedural steps listed on the pedigree is entered and attested to by SRA employees and CPRIT employees. CPRIT relies on SRA to accurately record a majority of the information on the pedigree from the pre-receipt stage to final review council recommendation. To the greatest extent possible, information reported in the compliance pedigree is imported directly from data contained in CPRIT's Application Receipt System (CARS), the grant application database managed by SRA. This is done to minimize the opportunity for error caused by manual data entry.

No Prohibited Donations:

Although CPRIT is statutorily authorized to accept gifts and grants pursuant to Texas Health & Safety Code § 102.054, the statute prohibits CPRIT from awarding a grant to an applicant who has made a gift or grant to CPRIT or a nonprofit organization established to provide support to CPRIT. I note that Texas Health & Safety Code § 102.251(a)(3) specifically addresses "donors from any nonprofit organization established to provide support to the institute compiled from information made available under § 102.262(c)." To the best of my knowledge, there are no nonprofit organizations that have been established to provide support to CPRIT on or after June 14, 2013, the effective date of this statutory change. The only nonprofit organization established to provide support to the Institute was the CPRIT Foundation. However, the CPRIT Foundation ceased operations and changed its name and its purpose prior to June 14, 2013. The Institute has received no donations from the CPRIT Foundation made on or after June 14, 2013.

I have reviewed the list of donors to CPRIT maintained by CPRIT's accountant and compared the donors to the list of applicants. No donors to CPRIT have submitted applications for grant awards during the award cycles that are the subject of this report.

Pre-Receipt Compliance:

The activities listed on a compliance pedigree in the pre-receipt stage cover the period beginning with CPRIT's approval and issuance of the Request for Application (RFA) through the submission of grant applications. For the period covering these RFA's, CPRIT's administrative rules require that RFAs be publicly posted in the *Texas Register*. The RFA specifies a deadline and mandates that only those applications submitted electronically through CPRIT's Application Receipt System (CARS) are eligible for consideration. CARS blocks an application from being submitted once the deadline passes. Occasionally, an applicant may have technical difficulties that prevent the applicant from completing application submission. When this occurs, the applicant may appeal to CPRIT (through the CPRIT Helpdesk that is managed by SRA) to allow for a submission after the deadline. The program officer considers any appeals and may approve a late filing for good cause. When a late filing request is approved, the appellee is notified and CARS is reopened for a brief period – usually two to three hours – the next business day.

Academic Research:

For Cycle 16.10, nine applications were received in response to the Recruitment of First-Time, Tenure Track Faculty Members RFA and four applications were received in response to the Recruitment of Established Investigators RFA. I reviewed the application pedigrees for each of the 13 research grant applicants that underwent peer review. All of the Academic Research RFA's were posted in the Texas Register. All of the applicants registered through CARS and submitted applications by the deadline. No applicants requested an extension.

Prevention:

A total of 44 applications were received for Cycle 16.2: six applications were received in response to the Competitive Continuation/Expansion – Evidence-Based Cancer Prevention Services RFA, 20 applications were received in response to the Evidence-Based Prevention Services RFA, four applications were received in response to the Evidence-Based Prevention Services – Colorectal Cancer Prevention Coalition RFA, four applications were received in response to the Evidence-Based Cancer Prevention Services – See, Test, and Treat® Program RFA, three applications were received in response to the Dissemination of CPRIT-Funded Cancer Control Interventions RFA, and seven application were received in response to the Cancer Prevention Promotion and Navigation to Clinical Services RFA.

The RFAs were published in the Texas register and all applications were submitted through CARS. One applicant requested an extension to submit the application after the deadline. The program officer determined that good cause supported the request and the deadline was extended. The application that received the extension was not recommended for a grant award.

Receipt, Referral, and Assignment Compliance:

Once applications have been submitted through CARS, SRA staff reviews the applications for compliance with RFA directions. If an applicant does not comply with the directions, SRA notifies the program officer and the program officer makes the final decision to administratively withdraw the application. The peer review panel chair assigns applications to peer review primary reviewers. Prior to distribution of the applications, reviewers are given summary information about the applicant, including the Project Director and collaborators. Reviewers must sign a conflict of interest agreement and confirm that they do not have a conflict of interest with the application before they are provided with the full application.

The pedigrees attest that a conflict of interest statement was signed by each primary reviewer for each grant application.

Peer Review:

Primary reviewers (typically three) must submit written critiques for each of their assigned applications prior to the peer review meeting. After the peer review meetings, a final score report from the review panel is delivered to the Review Council for additional review. Following the peer review meetings, each participating peer reviewer must sign a post-review peer review statement certifying that the reviewer knew of and understood CPRIT's conflict of interest policy and followed the policy for this review process.

Academic Research:

For the Recruitment Awards, the applications are only reviewed by the Scientific Review Council (SRC), which assigns two members of the SRC to be primary reviewers. I reviewed the peer reviewer critiques and supporting documentation, such as the sign-out sheets and post-review peer reviewer statements. Sign out sheets are used to document when a reviewer with a conflict of interest associated with a particular application leaves the room (or disengages from the conference call) during the discussion and scoring of the application. A conflict of interest was declared for one recruitment application reviewed by the SRC. The reviewer disengaged from the conference call and did not participate in the discussion of the application.

I also reviewed and confirmed that the post review conflict of interest statements were signed by peer review members as well as the six SRC members that attended the SRC meeting on May 26, 2016.

Prevention:

Prevention applications are reviewed by peer review panels and then sent to the Prevention Review Council (PRC). A conflict of interest was declared for one application reviewed by Prevention Panel 1. The reviewer with the conflict of interest did not participate in review of that application, which is documented by SRA.

I reviewed and confirmed that the post review conflict of interest statements were signed by peer review members for both panels as well as the three PRC members that attended the PRC meeting on July 1, 2016.

Programmatic Review:

Programmatic review is conducted by the Scientific Review Council (SRC) and Prevention Review Council (PRC) for their respective awards. The Review Councils create the final list of grant applications it will recommend to the Program Integration Committee (PIC) for each grant award slate.

To the extent that any Review Council member identified a conflict of interest, I reviewed documentation confirming that the Review Council member did not participate in the discussion or vote on the application(s).

I also reviewed the third-party observer reports for each review panel and Review Council meeting. The third-party observer reports document that the panel and Review Council discussions were limited to the merits of the applications and established evaluation criteria and that conflicted reviewers exited the room or the conference call when the application was discussed.

For the Academic Research awards and Prevention awards, I reviewed and confirmed that the Review Council recommendations corresponded to RFAs that have been released. I also confirmed that the pedigrees reflect the date of the Review Council meeting and that the applications were recommended by the Review Council.

Research:

Pursuant to 25 T.A.C. § 702.19, Wayne Roberts, Chief Executive Officer, granted Dr. Willson, Chief Scientific Officer, a waiver from the general prohibition against communicating with applicant institutions. The waiver allowed Dr. Willson to discuss with applicant institutions CPRIT's plan for reviewing recruitment applications submitted in April, May, or June of this year and projected timelines for final decisions. The time-sensitive nature of recruitment offers, especially during the traditional summer recruiting season, necessitates CPRIT feedback on the status of the pending applications. Dr. Willson has not and will not discuss the individual merits of the pending applications with applicant institutions. Notice of this waiver was sent to the Oversight Committee on June 27, 2016.

Prevention:

Some applications with more favorable or equivalent scores to applications that were recommended for awards did not move forward to the PIC. As allowed in 25 T.A.C § 703.6(d)(1), the Prevention Review Council's numerical rank order is substantially based on the final overall evaluation score, but also takes into consideration how well the grant

application achieves program priorities and the overall program portfolio. The Prevention Review Council's recommendations considered geographical impact, cancer site of the applications as compared to the overall Prevention portfolio, and cost. The letter and rank order list from the Prevention Review Council's Chair explains why some recommended grant applications were ranked ahead of an application with a more favorable score as required by 25 T.A.C. § 703.6(d)(2)(B). It is noted that the PRC carried forward two applications in November 2015 to a later day in FY2016. At their meeting on July 1, 2016, the PRC reconsidered the two carried forward applications and voted not to recommend the applications to the PIC. The two applications have scores equal to or better than applications that are recommended to the PIC for the current cycle 16.2. However, as explained above, the PRC acted pursuant to 25 T.A.C § 703.6(d)(1), and cited reasons for not recommending the carried forward applications.

Program Integration Committee Review:

Texas Health & Safety Code § 102.051(d) requires the Chief Compliance Officer to attend and observe the PIC meetings to ensure compliance with CPRIT's statute and administrative rules. CPRIT's statute requires that, at the time the PIC's final Grant Award recommendations are formally submitted to the Oversight Committee, the Chief Executive Officer shall prepare a written affidavit for each Grant Application recommended by the PIC containing relevant information related to the Grant Application recommendations.

I attended the August 2, 2016, PIC meeting as an observer and confirm that the PIC review process complied with CPRIT's statute and administrative rules. The PIC considered 26 applications and voted to recommend all 26 applications to the Oversight Committee. A review of the CEO affidavits confirms that such affidavits were executed and provided for each Grant Application recommendation.

The 26 applications voted on by the PIC include seven applications that were deferred at the May 3, 2016, PIC meeting. Texas Administrative Code § 703.7 allows the PIC to defer applications to a later meeting date within a fiscal year. At the August 2nd meeting, the PIC voted to recommend those seven applications to the Oversight Committee. Two of the seven are Core Facility Support Awards recommendations and the remaining five are Multi-Investigator Research Awards recommendations. Additionally, the PIC voted to reduce the budgets of the five Multi-Investigator Research Awards by 20% each. The reduction in award amounts was recommended by the Chief Scientific Officer.

| Category | Compliance Requirement | Information | Attestation Date | Attesting Party |
|--------------------------------------|---|---------------|------------------|-----------------|
| 1. Pre-Receipt | RFA Approved by CSO | DATE | | |
| | RFA published in Texas Register | DATE | | |
| | CPRIT Application Receipt Cycle opened | DATE | | |
| | CPRIT Application Receipt Cycle closed | DATE | | |
| | Date application submitted | DATE | | |
| | Method of submission | CARS | | |
| | Within receipt period | YES | | |
| 2. Receipt, Referral, and Assignment | Administrative review notification | DATE or N/A | | |
| | Donation(s) made to CPRIT/foundation | YES/NO | | |
| | Assigned to primary reviewers | DATE | | |
| | Applicant notified of review panel assignment | DATE | | |
| | Primary Reviewer 1 COI signed | DATE | | |
| | Primary Reviewer 2 COI signed | DATE | | |
| 3. Peer Review Meeting | Primary Reviewer 1 critique submitted | DATE | | |
| | Primary Reviewer 2 critique submitted | DATE | | |
| | COI indicated by non-primary reviewer | NAME or NONE | | |
| | COI recused from participation | YES/NO or N/A | | |
| | Discussed at Peer Review Meeting | YES/NO or N/A | | |
| | Peer Review Meeting | DATE | | |
| | Post review statements signed | DATE | | |
| | Third Party Observer Report | DATE | | |
| | Score report delivered to CSO | DATE | | |
| | Recommended for SRC Review | YES/NO | | |
| 4. Final SRC Recommendation | COI indicated by SRC member | NAME or NONE | | |
| | COI recused from participation | YES/NO or N/A | | |
| | SRC Meeting | DATE | | |
| | Third Party Observer Report | DATE | | |
| | Recommended for grant award | YES/NO | | |
| | SRC Chair Notification to PIC and OC | DATE | | |
| 5. PIC Review | Applicant not employed by grantee prior to SRC date | YES/NO or N/A | | |
| | COI indicated by PIC member | NAME or NONE | | |
| | COI recused from participation | YES/NO or N/A | | |
| | PIC review meeting | DATE | | |
| | Recommended for grant award | YES/NO | | |
| 6. Oversight Committee Approval | CEO Notification to Oversight Committee | DATE | | |
| | COI indicated by Oversight Committee member | NAME or NONE | | |
| | COI recused from participation | YES/NO or N/A | | |
| | Donation(s) made to CPRIT/foundation | YES/NO | | |
| | Presented to CPRIT Oversight Committee | DATE | | |
| | Award approved by Oversight Committee | YES/NO | | |
| | Authority to advance funds requested | YES/NO | | |
| | Advance authority approved by Oversight Committee | YES/NO | | |

Compliance Certification

Academic Research Supporting Information

Items

Review Council Chairman Letter –

- Core Facility Support Awards
- Multi-Investigator Research Awards

Review Council Chairman Letter –

- Recruitment of First-Time, Tenure-Track Faculty Members

25 T.A.C. § 702.19 Waiver



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

Ludwig Institute for
Cancer Research Ltd

March 29, 2016

Richard D. Kolodner
Ph.D.

Director, San Diego Branch

Head, Laboratory of
Cancer Genetics
San Diego Branch

Distinguished Professor of
Cellular & Molecular
Medicine, University of
California San Diego School
of Medicine

rkolodner@ucsd.edu

San Diego Branch
UC San Diego School of
Medicine
CMM-East / Rm 3058
9500 Gilman Dr - MC 0669
La Jolla, CA 92093-0669

T 858 534 7804
F 858 534 7750

Mr. Pete Geren
Oversight Committee Presiding Officer
Cancer Prevention and Research Institute of Texas
Via email to pgerpr@sidrichardson.org

Mr. Wayne R. Roberts
Chief Executive Officer
Cancer Prevention and Research Institute of Texas
Via email to wroberts@cpriti.state.tx.us

Dear Mr. Geren and Mr. Roberts,

The Scientific Review Council (SRC) is pleased to submit this list of research grant recommendations for the **16.2 Core Facilities Support Awards, High-Impact, High-Risk (HIHR) Research Awards, Multi-Investigator Research Awards (MIRA)** grant mechanisms. The SRC met on Tuesday, March 29, 2016 to consider the applications recommended by the peer review panels following their meetings that were held March 9 – March 16, 2016. During the SRC discussion, it was determined that one MIRA (RP160840) received project scores that were not reflected in the overall score, and it was recommended that this application not be moved forward for funding. This resulted in some applications being recommended for grant awards that received scores less favorable than this one application. The applications on the attached list are numerically ranked in the order the SRC recommends the applications be funded after adjustments were made based on success rates.

Recommended funding amounts and the overall evaluation score are stated for each grant application. The SRC accepted the recommendations of the peer review panels concerning adjustments to three grant applications. These adjustments with justifications are listed at the end of the list of recommended projects. The total amount for the applications recommended is \$81,773,066.

These recommendations meet the SRC's standards for grant award funding. These standards include selecting innovative research projects addressing critically important questions that will significantly advance knowledge of the causes, prevention, and/or treatment of cancer, and exceptional potential for achieving future impact in basic, translational, population-based, or clinical research.

Sincerely yours,



Richard D. Kolodner, Ph.D.
Chair, CPRIT Scientific Review Council

Attachment

Academic Research Supporting Information

| Rank | App ID | Organization/Company | Application Title | Budget | Mech | Overall Score |
|------|-------------|--|---|-------------|------|---------------|
| 1 | RP160805 | Baylor College of Medicine | Preclinical Candidate Discovery Core | \$5,999,997 | CFSA | 1.6 |
| 2 | RP160813 | Acelerox | Nanoparticle Prophylaxis for Protection from Chemotherapy Ototoxicity | \$195,665 | HIHR | 1.8 |
| 3 | RP160795 | Baylor College of Medicine | A "Pap smear" for ovarian cancer | \$200,000 | HIHR | 1.8 |
| 4 | RP160657 | The University of Texas at Austin | Targeted Therapeutic Drug Discovery & Development Program | \$4,982,636 | CFSA | 1.9 |
| 5 | RP160776 | The University of Texas at Austin | Rapid Molecular Diagnosis of Lung Cancer Biopsies by Ambient Ionization Mass Spectrometry | \$200,000 | HIHR | 1.9 |
| 6 | RP160884 | Baylor College of Medicine | RNA processing stress: a new therapeutic entry point in triple-negative breast cancer | \$200,000 | HIHR | 2.0 |
| 7 | RP160847 | Texas A&M Engineering Experiment Station | A Body Coil for MR Imaging and Spectroscopy of Cancer at 7 Tesla | \$200,000 | HIHR | 2.0 |
| 8 | RP160732 | The University of Texas Health Science Center at San Antonio | UTHSCSA Cancer Genome Sequencing and Computation Core | \$3,680,756 | CFSA | 2.0 |
| 9 | RP160652 | The University of Texas M. D. Anderson Cancer Center | Defining and Defeating Mechanistic Subtypes of KRAS-mutant Lung Cancers | \$7,476,300 | MIRA | 2.0 |
| 10 | RP160668* | The University of Texas M. D. Anderson Cancer Center | Pathogenesis and Early Progression of Lung Cancer | \$5,757,844 | MIRA | 2.0 |
| 11 | RP160834 | Texas A&M University | Integrated-cavity-enhanced pre-screening for lung cancer | \$200,000 | HIHR | 2.1 |
| 12 | RP160842 | Texas A&M University System Health Science Center | Novel roles for NIK in high-grade glioma: regulation of mitochondrial dynamics to control cell migration and invasion | \$200,000 | HIHR | 2.1 |
| 13 | RP160716 | The University of Texas Health Science Center at San Antonio | Texas Pediatric Patient Derived Xenograft Facility | \$5,079,843 | CFSA | 2.1 |
| 14 | RP160713 | The University of Texas Southwestern Medical Center | Amino Acid Sensing: Directing Cell Growth through mTORC1 | \$198,983 | HIHR | 2.1 |
| 15 | RP160693 | The University of Texas M. D. Anderson Cancer Center | Acute Myeloid Leukemia in the Immunosuppressed Microenvironment | \$7,500,000 | MIRA | 2.2 |
| 16 | RP160739 | The University of Texas M. D. Anderson Cancer Center | Targeting Histone Acetylation Readers in MLL-translocated Leukemias | \$200,000 | HIHR | 2.2 |
| 17 | RP160661** | The University of Texas Southwestern Medical Center | Towards Carbon Beam Stereotactic Body Radiation Therapy (C-SBRT) for Higher Risk Early Stage Lung Cancer | \$5,129,867 | MIRA | 2.2 |
| 18 | RP160667*** | The University of Texas M. D. Anderson Cancer Center | DNA-Protein Crosslink Repair Pathways and Cancer Therapy | \$6,376,645 | MIRA | 2.4 |
| 19 | RP160822 | Texas AgriLife Research | Exploring Geminivirus-encoded suppressor of histone methyltransferases as an anti-cancer drug | \$199,958 | HIHR | 2.5 |
| 20 | RP160866 | The University of Texas at Dallas | Renal Clearable Nanodelivery System for Triple Negative Breast Cancer Therapy | \$200,000 | HIHR | 2.6 |
| 21 | RP160710 | The University of Texas M. D. Anderson Cancer Center | A Randomized Clinical Trial Platform with Translational Studies to Overcome Resistance in Triple Negative Breast Cancer | \$7,497,096 | MIRA | 2.6 |
| 22 | RP160806 | Texas Tech University | Development of high throughput technology to identify drugs for muscle wasting during cancer | \$199,995 | HIHR | 2.7 |
| 23 | RP160674 | The University of Texas Medical Branch at Galveston | Comparative Effectiveness Research on Cancer in Texas (CERCIT) 2.0 | \$7,500,000 | MIRA | 2.7 |
| 24 | RP160827 | Texas A&M University System Health Science Center | A platform technology for the isolation of anti-cancer monoclonal antibodies from chickens | \$200,000 | HIHR | 2.8 |
| 25 | RP160775 | The University of Texas Health Science Center at Houston | Becoming fatter to survive: cancer cells increase lipid storage to counter metabolic stress | \$200,000 | HIHR | 2.8 |

| | | | | | | |
|----|---------------|--|---|-------------|------|-----|
| 26 | RP160771**** | Baylor College of Medicine | The Adolescent and Childhood Cancer Epidemiology and Susceptibility Service (ACCESS) for Texas | \$6,000,000 | CFSA | 2.9 |
| 27 | RP160844***** | The University of Texas at San Antonio | Center for Innovative Drug Discovery: Enhancement of a Shared Cancer Resource for South Texas | \$4,598,728 | CFSA | 2.9 |
| 28 | RP160841 | The University of Texas Health Science Center at San Antonio | Targeting EWS-FLI-1 for degradation | \$200,000 | HIHR | 2.9 |
| 29 | RP160765 | Texas A&M University System Health Science Center | An unlikely therapeutic target for malignant bone disease: Dkk-1 activates a stress resistance mechanism in bone tumor cells | \$200,000 | HIHR | 3.1 |
| 30 | RP160852 | Texas State University - San Marcos | Chemo-preventive Approach to Cancer Exploiting a Presumptive Link between Genomic Instability and Structural Stability of non-B DNA Sequences | \$200,000 | HIHR | 3.1 |
| 31 | RP160770 | The University of Texas at Dallas | Optical opening of blood-brain barrier for brain tumor drug delivery by plasmonic nanobubbles | \$200,000 | HIHR | 3.1 |
| 32 | RP160819 | Texas AgriLife Research | Quantitative mapping of intracellular protein-protein interactomes in healthy and cancerous cells | \$198,753 | HIHR | 3.2 |
| 33 | RP160704 | The University of Texas at Austin | High affinity therapeutic mimotope antibodies to the oncogenic Epidermal Growth Factor Receptor | \$200,000 | HIHR | 3.2 |
| 34 | RP160763 | The University of Texas Health Science Center at Houston | Targeting multiple myeloma stem cell niche | \$200,000 | HIHR | 3.2 |

*RP160668 - The peer review panel recommended the deletion of Project 4 from the MIRA application. As a result, the funds dedicated to that project were removed from the budget for a revised total of \$5,757,844. The final score was based on revised scope with the deletion of Project 4.

**RP160661 - The peer review panel recommended the deletion of Project 3 and Project 4 from the MIRA application. As a result, the funds dedicated to those projects was removed from the budget for a revised total of \$5,129,867. The final score was based on revised scope with the deletion of Projects 3 and 4.

***RP160667 - The peer review panel recommended changes to the MIRA application by modifying Project 2 by deleting Aim 3 and reducing the budget by the amount dedicated to that project. Additionally, the panel recommended reducing the budget for Core 1 by 25%. Finally, the panel recommended reducing Core 2 by \$20,000. These changes resulted in a revised budget totaling of \$6,376,645. The final score was

****RP160771 - The peer review panel recommended the overall budget be reduced to the allowable \$6,000,000 for entire funding period. One required reduction is \$500,000 (\$100,000/year) for pilot projects that were not substantiated. Other reductions can be made based on budget negotiations with CPRIT.

*****RP160844 - The peer review panel recommended reducing the personnel budget by 1/3 (\$507,155), removing \$150,000 for pilot projects, and \$100,000 for a software suite. The revised budget total is \$4,598,728. The final score was based on these budget reductions.

CFSA - Core Facilities Support Awards

HIHR - High-Impact/High-Risk Research Awards

MIRA - Multi-Investigator Research Awards

Ludwig Institute for
Cancer Research Ltd

Richard D. Kolodner
Ph.D.

Director, San Diego Branch

Head, Laboratory of
Cancer Genetics
San Diego Branch

Distinguished Professor of
Cellular & Molecular
Medicine, University of
California San Diego School
of Medicine

rkolodner@ucsd.edu

San Diego Branch
UC San Diego School of
Medicine
CMM-East / Rm 3058
9500 Gilman Dr - MC 0669
La Jolla, CA 92093-0669

T 858 534 7804
F 858 534 7750

May 26, 2016

Mr. Pete Geren
Oversight Committee Presiding Officer
Cancer Prevention and Research Institute of Texas
Via email to pgcpnit@sidrichardson.org

Mr. Wayne R. Roberts
Chief Executive Officer
Cancer Prevention and Research Institute of Texas
Via email to wroberts@cprnit.state.tx.us

Dear Mr. Geren and Mr. Roberts,

The Scientific Review Council (SRC) is pleased to submit this list of recruitment grant recommendations. The SRC met on Thursday, May 26, 2016 to consider the applications submitted to CPRIT under the Recruitment for First-Time Tenure Track Faculty Members, Recruitment of Rising Stars and Recruitment of Established Investigators requests for applications for Recruitment Cycle REC 16.10. Please note that the SRC has not made final award decisions for all grant applications in Cycle 16.10. The SRC is aware that there are limited grant funds available for the remainder of FY 2016 and have put forward only those grant award recommendations that will meet but not exceed the funds available for FY 2016.

The projects on the attached list are numerically ranked in the order the SRC recommends the applications be funded. Recommended funding amounts and the overall evaluation scores are stated for each grant applications. There were no recommended changes to funding amounts, goals, timelines, or project objectives requested. The total amount for the applications recommended for this cycle is \$10,000,000.

These recommendations meet the SRC's standards for grant award funding. These standards include selecting candidates at all career levels that have demonstrated academic excellence, innovation, excellent training, a commitment to cancer research and exceptional potential for achieving future impact in basic, translational, population based or clinical research.

Sincerely yours,



Richard D. Kolodner, Ph.D.
Chair, CPRIT Scientific Review Council

Attachment

Academic Research Supporting Information

| Rank | App ID | Candidate | Mechanism | Organization | Budget | Overall Score |
|------|-----------|-------------------|-----------|---|-------------|---------------|
| 1 | RR 160078 | Mazur, Pawel | RFTFM | The University of Texas M.D. Anderson Cancer Center | \$2,000,000 | 1.00 |
| 2 | RR160075 | Zang, Cheng-Zhong | RFTFM | The University of Texas Southwestern Medical Center | \$2,000,000 | 1.00 |
| 3 | RR160067 | Kapoor, Prabodh | RFTFM | The University of Texas Health Center at Tyler | \$2,000,000 | 1.70 |
| 4 | RR160070 | Chaumeil, Myriam | RFTFM | The University of Texas Southwestern Medical Center | \$2,000,000 | 2.00 |
| 5 | RR160066 | Nielsen, Alec | RFTFM | Rice University | \$2,000,000 | 2.00 |

*RFTFM: Recruitment of First-Time Tenure Track Faculty Members



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

MEMORANDUM

TO: OVERSIGHT COMMITTEE MEMBERS
FROM: WAYNE R. ROBERTS, CHIEF EXECUTIVE OFFICER
CC: VINCE BURGESS, CHIEF COMPLIANCE OFFICER
SUBJECT: T.A.C. § 702.19 WAIVER
DATE: JUNE 27, 2016

This is to notify the Oversight Committee that pursuant to the authority provided to the Chief Executive Officer in T.A.C. § 702.19(e), I grant Dr. Jim Willson, CPRIT's Chief Scientific Officer, a waiver from the general prohibition against communicating with applicant institutions submitting recruitment grant award applications to CPRIT between April - June. No Oversight Committee action is necessary regarding the waiver.

CPRIT administrative rule § 702.19 prohibits substantive communication between the grant applicant and a member of the peer review panel, the Program Integration Committee, or the Oversight Committee while the application is pending a final decision. The restriction on communication is one way that CPRIT prevents even the appearance of unequal treatment during the grant review process.

I approve Dr. Willson's communication waiver to allow discussions with applicant institutions about CPRIT's plan for reviewing recruitment applications submitted in April, May or June of this year and a projected timeline for final decisions. Due to limited grant funding available for the remainder of FY 2016, the Scientific Review Council (SRC) will not make final recommendations for recruitment applications undergoing SRC review in May – July until after September 1, the start of FY 2017. The time-sensitive nature of recruitment offers, especially during the traditional summer recruiting season, necessitates CPRIT feedback on the status of the pending applications. Dr. Willson has spoken with three applicant institutions regarding five pending recruitment applications (RR160075, RR160070, RR160078, RR160077, and RR160067). Dr. Willson has not and will not discuss the individual merits of the pending applications with applicant institutions.

This waiver will be part of the grant record for these applications. The waiver will be publicly available when the Oversight Committee considers the applications.

Prevention Supporting Information

Items

- Review Council Chairman Letter – p.91
- Cancer Prevention Promotion and Navigation to Clinical Services
 - Competitive Continuation/Expansion - Evidence-Based Cancer Prevention Services
 - Dissemination of CPRIT-Funded Cancer Control Interventions
 - Evidence-Based Cancer Prevention Services
 - Evidence-Based Cancer Prevention Services - See, Test & Treat® Program
 - Evidence-Based Cancer Prevention Services - Colorectal Cancer Prevention Coalition



Pete Geren
Oversight Committee Presiding Officer
Cancer Prevention and Research Institute of Texas
Via email to pgcpnit@sidrichardson.org

Wayne R. Roberts
Chief Executive Officer
Cancer Prevention and Research Institute of Texas
Via email to wroberts@cprnit.texas.gov

Dear Mr. Geren and Mr. Roberts,

On behalf of the Prevention Review Council (PRC), I am pleased to provide the PRC's recommendations for CPRIT Prevention grant awards. The applicants on the attached list of submitted proposals responded to CPRIT requests for applications (RFA) released for the second review cycle of FY2016. These recommendations reflect 50+ hours of work by individual reviewers and include panel discussion of the applicants' proposals, in addition to the PRC's programmatic review.

The projects are numerically ranked in the order the PRC recommends the applications be funded. Recommended funding amounts and the overall evaluation score are provided for each grant application. The PRC did not make changes to the goals, timelines, or project objectives requested by the applicants. When the PRC did not follow the rank ordered scores in developing its recommended funding order, justification was provided and was based upon established programmatic priorities outlined in the RFAs.

The projected funding available for this fiscal year is \$13,793,613. The PRC recommends that the budget of one application, PP160103, be reduced from the requested \$3,155,337 to \$2,100,000 due to the overlap with the infrastructure of this applicant's other funded projects. The total recommended by the PRC is \$13,690,454.

All of the recommended grants address one or more of the Prevention Program priorities. Our recommendations meet the PRC's standards for grant award funding of projects that are evidence-based, deliver programs or services to underserved populations, and focus on primary, secondary or tertiary prevention. In making these recommendations the PRC also considered the available funding, the composition of the current portfolio, and the programmatic priorities in the RFA which include potential for impact and return on investment, geographic distribution, cancer type and type of program.

Sincerely,

Stephen W. Wyatt, DMD, MPH
Chair, CPRIT Prevention Review Council

Pete Geren
Oversight Committee Presiding Officer
Cancer Prevention and Research Institute of Texas
Via email to pgcpriti@sidrichardson.org

Wayne R. Roberts
Chief Executive Officer
Cancer Prevention and Research Institute of Texas
Via email to wroberts@cpriti.texas.gov

Dear Mr. Geren and Mr. Roberts,

On July 8, 2016 I forward a transmittal letter and spreadsheet with the PRC's recommendations for FY 16.2 CPRIT Prevention grant awards. The projects were numerically ranked in the order the PRC recommends the applications be funded. When the PRC did not follow the rank ordered scores in developing its recommended funding order, justification was provided in the spreadsheet for the projects that were taken out of score order and not being recommended. However, it has come to my attention that we should have provided justification for the projects that are being recommended instead of justification for those not recommended.

The revised spreadsheet includes our justification for the projects being proposed and the projects not recommended have been removed from the list. The recommendations and rank order remain the same.

Please let me know if you have any questions. I apologize for any confusion.

Sincerely,

Stephen W. Wyatt, DMD, MPH
Chair, CPRIT Prevention Review Council

| Application ID | Mech | Application Title | Applicant Name | Organization | Total Funding Requested | Average Overall Score | Rank Order | PRC Recommendation Justifications |
|-------------------|------|--|----------------------------|---|-------------------------|-----------------------|------------|--|
| PP160081 | DI | Statewide Dissemination of the "Taking Texas Tobacco Free" Workplace Program | Reitzel, Lorraine R | University of Houston | \$299,981 | 1.6 | 1 | |
| PP160116 | STT | Lone Star Community Health Center, Inc. 2016 See, Test & Treat Program | McKernan, Stephen | Lone Star Community Health Center, Inc. dba Lone Star Family Health | \$23,602 | 1.7 | 2 | |
| PP160079 | EBP | Leveraging a Community Network for Cancer Prevention to Increase HPV Vaccine Uptake and Completion among Pediatric Patients in a Safety Net Healthcare Setting | Jibaja-Weiss, Maria L | Baylor College of Medicine | \$1,161,015 | 1.8 | 3 | |
| PP160093 | DI | Access for Breast Care for West Texas (ABC4WT)Development of a Replication Model for Dissemination and Implementation | Layeequr Rahman, Rakshanda | Texas Tech University Health Sciences Center | \$299,785 | 1.9 | 4 | |
| PP160058 | CCE | Postpartum administration of HPV vaccine: Strategies to increase initiation and series completion among low income women across Southeast Texas | Berenson, Abbey B | The University of Texas Medical Branch at Galveston | \$1,496,111 | 2.1 | 5 | |
| PP160075 | EBP | Implementation an Evidence-Based Colorectal Cancer Screening Outreach Program among Socioeconomically Disadvantaged Patients in a Safety Net | Singal, Amit | The University of Texas Southwestern Medical Center | \$1,499,826 | 2.3 | 6 | recommended out of rank order due to ROI and type of program |
| PP160110 | PN | Use of Genetic Patient Navigators to Help Mutation Carriers Comply with the NCCN Guidelines and to Enable Healthy Behaviors | Ross, Theodora S | The University of Texas Southwestern Medical Center | \$399,954 | 2.5 | 7-tie | recommended out of rank order due to ROI, geography, and type of service |
| PP160080 | EBP | Promoting HPV vaccination among Hispanic adolescents and young adults using Health Care System-Based Interventions and Community Outreach | Morales-Campos, Daisy Y | The University of Texas Health Science Center at San Antonio | \$1,302,955 | 2.5 | 7-tie | recommended out of rank order due to geography, population served, and type of program |
| PP160122 | EBP | Reducing Racial/Ethnic Disparities in CRC Screening: A Comprehensive EMR-Based Patient Navigation Program Including Technology-Driven CRC Outreach and Education | Rustveld, Luis | Baylor College of Medicine | \$1,477,698 | 2.5 | 7-tie | recommended out of rank order due to ROI and type of program |
| PP160105 | STT | Implementing a See, Test & Treat Program in Sunnyside Health Center to Provide Free Cervical and Breast Cancer Screening and Medical Home for Underserved Women | Coffey, Donna M | Houston Methodist | \$24,522 | 2.7 | 10 | recommended out of rank order due to ROI |
| PP160121 | EBP | Promoting Activity in Cancer Survivors (PACES): An active living intervention for breast cancer survivors | Trivedi, Madhukar H | The University of Texas Southwestern Medical Center | \$1,365,226 | 2.9 | 11 | recommended out of rank order due to type of program and population served |
| PP160097 | EBP | School-Based Human Papillomavirus Vaccination Program in the Lower Rio Grande Valley | Rodriguez, Ana M | The University of Texas Medical Branch at Galveston | \$747,727 | 3.5 | 12 | recommended out of rank order due to geography and type of program |
| PP160089 | EBP | PREVENT HCC – through Screening, Vaccination and Treatment of Viral Hepatitis | Mittal, Sahil | Baylor College of Medicine | \$1,492,052 | 3.7 | 13 | recommended out of rank order due to cancer type |
| PP160103 | CRC | Detecting Unaffected Individuals for Lynch Syndrome (DUAL): Screening, Diagnosis and NavigationNavigation | Ross, Theodora S | The University of Texas Southwestern Medical Center | \$2,100,000 | 2.3 | 14 | recommended out of rank order due to geographyand type of program |
| TOTAL RECOMMENDED | | | | | \$ 13,690,454 | | | |



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO Affidavit Supporting Information

FY 2016—Cycle 2
Core Facilities Support Awards

Request for Applications



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

REQUEST FOR APPLICATIONS
RFA R-16-CFSA-2

Core Facilities Support Awards

**Please also refer to the “Instructions for Applicants” document, which
will be posted August 11, 2015.**

Application Receipt Opening Date: August 11, 2015

Application Receipt Closing Date: October 13, 2015

FY 2016

Fiscal Year Award Period

September 1, 2015–August 31, 2016

TABLE OF CONTENTS

| | |
|---|-----------|
| 1. ABOUT CPRIT | 4 |
| 1.1. RESEARCH PROGRAM PRIORITIES | 4 |
| 2. RATIONALE | 4 |
| 3. RESEARCH OBJECTIVES | 5 |
| 4. FUNDING INFORMATION | 5 |
| 5. ELIGIBILITY | 6 |
| 6. RESUBMISSION POLICY | 8 |
| 7. RENEWAL POLICY | 8 |
| 8. RESPONDING TO THIS RFA | 8 |
| 8.1. APPLICATION SUBMISSION GUIDELINES | 8 |
| 8.1.1. Submission Deadline Extension | 9 |
| 8.2. APPLICATION COMPONENTS | 9 |
| 8.2.1. Abstract and Significance (5,000 characters) | 9 |
| 8.2.2. Layperson's Summary (2,000 characters) | 9 |
| 8.2.3. Goals and Objectives | 10 |
| 8.2.4. Timeline (1 page) | 10 |
| 8.2.5. Institutional Support (2 pages) | 10 |
| 8.2.6. Resubmission Summary (1 page) | 10 |
| 8.2.7. Core Facility Plan (5 pages) | 11 |
| 8.2.8. Vertebrate Animals and/or Human Subjects (1 page) | 11 |
| 8.2.9. Publications/References | 11 |
| 8.2.10. Budget and Justification | 11 |
| 8.2.11. User Group (8 pages) | 12 |
| 8.2.12. Biographical Sketches (2 pages each) | 12 |
| 8.2.13. Current and Pending Support | 13 |
| 8.2.14. Institutional/Collaborator Support and/or Other Certification (4 pages) | 13 |
| 8.2.15. Previous Summary Statement | 13 |
| 9. APPLICATION REVIEW | 13 |
| 9.1. REVIEW PROCESS OVERVIEW | 13 |
| 9.2. CONFIDENTIALITY OF REVIEW | 14 |
| 9.3. REVIEW CRITERIA | 15 |
| 9.3.1. Primary Criteria | 15 |
| 9.3.2. Secondary Criteria | 16 |
| 10. KEY DATES | 16 |
| 11. AWARD ADMINISTRATION | 17 |
| 12. REQUIREMENT TO DEMONSTRATE AVAILABLE FUNDS | 18 |
| 13. CONTACT INFORMATION | 18 |
| 13.1. HELPDESK | 18 |
| 13.2. SCIENTIFIC AND PROGRAMMATIC QUESTIONS | 18 |

RFA VERSION HISTORY

Rev 07/06/15 RFA release

1. ABOUT CPRIT

The state of Texas has established the Cancer Prevention and Research Institute of Texas (CPRIT), which may issue up to \$3 billion in general obligation bonds to fund grants for cancer research and prevention.

CPRIT is charged by the Texas Legislature to do the following:

- Create and expedite innovation in the area of cancer research and in enhancing the potential for a medical or scientific breakthrough in the prevention of or cures for cancer;
- Attract, create, or expand research capabilities of public or private institutions of higher education and other public or private entities that will promote a substantial increase in cancer research and in the creation of high-quality new jobs in the state of Texas; and
- Develop and implement the Texas Cancer Plan.

1.1. Research Program Priorities

The Texas Legislature has charged the CPRIT Oversight Committee with establishing program priorities on an annual basis. These priorities are intended to provide transparency in how the Oversight Committee directs the orientation of the agency's funding portfolio. The principles and priorities of the Scientific Research program will guide CPRIT staff, peer reviewers, and the Scientific Review Council on the development and issuance of program-specific Requests for Applications (RFAs) and the evaluation of applications submitted in response to those RFAs. The program priorities for research adopted by the Oversight Committee include funding projects that address the following:

- A broad range of innovative, investigator-initiated research projects;
- Prevention and early detection;
- Rare and intractable cancers, including childhood cancers;
- Cancers of importance in Texas;
- Computational biology and analytic methods; and
- Infrastructure development

2. RATIONALE

Core Facility Support Awards seek to facilitate the development or improvement of core facilities that will provide valuable services to support and enhance scientifically meritorious cancer research projects. A user group of Texas-based investigators must be identified, each of

whom should have supported cancer research projects that will make use of the requested facility. This requirement is not intended to exclude early career-stage investigators who have not yet secured peer-reviewed grant support. Successful applicants should be working in a research environment capable of supporting potentially high-impact cancer studies.

3. RESEARCH OBJECTIVES

CPRIT will foster cancer research in Texas by providing financial support for a wide variety of projects relevant to cancer research. This RFA solicits applications from institutions to establish or enhance core facilities (laboratory, clinical, population-based, or computer-based) that will directly support cancer research programs to advance knowledge of the causes, prevention, and/or treatment of cancer or improve quality of life for patients with and survivors of cancer.

CPRIT expects outcomes of supported activities to directly and indirectly benefit subsequent cancer research efforts, cancer public health policy, or the continuum of cancer care—from prevention to survivorship. To fulfill this vision, applications may address any topic or issue related to cancer biology, causation, prevention, detection or screening, treatment, cure, or quality of life. This award provides cancer researchers access to appropriate research infrastructure, instrumentation, and technical expertise necessary to achieve their research objectives. A wide variety of facilities can be supported, including, but not limited to, chemistry, high-throughput screening, biomedical imaging, proteomics, protein structure, molecular biology, genomics, metabolomics, animal physiology/metabolism, cell sorting, bioengineering, clinical research support, bioinformatics, and the like. Funds may be requested to develop a new facility or to enhance the capabilities of an existing facility that will directly support and impact cancer research programs at the institution and in the region.

4. FUNDING INFORMATION

The maximum duration for this award mechanism is 5 years. Applicants may request a maximum of \$3,000,000 in total costs for the first 2 years and up to \$1,000,000 in total costs for each subsequent year. Exceptions to these limits may be granted, but only if exceptionally well justified. Allowable expenses include the cost of instruments (preferably expended in the first 2 years), installation and/or necessary renovation expenses in the first year (installation/renovation expenses not to exceed 10% of the total first-year request), and maintenance/service contracts. Installation/renovation expenses can be requested in the first year only. Equipment should be purchased within the first 2 years. In addition, applicants may request salary support and fringe benefits for the facility director, data analysts, and technical staff; travel to scientific/technical

meetings or collaborating institutions is also an allowable expense for these individuals. All of these costs and expenses must be prorated for direct use in cancer research efforts. Also allowable are funds to support the use of the facility by qualified cancer research investigators for relevant projects (research supplies and services, clinical research costs, etc). Institutions must describe the process to be used to disburse funds to support use of the facility by cancer investigators. Finally, some fraction of available funds may be used by the facility director for development of new or improved approaches to technical challenges. State law limits the amount of award funding that may be spent on indirect costs to no more than 5% of the total award amount.

5. ELIGIBILITY

- The applicant must be a Texas-based entity. Any not-for-profit institution or organization that conducts research is eligible to apply for funding under this award mechanism. A public or private company is not eligible for funding under this award mechanism; these entities must use the appropriate award mechanism(s) under CPRIT's Product Development Program.
- The Principal Investigator (PI) must be the director of the facility and must have a doctoral degree, including MD, PhD, DDS, DMD, DrPH, DO, DVM, or equivalent, and must reside in Texas during the time the research that is the subject of the grant is conducted. The PI should also hold a faculty position, preferably at the level of associate or full professor or the equivalent.
- This award must be directed by the PI. Co-PIs are not permitted.
- Collaborations are permitted and encouraged, and collaborators may or may not reside in Texas. However, collaborators who do not reside in Texas are not eligible to receive CPRIT funds. Collaborators should have specific and well-defined roles. Subcontracting and collaborating organizations may include public, not-for-profit, and for-profit entities. Such entities may be located outside of the state of Texas, but non-Texas-based organizations are not eligible to receive CPRIT funds. In no event shall equipment purchased under this award leave the state of Texas.
- An institution may submit only 1 new or resubmission application under this RFA during this funding cycle. An exception will be made for institutions submitting applications for core facilities that support research directed toward childhood and adolescent cancer; in this case, institutions may submit 1 childhood and adolescent cancer application and 1 additional application in another aspect of cancer research (new or resubmission). For

purposes of this RFA, an institution is defined as that component of a university system that has a geographically distinct campus. A PI may only resubmit an application that was previously not funded once (see [section 6](#)).

- Support for only 1 facility may be requested per application. Collaborative applications among institutions are permitted. However, such collaboration must not be used as a pretext for supporting more than 1 facility at a given institution. Further, applicants must not attempt to assemble illogical technical combinations and capabilities under one roof. Examples of illogical combinations would include protein mass spectrometry with DNA sequencing or light microscopy with magnetic resonance imaging.
- The coherence of the facility and the ability of the PI/facility director to oversee all of the facility's operations will be critical components of the review process. If support is requested for an existing facility, applicants must make it clear how CPRIT support will enhance its capabilities and improve access for cancer investigators rather than simply replace ongoing institutional support.
- An applicant is eligible to receive a grant award only if the applicant certifies that the applicant institution or organization, including the PI, any senior member or key personnel listed on the grant application, or any officer or director of the grant applicant's institution or organization (or any person related to 1 or more of these individuals within the second degree of consanguinity or affinity), has not made and will not make a contribution to CPRIT or to any foundation specifically created to benefit CPRIT.
- An applicant is not eligible to receive a CPRIT grant award if the applicant PI, any senior member or key personnel listed on the grant application, or any officer or director of the grant applicant's organization or institution is related to a CPRIT Oversight Committee member.
- The applicant must report whether the applicant institution or organization, the PI, or other individuals who contribute to the execution of the proposed project in a substantive, measurable way, whether or not those individuals are slated to receive salary or compensation under the grant award, are currently ineligible to receive federal grant funds because of scientific misconduct or fraud or have had a grant terminated for cause within 5 years prior to the submission date of the grant application.
- CPRIT grants will be awarded by contract to successful applicants. Certain contractual requirements are mandated by Texas law or by administrative rules. Although applicants need not demonstrate the ability to comply with these contractual requirements at the

time the application is submitted, applicants should make themselves aware of these standards before submitting a grant application. Significant issues addressed by the CPRIT contract are listed in [section 11](#) and [section 12](#). All statutory provisions and relevant administrative rules can be found at www.cprit.state.tx.us.

6. RESUBMISSION POLICY

An application previously submitted to CPRIT but not funded may be resubmitted once and must follow all resubmission guidelines. More than 1 resubmission is not permitted. An application is considered a resubmission if the proposed core facility is the same as that presented in the original submission. A change in the identity of the PI for a core facility or a change of title of the facility that was previously submitted to CPRIT does not constitute a new application; the application would be considered a resubmission. This policy is in effect for all applications submitted to date. See [section 8.2.5](#).

7. RENEWAL POLICY

Renewal applications will not be accepted in response to this RFA. Renewal applications should be submitted in response to RFA R-17-CFSA-1.

8. RESPONDING TO THIS RFA

8.1. Application Submission Guidelines

Applications must be submitted via the CPRIT Application Receipt System (CARS) (<https://CPRITGrants.org>). **Only applications submitted through this portal will be considered eligible for evaluation.** The applicant is eligible solely for the grant mechanism specified by the RFA under which the grant application was submitted. The PI must create a user account in the system to start and submit an application. Furthermore, the Authorized Signing Official (ASO) (a person authorized to sign and submit the application for the organization) and the Grants Contract/Office of Sponsored Projects Official (the individual who will manage the grant contract if an award is made) also must create a user account in CARS. Applications will be accepted beginning at 7 AM central time on August 11, 2015, and must be submitted by 3 PM central time on October 13, 2015. **Submission of an application is considered an acceptance of the terms and conditions of the RFA.**

8.1.1. Submission Deadline Extension

The submission deadline may be extended for 1 or more grant applications upon a showing of good cause. A request for a deadline extension based on the need to complete multiple CPRIT or other grants applications will be denied. All requests for extension of the submission deadline must be submitted via email to the CPRIT HelpDesk. Submission deadline extensions, including the reason for the extension, will be documented as part of the grant review process records. Please note that deadline extension requests are very rarely approved.

8.2. Application Components

Applicants are advised to follow all instructions to ensure accurate and complete submission of all components of the application. Please refer to the *Instructions for Applicants* document for details that will be available when the application receipt system opens. Submissions that are missing 1 or more components or do not meet the eligibility requirements listed in [section 5](#) will be administratively rejected without review.

8.2.1. Abstract and Significance (5,000 characters)

Clearly explain the proposed program, including a summary of the facility to be developed, an outline of the goals of the research projects that will be supported, and an overview of institutional infrastructure and commitment. The specific aims of the application must be obvious from the abstract although they need not be restated verbatim from the Core Facility Plan. Clearly address how the proposed project, if successful, will have a major impact on cancer.

Note: It is the responsibility of the applicant to capture CPRIT's attention primarily with the Abstract and Significance statement alone. Therefore, applicants are advised to prepare this section wisely. Applicants should not waste this valuable space by stating obvious facts (eg, that cancer is a significant problem, that better diagnostic and therapeutic approaches are needed urgently, or that the type of cancer of interest to the PI is important, vexing, or deadly).

8.2.2. Layperson's Summary (2,000 characters)

Provide a layperson's summary of the proposed work. Describe, in simple, nontechnical terms, the overall goals of the proposed work, the type(s) of cancer addressed, the potential significance of the results, and the impact of the work on advancing the field of cancer research, early diagnosis, prevention, or treatment. The information provided in this summary will be made publicly available by CPRIT, particularly if the application is recommended for funding.

Do not include any proprietary information in the Layperson's Summary. The Layperson's Summary will also be used by advocate reviewers ([section 9.1](#)) in evaluating the significance and impact of the proposed work.

8.2.3. Goals and Objectives

List specific goals and objectives for each year of the project. These goals and objectives will also be used during the submission and evaluation of progress reports and assessment of project success.

8.2.4. Timeline (1 page)

Provide an outline of anticipated major milestones to be tracked. Timelines will be reviewed for reasonableness, and adherence to timelines will be a criterion for continued support of successful applications. If the application is approved for funding, this section will be included in the award contract. Applicants are advised not to include information that they consider confidential or proprietary when preparing this section.

8.2.5. Institutional Support (2 pages)

Each application must be accompanied by a letter of institutional support from the president or provost or equivalent indicating commitment to the program and certifying that this is the sole application submitted by this institution in response to this RFA. Furthermore, the letter should indicate support of the facility for activities not related to cancer research. An additional letter should be submitted by the person to whom the facility director reports, ensuring that the facility will be operated in a superior fashion and discussing how this will be ascertained.

8.2.6. Resubmission Summary (1 page)

Applicants preparing a resubmission must describe the approach to the resubmission. If a summary statement was prepared for the original application review, applicants are advised to address all noted concerns.

Note: An application previously submitted to CPRIT but not funded may be resubmitted once after careful consideration of the reasons for lack of prior success. Applications that received overall numerical scores of 5 or higher are likely to need considerable attention. Applicants may prepare a fresh Core Facility Plan or modify the original Core Facility Plan and mark the changes.

However, all resubmitted applications should be carefully reconstructed; a simple revision of the prior application with editorial or technical changes is not sufficient, and applicants are advised not to direct reviewers to such modest changes.

8.2.7. Core Facility Plan (5 pages)

Background: Present the rationale and need for the facility, emphasizing the pressing problems in cancer research that will be addressed.

Instrument Details: Provide details of the equipment/instruments, if any, that will be acquired.

Technical Expertise: Describe the qualifications of the facility director and other key personnel that make them suitable to oversee the establishment and operations of the facility.

Administrative Plan: Clearly describe the plan under which the operation, sharing, time allocation, and maintenance of the facility will be administered.

Training Plan: Describe the plan to train users to use the facility and also to evaluate the results obtained.

8.2.8. Vertebrate Animals and/or Human Subjects (1 page)

If vertebrate animals will be used, provide an outline of the appropriate protocols that will be followed. If human subjects or human biological samples will be used, provide a plan for recruitment of subjects or acquisition of samples that will meet the time constraints of this award mechanism.

8.2.9. Publications/References

Provide a concise and relevant list of publications/references cited for the application.

8.2.10. Budget and Justification

Provide a compelling justification of the budget for the entire proposed period of support, including salaries and benefits, supplies, equipment, patient care costs, animal care costs, and other expenses. Applicants are advised not to interpret the maximum allowable request under this award as a suggestion that they should expand their anticipated budget to this level. Reasonable budgets clearly work in favor of the applicant.

However, if there is a highly specific and defensible need to request more than the maximum amount in any year(s) of the proposed budget, include a special and clearly labeled section in the

budget justification that explains the request. Poorly justified requests of this type will likely have a negative impact on the overall evaluation of the application.

In preparing the requested budget, applicants should be aware of the following:

- Equipment having a useful life of more than 1 year and an acquisition cost of \$5,000 or more per unit must be specifically approved by CPRIT. An applicant does not need to seek this approval prior to submitting the application.
- Texas law limits the amount of grant funds that may be spent on indirect costs to no more than 5% of the total award amount (5.263% of the direct costs). Guidance regarding indirect cost recovery can be found in CPRIT's Administrative Rules, which are available at www.cprit.state.tx.us. So-called grants management and facilities fees (eg, sponsored programs fees; grants and contracts fees; electricity, gas, and water; custodial fees; maintenance fees) may not be requested. Applications that include such budgetary items will be rejected administratively and returned without review.
- The annual salary (also referred to as direct salary or institutional base salary) that an individual may receive under a CPRIT award for FY 2016 is \$200,000; CPRIT FY 2016 is from September 1, 2015, through August 31, 2016. Salary does not include fringe benefits and/or facilities and administrative costs, also referred to as indirect costs. An individual's institutional base salary is the annual compensation that the applicant organization pays for an individual's appointment, whether that individual's time is spent on research, teaching, patient care, or other activities. Base salary excludes any income that an individual may be permitted to earn outside of his or her duties to the applicant organization.

8.2.11. User Group (8 pages)

Provide concise descriptions of the research projects of major users of the facility. Provide a tabular summary of all users of the requested facility. List the names of all researchers, their academic appointment and affiliation, funded project title(s)/number(s) (wherever applicable), a brief description of the project(s), and approximate percentage use of the facility for direct use in cancer research efforts.

8.2.12. Biographical Sketches (2 pages each)

The PI should provide a biographical sketch that describes his/her education and training, professional experience, awards and honors, and publications relevant to cancer research.

A biographical sketch must be provided for the PI (as required by the online application receipt

system). Up to 5 additional biographical sketches for key personnel from the user group may be provided. Each biographical sketch must not exceed 2 pages.

8.2.13. Current and Pending Support

Describe the funding source and duration of all current and pending support for all personnel who have included a biographical sketch with the application. For each award, provide the title, a 2-line summary of the goal of the project, and, if relevant, a statement of overlap with the current application. At a minimum, current and pending support of the PI must be provided.

8.2.14. Institutional/Collaborator Support and/or Other Certification (4 pages)

Applicants may provide letters of institutional support, collaborator support, and/or other certification documentation relevant to the proposed project. A maximum of 4 pages may be provided.

8.2.15. Previous Summary Statement

If the application is being resubmitted, the summary statement of the original application review, if previously prepared, will be automatically appended to the resubmission. The applicant is not responsible for providing this document.

Applications that are missing 1 or more of these components, exceed the specified page, word, or budget limits, or that do not meet the eligibility requirements listed above will be administratively rejected without review.

9. APPLICATION REVIEW

9.1. Review Process Overview

All eligible applications will be evaluated using a 2-stage peer review process: (1) Peer review and (2) prioritization of grant applications by the CPRIT Scientific Review Council. In the first stage, applications will be evaluated by an independent peer review panel consisting of scientific experts as well as advocate reviewers, using the criteria listed below. In the second stage, applications judged to be most meritorious by the peer review panels will be evaluated and recommended for funding by the CPRIT Scientific Review Council based on comparisons with applications from all of the peer review panels and programmatic priorities. Applications approved by the Scientific Review Council will be forwarded to the CPRIT Program Integration Committee (PIC) for review. The PIC will consider factors including program priorities set by the Oversight Committee, portfolio balance across programs, and available funding. The CPRIT

Oversight Committee will vote to approve each grant award recommendation made by the PIC. The grant award recommendations will be presented at an open meeting of the Oversight Committee and must be approved by two-thirds of the Oversight Committee members present and eligible to vote. The review process is described more fully in CPRIT's Administrative Rules, chapter 703, sections 703.6 to 703.8.

9.2. Confidentiality of Review

Each stage of application review is conducted confidentially, and all CPRIT Scientific Peer Review Panel members, Scientific Review Council members, PIC members, CPRIT employees, and Oversight Committee members with access to grant application information are required to sign nondisclosure statements regarding the contents of the applications. All technological and scientific information included in the application is protected from public disclosure pursuant to Health and Safety Code §102.262(b).

Individuals directly involved with the review process operate under strict conflict-of-interest prohibitions. All CPRIT Scientific Peer Review Panel members and Scientific Review Council members are non-Texas residents.

An applicant will be notified regarding the peer review panel assigned to review the grant application. Peer review panel members are listed by panel on CPRIT's website. **By submitting a grant application, the applicant agrees and understands that the only basis for reconsideration of a grant application is limited to an undisclosed Conflict of Interest as set forth in CPRIT's Administrative Rules, chapter 703, section 703.9.**

Communication regarding the substance of a pending application is prohibited between the grant applicant (or someone on the grant applicant's behalf) and the following individuals: an Oversight Committee Member, a PIC Member, a Scientific Review Panel member, or a Scientific Review Council member. Applicants should note that the CPRIT PIC comprises the CPRIT Chief Executive Officer, the Chief Scientific Officer, the Chief Prevention Officer, the Chief Product Development Officer, and the Commissioner of State Health Services. The prohibition on communication begins on the first day that grant applications for the particular grant mechanism are accepted by CPRIT and extends until the grant applicant receives notice regarding a final decision on the grant application. The prohibition on communication does not apply to the time period when RFAs are announced and CARS opens. Intentional, serious, or frequent violations of this rule may result in the disqualification of the grant application from further consideration for a grant award.

9.3. Review Criteria

Peer review of applications will be based on primary scored criteria and secondary unscored criteria, listed below. Review committees will evaluate and score each primary criterion and subsequently assign a global score that reflects an overall assessment of the application. **The overall assessment will not be an average of the scores of individual criteria; rather, it will reflect the reviewers' overall impression of the application. Evaluation of the scientific merit of each application is within the sole discretion of the peer reviewers.**

9.3.1. Primary Criteria

Primary criteria will evaluate the scientific merit and potential impact of the proposed work contained in the application. Concerns with any of these criteria potentially indicate a major flaw in the request for the instrument/equipment. Primary criteria include the following:

Justification of Need/Value: Is the need for the facility justified? Is it necessary and appropriate for the research projects? Will the state-of-the-art facility directly support and impact cancer research programs at the institution and in the region? How will the availability of the facility offer incipient research projects by investigators at various career stages the opportunity to develop? Will the facility make the user group more competitive for external funding?

Quality and Significance of research projects supported: Does the facility support a significant number of different, independently funded users? Are the projects at the forefront of cancer research? Are the projects of significance in reducing cancer incidence, morbidity, or mortality?

Technical Expertise: Is there sufficient technical expertise for optimal use of the facility? How well qualified is the user group to take optimal advantage of the facility and evaluate the research results for the proposed projects? How will the facility be maintained? Is there a satisfactory training plan for new users?

Administration: Is there assurance that the facility will be managed and operated in a superior fashion? To whom does the facility director report? Is that person committed to appropriate oversight (a letter of commitment should be submitted)? Is there an adequate plan for the management of the facility, including an appropriate system for charging for services and subsidy of user fees for specific cancer-related projects and individuals (especially early career–stage investigators)? How will facility time be allocated among the projects? Have biosafety

issues been addressed? Are there criteria and is there a mechanism for prioritization of user requests? Are there appropriate advisory committees?

Institutional Commitment: Is there clear institutional commitment for support of the facility for cancer research and, if applicable, for noncancer research efforts as well? Has the host institution provided an appropriate site for the facility?

9.3.2. Secondary Criteria

Secondary criteria contribute to the global score assigned to the application. Concerns with these criteria potentially question the feasibility of the proposed project.

Secondary criteria include the following:

Research Environment: Does the team have the needed expertise and resources to accomplish all aspects of the project? Are the levels of effort of the key personnel appropriate? Is there evidence of institutional support for the project?

Vertebrate Animals and/or Human Subjects: If vertebrate animals and/or human subjects are included in the proposed research, certification of approval by the institutional IACUC and/or IRB, as appropriate, will be required before funding can occur.

Budget: Is the budget appropriate for the proposed work?

Duration: Is the stated duration appropriate for the proposed work?

10. KEY DATES

RFA

| | |
|-------------|--------------|
| RFA release | July 6, 2015 |
|-------------|--------------|

Application

| | |
|--------------------------|-------------------------------------|
| Online application opens | August 11, 2015, 7 AM central time |
| Application due | October 13, 2015, 3 PM central time |
| Application review | November 2015 to March 2016 |

Award

| | |
|------------------------|-----------|
| Award notification | May 2016 |
| Anticipated start date | June 2016 |

11. AWARD ADMINISTRATION

Texas law requires that CPRIT grant awards be made by contract between the applicant and CPRIT. CPRIT grant awards are made to institutions or organizations, not to individuals. Award contract negotiation and execution will commence once the CPRIT Oversight Committee has approved an application for a grant award. CPRIT may require, as a condition of receiving a grant award, that the grant recipient use CPRIT's electronic Grant Management System to exchange, execute, and verify legally binding grant contract documents and grant award reports. Such use shall be in accordance with CPRIT's electronic signature policy as set forth in chapter 701, section 701.25.

Texas law specifies several components that must be addressed by the award contract, including needed compliance and assurance documentation, budgetary review, progress and fiscal monitoring, and terms relating to revenue sharing and intellectual property rights. These contract provisions are specified in CPRIT's Administrative Rules, which are available at www.cprit.state.tx.us. Applicants are advised to review CPRIT's Administrative Rules related to contractual requirements associated with CPRIT grant awards and limitations related to the use of CPRIT grant awards as set forth in chapter 703, sections 703.10, 703.12.

Prior to disbursement of grant award funds, the grant recipient organization must demonstrate that it has adopted and enforces a tobacco-free workplace policy consistent with the requirements set forth in CPRIT's Administrative Rules, chapter 703, section 703.20.

CPRIT requires award recipients to submit an annual progress report. These reports summarize the progress made toward the research goals and address plans for the upcoming year. In addition, fiscal reporting, human studies reporting, and vertebrate animal use reporting will be required as appropriate. Continuation of funding is contingent upon the timely receipt of these reports. Failure to provide timely and complete reports may waive reimbursement of grant award costs and may result in the termination of award contract. Forms and instructions will be made available at www.cprit.state.tx.us.

12. REQUIREMENT TO DEMONSTRATE AVAILABLE FUNDS

Texas law requires that prior to disbursement of CPRIT grant funds, the award recipient must demonstrate that it has an amount of funds equal to one-half of the CPRIT funding dedicated to the research that is the subject of the award. The demonstration of available matching funds must be made at the time the award contract is executed, and annually thereafter, not when the application is submitted. Grant applicants are advised to consult CPRIT's Administrative Rules, chapter 703, section 703.11, for specific requirements regarding demonstration of available funding.

13. CONTACT INFORMATION

13.1. HelpDesk

HelpDesk support is available for questions regarding user registration and online submission of applications. Queries submitted via email will be answered within 1 business day. HelpDesk staff are not in a position to answer questions regarding scientific aspects of applications.

Dates of operation: July 6 to October 13, 2015 (excluding public holidays)

Hours of operation: Monday, Tuesday, Thursday, Friday, 7 AM to 4 PM central time
Wednesday, 8 AM to 4 PM central time

Tel: 866-941-7146

Email: Help@CPRITGrants.org

13.2. Scientific and Programmatic Questions

Questions regarding the CPRIT program, including questions regarding this or any other funding opportunity, should be directed to the CPRIT Senior Manager for Research.

Tel: 512-305-8491

Email: Help@CPRITGrants.org

Website: www.cprit.state.tx.us

Third Party Observer Reports

CPRIT Research Peer Review Observation Report

Report #2016-03-11-RES

Program Name: Academic Research

Panel Name: FY16.2 Imaging Technology and
Informatics

Panel Date: March 11, 2016

Report Date: March 21, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Imaging Technology and Informatics peer review of applications for FY16 funding. The meeting was chaired by Sam Gambhir and held at the Marriott Suites Medical/Market Center in Dallas, TX, on March 11, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Imaging Technology and Informatics panel meeting held in-person. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Sam Gambhir on March 11, 2016.

The independent observer noted the following during our observation:

- Twenty applications were discussed within the Research Peer Review Meeting to determine which applications would be recommended for funding.
- Nineteen peer review panelists, two advocate reviewers, three CPRIT staff members and six SRA employees were present for the meeting.
 - Two of the nineteen peer review panelists participated via teleconference.
- Three conflicts of interest were identified prior to or during the meeting. Applications for two conflicts were discussed during the peer review panel. The reviewers with the conflicts of interest either left the room or did not participate telephonically and did not participate in the review of the conflicted application.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

CPRIT Research Peer Review Observation Report

Report #2016-03-9/10-RES

Program Name: Academic Research

Panel Name: FY16.2 Clinical & Translational Cancer
Research and Translational Cancer Research

Panel Date: March 9, 2016 to March 10, 2016

Report Date: March 21, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Clinical & Translational Cancer Research and Translational Cancer Research peer review of applications for FY16 funding. The meeting was chaired by Margaret Tempero and held at the Marriott Suites Medical/Market Center in Dallas, TX, on March 9 through March 10, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Clinical & Translational Cancer Research and Translational Cancer Research panel meeting held in-person. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Margaret Tempero on March 9 through March 10, 2016.

The independent observer noted the following during our observation:

- Twenty applications were discussed within the Research Peer Review Meeting to determine which applications would be recommended for funding.
- Twenty-seven peer review panelists, three advocate reviewers, four CPRIT staff members and six SRA employees were present for the meeting on March 9, 2016. Twenty-nine peer review panelists, three advocate reviewers, four CPRIT staff members and six SRA employees were present for the meeting on March 10, 2016.
 - On the first day of the peer review panel, three of the twenty-seven peer review panelists participated via teleconference.
 - On the second day of the peer review panel, three of the twenty-nine peer review panelists participated via teleconference.
- Thirteen conflicts of interest were identified prior to or during the meeting. Applications for eight conflicts were discussed during the peer review panel. The reviewers with the conflicts of interest either left the room or did not participate telephonically and did not participate in the review of the conflicted application.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

CPRIT Research Peer Review Observation Report

Report #2016-03-09-RES

Program Name: Academic Research

Panel Name: FY16.2 Cancer Prevention Research

Panel Date: March 9, 2016

Report Date: March 18, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Cancer Prevention Research peer review of applications for FY16 funding. The meeting was chaired by Tom Sellers and held via teleconference on March 9, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Cancer Prevention Research panel meeting held in-person. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Tom Sellers on March 9, 2016.

The independent observer noted the following during our observation:

- Five applications were discussed within the Research Peer Review Meeting to determine which grants would receive CPRIT funding.
- Sixteen peer review panelists, two advocate reviewers, three CPRIT staff members and five SRA employees were present for the meeting.
- Two conflicts of interest were identified prior to or during the meeting. Applications for two conflicts were discussed during the peer review panel. The reviewers with the conflicts of interest either left the room or did not participate telephonically and did not participate in the review of the conflicted application.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

CPRIT Research Peer Review Observation Report

Report #2016-03-15-RES

Program Name: Academic Research

Panel Name: FY16.2 Cancer Biology

Panel Date: March 15, 2016

Report Date: March 21, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Cancer Biology peer review of applications for FY16 funding. The meeting was chaired by Peter Jones and held at the Marriott Suites Medical/Market Center in Dallas TX on March 15, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Cancer Biology panel meeting held in-person. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Peter Jones on March 15, 2016.

The independent observer noted the following during our observation:

- Seventeen applications were discussed within the Research Peer Review Meeting to determine which applications would be recommended for funding.
- Twenty peer review panelists, two advocate reviewers, three CPRIT staff members and six SRA employees were present for the meeting.
 - Six of the twenty peer review panelists participated via teleconference.
- Ten conflicts of interest were identified prior to or during the meeting. Applications for four conflicts were discussed during the peer review panel. The reviewers with the conflicts of interest either left the room or did not participate telephonically and did not participate in the review of the conflicted application.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

CPRIT Research Peer Review Observation Report

Report #2016-03-16-RES

Program Name: Academic Research

Panel Name: FY16.2 Basic Cancer Research 2

Panel Date: March 16, 2016

Report Date: March 25, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Basic Cancer Research 2 peer review of applications for FY16 funding. The meeting was chaired by Carol Prives and held at the Marriott Suites Medical/Market Center in Dallas TX on March 16, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Basic Cancer Research 2 panel meeting held in-person. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Carol Prives on March 16, 2016.

The independent observer noted the following during our observation:

- Nine applications were discussed within the Research Peer Review Meeting to determine which applications would be recommended for funding.
- Seventeen peer review panelists, two advocate reviewers, three CPRIT staff members and five SRA employees were present for the meeting.
- Three conflicts of interest were identified prior to or during the meeting. Applications for one conflict was discussed during the peer review panel. The reviewer with the conflict of interest either left the room or did not participate telephonically and did not participate in the review of the conflicted application.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

CPRIT Research Peer Review Observation Report

Report #2016-03-14-RES

Program Name: Academic Research

Panel Name: FY16.2 Basic Cancer Research 1

Panel Date: March 14, 2016

Report Date: March 21, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Basic Cancer Research 1 peer review of applications for FY16 funding. The meeting was chaired by Tom Curran and held at the Marriott Suites Medical/Market Center in Dallas TX on March 14, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Basic Cancer Research 1 panel meeting held in-person. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Tom Curran on March 14, 2016.

The independent observer noted the following during our observation:

- Seven applications were discussed within the Research Peer Review Meeting to determine which applications would be recommended for funding.
- Nineteen peer review panelists, two advocate reviewers, two CPRIT staff members and six SRA employees were present for the meeting.
 - Two of the nineteen peer review panelists participated via teleconference.
- Three conflicts of interest were identified prior to or during the meeting. None of the applications with conflicts were discussed during the peer review panel.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

CPRIT Scientific Review Council Meeting Observation Report

Report #2016-03-29-RES

Program Name: Academic Research

Panel Name: FY16.2 Scientific Review Council
Meeting

Panel Date: March 29, 2016

Report Date: April 5, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Scientific Review Council Meeting peer review of applications for FY16 funding. The meeting was chaired by Richard Kolodner and held via teleconference on March 29, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Scientific Review Council Meeting held via teleconference. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Richard Kolodner on March 29, 2016.

The independent observer noted the following during our observation:

- Over the course of the call, a review of the scoring for the 35 recommended applications was completed to ensure that they would in fact be recommended for funding. A score cut-off was reinforced by the panel as to which applications will move forward.
- Six peer review panelists, two CPRIT staff members and one SRA employee were present for the meeting.
- No conflicts of interest were identified prior to or during the meeting.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

Noted Conflicts of Interest

Conflicts of Interest Disclosure
Academic Research Cycle 16.2 Applications
(Academic Research Cycle 16.2 Awards Announced at May 18, 2016, and August 17, 2016,
Oversight Committee Meetings)

The table below lists the conflicts of interest (COIs) identified by peer reviewers, Program Integration Committee (PIC) members, and Oversight Committee members on an application-by-application basis. Applications reviewed in Academic Research Cycle 16.2 include *High Impact/High Risk Research Awards*, *Core Facilities Support Awards*, and *Multi-Investigator Research Awards*. All applications with at least one identified COI are listed below; applications with no COIs are not included. It should be noted that an individual is asked to identify COIs for only those applications that are to be considered by the individual at that particular stage in the review process. For example, Oversight Committee members identify COIs, if any, with only those applications that have been recommended for the grant awards by the PIC. COI information used for this table was collected by SRA International, CPRIT's third party grant administrator, and by CPRIT.

| Application ID | Applicant | Institution | Conflict Noted |
|--|----------------------------|---|---------------------|
| Applications considered by the PIC and Oversight Committee | | | |
| RP160657 | Dalby, Kevin N | University of Texas at Austin | Angelou, Angelos |
| RP160704 | Tucker, Haley O | University of Texas at Austin | Angelou, Angelos |
| RP160776 | Schiavinato Eberlin, Livia | University of Texas at Austin | Angelou, Angelos |
| Applications not considered by the PIC or Oversight Committee | | | |
| RP160703* | Brekken, Rolf | The University of Texas Southwestern Medical Center | Prendergast, George |
| RP160703-AC* | Brekken, Rolf | The University of Texas Southwestern Medical Center | Prendergast, George |
| RP160703-C1* | Hwang, Tae Hyun | The University of Texas Southwestern Medical Center | Prendergast, George |
| RP160703-P1* | MacDonald, Raymond | The University of Texas Southwestern Medical Center | Prendergast, George |
| RP160703-P2* | Wilkie, Thomas | The University of Texas Southwestern Medical Center | Prendergast, George |

* = Not discussed

| Application ID | Applicant | Institution | Conflict Noted |
|-----------------------|------------------------|--|-----------------------|
| RP160703-P3* | Brekken, Rolf | The University of Texas Southwestern Medical Center | Prendergast, George |
| RP160703-P4* | Boothman, David | The University of Texas Southwestern Medical Center | Prendergast, George |
| RP160767* | Ghosh, Rita | The University of Texas Health Science Center at San Antonio | Houchens, David |
| RP160768* | Srivenugopal, Kalkunte | Texas Tech University Health Sciences Center | Wang, Xiao-Fan |
| RP160774* | Li, Bing | The University of Texas Southwestern Medical Center | Petrini, John |
| RP160782* | Suh, Junghae | Rice University | Weitzman, Matthew |
| RP160835 | Rosenberg, Susan | Baylor College of Medicine | Petrini, John |
| RP160835-AC | Rosenberg, Susan | Baylor College of Medicine | Petrini, John |
| RP160835-C1 | Zong, Chenghang | Baylor College of Medicine | Petrini, John |
| RP160835-P1 | Rosenberg, Susan | Baylor College of Medicine | Petrini, John |
| RP160835-P2 | Miller, Kyle | The University of Texas at Austin | Petrini, John |
| RP160835-P3 | Scott, Kenneth | Baylor College of Medicine | Petrini, John |
| RP160655* | Roth, Jack | The University of Texas M.D. Anderson Cancer Center | Bernstein, Bradley |
| RP160655-AC* | Roth, Jack | The University of Texas M.D. Anderson Cancer Center | Bernstein, Bradley |
| RP160655-C1* | Wang, Jing | The University of Texas M.D. Anderson Cancer Center | Bernstein, Bradley |
| RP160655-P1* | Wu, Xifeng | The University of Texas M.D. Anderson Cancer Center | Bernstein, Bradley |
| RP160655-P2* | Ji, Lin | The University of Texas M.D. Anderson Cancer Center | Bernstein, Bradley |
| RP160655-P3* | Calin, George | The University of Texas M.D. Anderson Cancer Center | Bernstein, Bradley |

* = Not discussed

| Application ID | Applicant | Institution | Conflict Noted |
|-----------------------|---------------------|---|----------------------------------|
| RP160705* | Orlowski, Robert | The University of Texas M.D. Anderson Cancer Center | Bernstein, Bradley |
| RP160739 | Shi, Xiaobing | The University of Texas M.D. Anderson Cancer Center | Bernstein, Bradley |
| RP160760* | Sikora, Andrew | Baylor College of Medicine | Costello, Joseph; Wahl, Geoffrey |
| RP160765 | Gregory, Carl | Texas A&M University Health Science Center | Fearon, Eric; Lawlor, Elizabeth |
| RP160769 | Zhang, Xiang | Baylor College of Medicine | Greene, Geoffrey |
| RP160840 | Rowley, David | Baylor College of Medicine | Greene, Geoffrey |
| RP160840-AC | Rowley, David | Baylor College of Medicine | Greene, Geoffrey |
| RP160840-C1 | Mancini, Michael | Baylor College of Medicine | Greene, Geoffrey |
| RP160840-C2 | Farach-Carson, Mary | Rice University | Greene, Geoffrey |
| RP160840-P1 | Zhang, Xiang | Baylor College of Medicine | Greene, Geoffrey |
| RP160840-P2 | Rowley, David | Baylor College of Medicine | Greene, Geoffrey |
| RP160840-P3 | Weigel, Nancy | Baylor College of Medicine | Greene, Geoffrey |
| RP160856 | Kim, Jung-whan | The University of Texas at Dallas | Werb, Zena |
| RP160661 | Jiang, Steve | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160661-AC | Jiang, Steve | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160661-C1 | Jiang, Steve | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160661-P1 | Yang, Ming | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160661-P2 | Jia, Xun | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160661-P3 | Shao, Yiping | The University of Texas Southwestern Medical Center | Koong, Albert |

* = Not discussed

| Application ID | Applicant | Institution | Conflict Noted |
|-----------------------|----------------------|---|-----------------------|
| RP160661-P4 | Lu, Weigno | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160661-P5 | Wang, Jing | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160663* | Li, Chun | The University of Texas M.D. Anderson Cancer Center | Engelhard, Victor |
| RP160663-AC* | Li, Chun | The University of Texas M.D. Anderson Cancer Center | Engelhard, Victor |
| RP160663-C1* | Overwijk, Willem | The University of Texas M.D. Anderson Cancer Center | Engelhard, Victor |
| RP160663-C2* | Piwnica-Worms, David | The University of Texas M.D. Anderson Cancer Center | Engelhard, Victor |
| RP160663-P1* | Liu, Jinsong | The University of Texas M.D. Anderson Cancer Center | Engelhard, Victor |
| RP160663-P2* | Sood, Anil | The University of Texas M.D. Anderson Cancer Center | Engelhard, Victor |
| RP160663-P3* | Li, Chun | The University of Texas M.D. Anderson Cancer Center | Engelhard, Victor |
| RP160672 | Woodman, Scott | The University of Texas M.D. Anderson Cancer Center | Engelhard, Victor |
| RP160679* | Brugarolas, James | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160679-AC* | Brugarolas, James | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160679-C1* | Kapur, Payal | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160679-C2* | Xie, Xian-Jin | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160679-C3* | Pedrosa, Ivan | The University of Texas Southwestern Medical Center | Koong, Albert |

* = Not discussed

| Application ID | Applicant | Institution | Conflict Noted |
|-----------------------|---------------------|--|--|
| RP160679-P1* | Brugarolas, James | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160679-P2* | Timmerman, Robert | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160679-P3* | Mani, Ram | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160693 | Andreeff, Michael | The University of Texas M.D. Anderson Cancer Center | DePersio, John |
| RP160693-AC | Andreeff, Michael | The University of Texas M.D. Anderson Cancer Center | DePersio, John |
| RP160693-C1 | Kornblau, Stephen | The University of Texas M.D. Anderson Cancer Center | DePersio, John |
| RP160693-C2 | Andreeff, Michael | The University of Texas M.D. Anderson Cancer Center | DePersio, John |
| RP160693-C3 | Do, Kim-Anh | The University of Texas M.D. Anderson Cancer Center | DePersio, John |
| RP160693-P1 | Andreeff, Michael | The University of Texas M.D. Anderson Cancer Center | DePersio, John |
| RP160693-P2 | Rezvani, Katy | The University of Texas M.D. Anderson Cancer Center | DePersio, John |
| RP160693-P3 | Gottschalk, Stephen | Baylor College of Medicine | DePersio, John |
| RP160710 | Symmans, William | The University of Texas M.D. Anderson Cancer Center | Grandis, Jennifer; Kast, W. Martin; Niedzwiecki, Donna |
| RP160710-AC | Symmans, William | The University of Texas M.D. Anderson Cancer Center | Grandis, Jennifer; Kast, W. Martin; Niedzwiecki, Donna |
| RP160710-C1 | Moulder, Stacy | The University of Texas M.D. Anderson Cancer Center | Grandis, Jennifer; Kast, W. Martin; Niedzwiecki, Donna |
| RP160710-C2 | Davies, Peter | Texas A&M University Health Science Center Institute of Biosciences and Technolofy | Grandis, Jennifer; Kast, W. Martin; Niedzwiecki, Donna |

* = Not discussed

| Application ID | Applicant | Institution | Conflict Noted |
|-----------------------|----------------------------|---|--|
| RP160710-C3 | Symmans, William | The University of Texas M.D. Anderson Cancer Center | Grandis, Jennifer; Kast, W. Martin; Niedzwiecki, Donna |
| RP160710-P1 | Thompson, Alastarr | The University of Texas M.D. Anderson Cancer Center | Grandis, Jennifer; Kast, W. Martin; Niedzwiecki, Donna |
| RP160710-P2 | Hong, Mien-Chie | The University of Texas M.D. Anderson Cancer Center | Grandis, Jennifer; Kast, W. Martin; Niedzwiecki, Donna |
| RP160710-P3 | Mani, Sendurai | The University of Texas M.D. Anderson Cancer Center | Grandis, Jennifer; Kast, W. Martin; Niedzwiecki, Donna |
| RP160724* | Story, Michael | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160724-AC* | Story, Michael | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160724-C1* | Saha, Debabrata | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160724-P1* | Story, Michael | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160724-P2* | Aroumougame, Asaithamby | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160724-P3* | Chen, Ping-Chi | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160724-P4* | Hannan, Raquibul | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160745 | Reynolds, Charles | Texas Tech University Health Sciences Center | Kast, W. Martin |
| RP160745-AC | Reynolds, Charles | Texas Tech University Health Sciences Center | Kast, W. Martin |
| RP160745-C1 | Rosen, Daniel | Baylor Research Institute | Kast, W. Martin |
| RP160745-C2 | Becnel, Lauren | Baylor Research Institute | Kast, W. Martin |
| RP160745-P1 | Reynolds, Charles | Texas Tech University Health Sciences Center | Kast, W. Martin |
| RP160745-P2 | Wheeler, David | Baylor Research Institute | Kast, W. Martin |

* = Not discussed

| Application ID | Applicant | Institution | Conflict Noted |
|-----------------------|-------------------|---|-----------------------|
| RP160745-P3 | Kang, Min | Texas Tech University Health Sciences Center | Kast, W. Martin |
| RP160826 | Fleming, Jason | The University of Texas M.D. Anderson Cancer Center | Prados, Michael |
| RP160843* | Chang, Jenny | The Methodist Hospital Research Institute | Curran, Walter |
| RP160864* | Wang, Rongfu | The Methodist Hospital Research Institute | Riddell, Stanley |
| RP160864-AC* | Wang, Rongfu | The Methodist Hospital Research Institute | Riddell, Stanley |
| RP160864-C1* | Liu, Xuewu | Houston Methodist | Riddell, Stanley |
| RP160864-C2* | Gee, Adrian | Baylor College of Medicine | Riddell, Stanley |
| RP160864-P1* | Shen, Haifa | Houston Methodist | Riddell, Stanley |
| RP160864-P2* | Wang, Rongfu | The Methodist Hospital Research Institute | Riddell, Stanley |
| RP160864-P3* | Rooney, Cliona | Baylor College of Medicine | Riddell, Stanley |
| RP160697* | Kundra, Vikas | The University of Texas M.D. Anderson Cancer Center | Johnson, G. Allan |
| RP160702 | Mancini, Michael | Texas A&M University System Health Science Center | Basillion, James |
| RP160718 | Betancourt, Tania | Texas State University-San Marcos | Berbeen, Ross |
| RP16074 | Goodwin, James | The University of Texas Medical Branch at Galveston | Barlow, William |
| RP16074-AC | Goodwin, James | The University of Texas Medical Branch at Galveston | Barlow, William |
| RP16074-C1 | Elting, Linda | The University of Texas M.D. Anderson Cancer Center | Barlow, William |
| RP16074-C2 | Peterson, Susan | The University of Texas M.D. Anderson Cancer Center | Barlow, William |
| RP16074-C3 | Kuo, Yong-Fang | The University of Texas Medical Branch at Galveston | Barlow, William |
| RP16074-P1 | Goodwin, James | The University of Texas Medical Branch at Galveston | Barlow, William |

* = Not discussed

| Application ID | Applicant | Institution | Conflict Noted |
|-----------------------|---------------------|--|-----------------------|
| RP16074-P2 | Glordano, Sharon | The University of Texas M.D. Anderson Cancer Center | Barlow, William |
| RP16074-P3 | Smith, Benjamin | The University of Texas M.D. Anderson Cancer Center | Barlow, William |
| RP16074-P4 | Guadagnolo, Beverly | The University of Texas M.D. Anderson Cancer Center | Barlow, William |
| RP160735 | DiGiovanni, John | The University of Texas at Austin | Barlow, William |
| RP160735-AC | DiGiovanni, John | The University of Texas at Austin | Barlow, William |
| RP160735-C1 | Glickman, Randolph | The University of Texas Health Science Center at San Antonio | Barlow, William |
| RP160735-C2 | Tiziani, Stefano | The University of Texas at Austin | Barlow, William |
| RP160735-C3 | Gelfond, Jonathan | The University of Texas Health Science Center at San Antonio | Barlow, William |
| RP160735-P1 | DiGiovanni, John | The University of Texas at Austin | Barlow, William |
| RP160735-P2 | Slaga, Thomas | The University of Texas Health Science Center at San Antonio | Barlow, William |
| RP160735-P3 | Kumar, Pratap | The University of Texas Health Science Center at San Antonio | Barlow, William |
| RP160735-P4 | Thompson, Ian | The University of Texas Health Science Center at San Antonio | Barlow, William |
| RP160674 | Goodwin, James | The University of Texas Medical Branch at Galveston | Barlow, William |
| RP160674-AC | Goodwin, James | The University of Texas Medical Branch at Galveston | Barlow, William |
| RP160674-C1 | Elting, Linda | The University of Texas M.D. Anderson Cancer Center | Barlow, William |
| RP160674-C2 | Peterson, Susan | The University of Texas M.D. Anderson Cancer Center | Barlow, William |

| Application ID | Applicant | Institution | Conflict Noted |
|-----------------------|---------------------|---|-----------------------|
| RP160674-C3 | Kuo, Yong-Fang | The University of Texas Medical Branch at Galveston | Barlow, William |
| RP160674-P1 | Goodwin, James | The University of Texas Medical Branch at Galveston | Barlow, William |
| RP160674-P2 | Giordano, Sharon | The University of Texas M.D. Anderson Cancer Center | Barlow, William |
| RP160674-P3 | Smith, Benjamin | The University of Texas M.D. Anderson Cancer Center | Barlow, William |
| RP160674-P4 | Guadagnolo, Beverly | The University of Texas M.D. Anderson Cancer Center | Barlow, William |

De-Identified Overall Evaluation Scores

Core Facilities Support Awards

Academic Research Cycle 16.2

| Application ID | Final Overall Evaluation Score |
|----------------|--------------------------------|
| RP160805* | 1.6 |
| RP160657* | 1.9 |
| RP160732* | 2.0 |
| RP160716* | 2.1 |
| RP160844* | 2.9 |
| RP160771* | 2.9 |
| aa | 3.4 |
| ab | 3.6 |
| ac | 3.7 |
| ad | 3.7 |
| ae | 3.8 |
| af | 3.9 |
| ag | 4.0 |
| ah | 4.0 |
| ai | 4.0 |
| aj | 4.0 |
| ak | 4.2 |
| al | 5.3 |

This list includes the application ID of the two applications that were deferred by the PIC on May 3, 2016. Both applications were recommended by the PIC to the Oversight Committee on August 2, 2016.

*=Recommended for funding

Final Overall Evaluation Scores and Rank Order Scores

Ludwig Institute for
Cancer Research Ltd

March 29, 2016

Richard D. Kolodner
Ph.D.

Director, San Diego Branch

Head, Laboratory of
Cancer Genetics
San Diego Branch

Distinguished Professor of
Cellular & Molecular
Medicine, University of
California San Diego School
of Medicine

rkolodner@ucsd.edu

San Diego Branch
UC San Diego School of
Medicine
CMM-East / Rm 3058
9500 Gilman Dr - MC 0669
La Jolla, CA 92093-0669

T 858 534 7804
F 858 534 7750

Mr. Pete Geren
Oversight Committee Presiding Officer
Cancer Prevention and Research Institute of Texas
Via email to pgeprit@sidrichardson.org

Mr. Wayne R. Roberts
Chief Executive Officer
Cancer Prevention and Research Institute of Texas
Via email to wroberts@cprit.state.tx.us

Dear Mr. Geren and Mr. Roberts,

The Scientific Review Council (SRC) is pleased to submit this list of research grant recommendations for the **16.2 Core Facilities Support Awards, High-Impact, High-Risk (HIHR) Research Awards, Multi-Investigator Research Awards (MIRA)** grant mechanisms. The SRC met on Tuesday, March 29, 2016 to consider the applications recommended by the peer review panels following their meetings that were held March 9 – March 16, 2016. During the SRC discussion, it was determined that one MIRA (RP160840) received project scores that were not reflected in the overall score, and it was recommended that this application not be moved forward for funding. This resulted in some applications being recommended for grant awards that received scores less favorable than this one application. The applications on the attached list are numerically ranked in the order the SRC recommends the applications be funded after adjustments were made based on success rates.

Recommended funding amounts and the overall evaluation score are stated for each grant application. The SRC accepted the recommendations of the peer review panels concerning adjustments to three grant applications. These adjustments with justifications are listed at the end of the list of recommended projects. The total amount for the applications recommended is \$81,773,066.

These recommendations meet the SRC's standards for grant award funding. These standards include selecting innovative research projects addressing critically important questions that will significantly advance knowledge of the causes, prevention, and/or treatment of cancer, and exceptional potential for achieving future impact in basic, translational, population-based, or clinical research.

Sincerely yours,



Richard D. Kolodner, Ph.D.
Chair, CPRIT Scientific Review Council

Attachment

| Rank | App ID | Organization/Company | Application Title | Budget | Mech | Overall Score |
|------|-------------|--|---|-------------|------|---------------|
| 1 | RP160805 | Baylor College of Medicine | Preclinical Candidate Discovery Core | \$5,999,997 | CFSA | 1.6 |
| 2 | RP160813 | Acelerox | Nanoparticle Prophylaxis for Protection from Chemotherapy Ototoxicity | \$195,665 | HIHR | 1.8 |
| 3 | RP160795 | Baylor College of Medicine | A "Pap smear" for ovarian cancer | \$200,000 | HIHR | 1.8 |
| 4 | RP160657 | The University of Texas at Austin | Targeted Therapeutic Drug Discovery & Development Program | \$4,982,636 | CFSA | 1.9 |
| 5 | RP160776 | The University of Texas at Austin | Rapid Molecular Diagnosis of Lung Cancer Biopsies by Ambient Ionization Mass Spectrometry | \$200,000 | HIHR | 1.9 |
| 6 | RP160884 | Baylor College of Medicine | RNA processing stress: a new therapeutic entry point in triple-negative breast cancer | \$200,000 | HIHR | 2.0 |
| 7 | RP160847 | Texas A&M Engineering Experiment Station | A Body Coil for MR Imaging and Spectroscopy of Cancer at 7 Tesla | \$200,000 | HIHR | 2.0 |
| 8 | RP160732 | The University of Texas Health Science Center at San Antonio | UTHSCSA Cancer Genome Sequencing and Computation Core | \$3,680,756 | CFSA | 2.0 |
| 9 | RP160652 | The University of Texas M. D. Anderson Cancer Center | Defining and Defeating Mechanistic Subtypes of KRAS-mutant Lung Cancers | \$7,476,300 | MIRA | 2.0 |
| 10 | RP160668* | The University of Texas M. D. Anderson Cancer Center | Pathogenesis and Early Progression of Lung Cancer | \$5,757,844 | MIRA | 2.0 |
| 11 | RP160834 | Texas A&M University | Integrated-cavity-enhanced pre-screening for lung cancer | \$200,000 | HIHR | 2.1 |
| 12 | RP160842 | Texas A&M University System Health Science Center | Novel roles for NIK in high-grade glioma: regulation of mitochondrial dynamics to control cell migration and invasion | \$200,000 | HIHR | 2.1 |
| 13 | RP160716 | The University of Texas Health Science Center at San Antonio | Texas Pediatric Patient Derived Xenograft Facility | \$5,079,843 | CFSA | 2.1 |
| 14 | RP160713 | The University of Texas Southwestern Medical Center | Amino Acid Sensing: Directing Cell Growth through mTORC1 | \$198,983 | HIHR | 2.1 |
| 15 | RP160693 | The University of Texas M. D. Anderson Cancer Center | Acute Myeloid Leukemia in the Immunosuppressed Microenvironment | \$7,500,000 | MIRA | 2.2 |
| 16 | RP160739 | The University of Texas M. D. Anderson Cancer Center | Targeting Histone Acetylation Readers in MLL-translocated Leukemias | \$200,000 | HIHR | 2.2 |
| 17 | RP160661** | The University of Texas Southwestern Medical Center | Towards Carbon Beam Stereotactic Body Radiation Therapy (C-SBRT) for Higher Risk Early Stage Lung Cancer | \$5,129,867 | MIRA | 2.2 |
| 18 | RP160667*** | The University of Texas M. D. Anderson Cancer Center | DNA-Protein Crosslink Repair Pathways and Cancer Therapy | \$6,376,645 | MIRA | 2.4 |
| 19 | RP160822 | Texas AgriLife Research | Exploring Geminivirus-encoded suppressor of histone methyltransferases as an anti-cancer drug | \$199,958 | HIHR | 2.5 |
| 20 | RP160866 | The University of Texas at Dallas | Renal Clearable Nanodelivery System for Triple Negative Breast Cancer Therapy | \$200,000 | HIHR | 2.6 |
| 21 | RP160710 | The University of Texas M. D. Anderson Cancer Center | A Randomized Clinical Trial Platform with Translational Studies to Overcome Resistance in Triple Negative Breast Cancer | \$7,497,096 | MIRA | 2.6 |
| 22 | RP160806 | Texas Tech University | Development of high throughput technology to identify drugs for muscle wasting during cancer | \$199,995 | HIHR | 2.7 |
| 23 | RP160674 | The University of Texas Medical Branch at Galveston | Comparative Effectiveness Research on Cancer in Texas (CERCIT) 2.0 | \$7,500,000 | MIRA | 2.7 |
| 24 | RP160827 | Texas A&M University System Health Science Center | A platform technology for the isolation of anti-cancer monoclonal antibodies from chickens | \$200,000 | HIHR | 2.8 |
| 25 | RP160775 | The University of Texas Health Science Center at Houston | Becoming fatter to survive: cancer cells increase lipid storage to counter metabolic stress | \$200,000 | HIHR | 2.8 |

| | | | | | | |
|----|---------------|--|---|-------------|------|-----|
| 26 | RP160771**** | Baylor College of Medicine | The Adolescent and Childhood Cancer Epidemiology and Susceptibility Service (ACCESS) for Texas | \$6,000,000 | CFSA | 2.9 |
| 27 | RP160844***** | The University of Texas at San Antonio | Center for Innovative Drug Discovery: Enhancement of a Shared Cancer Resource for South Texas | \$4,598,728 | CFSA | 2.9 |
| 28 | RP160841 | The University of Texas Health Science Center at San Antonio | Targeting EWS-FLI-1 for degradation | \$200,000 | HIHR | 2.9 |
| 29 | RP160765 | Texas A&M University System Health Science Center | An unlikely therapeutic target for malignant bone disease: Dkk-1 activates a stress resistance mechanism in bone tumor cells | \$200,000 | HIHR | 3.1 |
| 30 | RP160852 | Texas State University - San Marcos | Chemo-preventive Approach to Cancer Exploiting a Presumptive Link between Genomic Instability and Structural Stability of non-B DNA Sequences | \$200,000 | HIHR | 3.1 |
| 31 | RP160770 | The University of Texas at Dallas | Optical opening of blood-brain barrier for brain tumor drug delivery by plasmonic nanobubbles | \$200,000 | HIHR | 3.1 |
| 32 | RP160819 | Texas AgriLife Research | Quantitative mapping of intracellular protein-protein interactomes in healthy and cancerous cells | \$198,753 | HIHR | 3.2 |
| 33 | RP160704 | The University of Texas at Austin | High affinity therapeutic mimotope antibodies to the oncogenic Epidermal Growth Factor Receptor | \$200,000 | HIHR | 3.2 |
| 34 | RP160763 | The University of Texas Health Science Center at Houston | Targeting multiple myeloma stem cell niche | \$200,000 | HIHR | 3.2 |

*RP160668 - The peer review panel recommended the deletion of Project 4 from the MIRA application. As a result, the funds dedicated to that project were removed from the budget for a revised total of \$5,757,844. The final score was based on revised scope with the deletion of Project 4.

**RP160661 - The peer review panel recommended the deletion of Project 3 and Project 4 from the MIRA application. As a result, the funds dedicated to those projects was removed from the budget for a revised total of \$5,129,867. The final score was based on revised scope with the deletion of Projects 3 and 4.

***RP160667 - The peer review panel recommended changes to the MIRA application by modifying Project 2 by deleting Aim 3 and reducing the budget by the amount dedicated to that project. Additionally, the panel recommended reducing the budget for Core 1 by 25%. Finally, the panel recommended reducing Core 2 by \$20,000. These changes resulted in a revised budget totaling of \$6,376,645. The final score was

****RP160771 - The peer review panel recommended the overall budget be reduced to the allowable \$6,000,000 for entire funding period. One required reduction is \$500,000 (\$100,000/year) for pilot projects that were not substantiated. Other reductions can be made based on budget negotiations with CPRIT.

*****RP160844 - The peer review panel recommended reducing the personnel budget by 1/3 (\$507,155), removing \$150,000 for pilot projects, and \$100,000 for a software suite. The revised budget total is \$4,598,728. The final score was based on these budget reductions.

CFSA - Core Facilities Support Awards

HIHR - High-Impact/High-Risk Research Awards

MIRA - Multi-Investigator Research Awards



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO Affidavit Supporting Information

FY 2016—Cycle 2
Multi-Investigator Research Awards

Request for Applications



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

REQUEST FOR APPLICATIONS
RFA R-16-MIRA-2

Multi-Investigator Research Awards

Please also refer to the “Instructions for Applicants” document, which will be
posted on August 11, 2015

Application Receipt Opening Date: August 11, 2015

Application Receipt Closing Date: October 13, 2015

FY 2016

Fiscal Year Award Period

September 1, 2015–August 31, 2016

TABLE OF CONTENTS

| | |
|--|-----------|
| 1. ABOUT CPRIT | 5 |
| 1.1. RESEARCH PROGRAM PRIORITIES | 5 |
| 2. RATIONALE | 5 |
| 3. RESEARCH OBJECTIVES | 7 |
| 4. FUNDING INFORMATION | 8 |
| 5. ELIGIBILITY | 8 |
| 6. RESUBMISSION POLICY | 10 |
| 7. RENEWAL POLICY | 10 |
| 8. CHARACTERISTICS OF MULTI-INVESTIGATOR RESEARCH AWARDS | 10 |
| 8.1. SYNERGY | 10 |
| 8.2. LEADERSHIP | 11 |
| 8.2.1. Principal Investigator (PI) | 11 |
| 8.2.2. Co-Principal Investigator (Co-PI) | 11 |
| 8.3. RESEARCH PROJECTS | 11 |
| 8.4. CORE RESOURCES | 12 |
| 8.5. SELECTION OF RESEARCH PROJECTS AND CORE RESOURCES | 13 |
| 8.6. COMMITMENT OF TIME AND EFFORT | 13 |
| 8.7. PARTICIPATION ON MORE THAN 1 APPLICATION | 14 |
| 9. RESPONDING TO THIS RFA | 14 |
| 9.1. APPLICATION SUBMISSION GUIDELINES | 14 |
| 9.1.1. Submission Deadline Extension | 15 |
| 9.2. APPLICATION COMPONENTS | 15 |
| 9.2.1. Abstract and Significance (15,000 characters) | 15 |
| 9.2.2. Layperson's Summary (10,000 characters) | 15 |
| 9.2.3. Goals and Objectives (Maximum of 3 Goals and 3 Objectives per Goal for Each Project and Core) | 16 |
| 9.2.4. Timeline (Maximum of 1 Page per Project and Core) | 16 |
| 9.2.5. Resubmission Summary (1 page) | 16 |
| 9.2.6. Overview of Overall Program (10 Pages) | 17 |
| 9.2.7. Research Project Abstract (Maximum of 5,000 characters per Project) | 17 |
| 9.2.8. Research Project Plan (Up to 20 Pages for Each Project) | 17 |
| 9.2.9. Core Resource Abstract (Maximum of 5,000 characters per Core Resource) | 18 |
| 9.2.10. Core Resource Plan (Up to 20 Pages for Each Core Resource) | 18 |
| 9.2.11. Administrative Plan (5 Pages) | 19 |
| 9.2.12. Synergy Illustration (3 Pages) | 19 |
| 9.2.13. Vertebrate Animals and/or Human Subjects (5 Pages) | 19 |
| 9.2.14. Publications/References | 19 |
| 9.2.15. Budget and Justification | 19 |
| 9.2.16. Biographical Sketches (2 Pages Each) | 21 |
| 9.2.17. Current and Pending Support | 21 |
| 9.2.18. Institutional/Collaborator Support and/or Other Certification (4 Pages) | 21 |
| 9.2.19. Previous Summary Statement | 21 |
| 10. APPLICATION REVIEW | 22 |
| 10.1. PRELIMINARY EVALUATION | 22 |
| 10.2. FULL PEER REVIEW | 22 |
| 10.3. CONFIDENTIALITY OF REVIEW | 23 |

| | |
|--|-----------|
| 10.4. REVIEW CRITERIA..... | 24 |
| 10.4.1. <i>Primary Criteria</i> | 24 |
| 10.4.2. <i>Secondary Criteria</i> | 26 |
| 11. KEY DATES..... | 26 |
| 12. AWARD ADMINISTRATION..... | 26 |
| 13. REQUIREMENT TO DEMONSTRATE AVAILABLE FUNDS..... | 27 |
| 14. CONTACT INFORMATION..... | 28 |
| 14.1. HELPDESK | 28 |
| 14.2. SCIENTIFIC AND PROGRAMMATIC QUESTIONS | 28 |

RFA VERSION HISTORY

Rev 07/06/15 RFA release

Rev 7/20/15 Revised Section 11 - Key Dates

- Corrected Application due date time from 11:59 PM central time to 3 PM central time

1. ABOUT CPRIT

The state of Texas has established the Cancer Prevention and Research Institute of Texas (CPRIT), which may issue up to \$3 billion in general obligation bonds to fund grants for cancer research and prevention.

CPRIT is charged by the Texas Legislature to do the following:

- Create and expedite innovation in the area of cancer research and in enhancing the potential for a medical or scientific breakthrough in the prevention of or cures for cancer;
- Attract, create, or expand research capabilities of public or private institutions of higher education and other public or private entities that will promote a substantial increase in cancer research and in the creation of high-quality new jobs in the state of Texas; and
- Develop and implement the Texas Cancer Plan.

1.1. Research Program Priorities

The Texas Legislature has charged the CPRIT Oversight Committee with establishing program priorities on an annual basis. These priorities are intended to provide transparency in how the Oversight Committee directs the orientation of the agency's funding portfolio. The principles and priorities of the Scientific Research program will guide CPRIT staff, peer reviewers, and the Scientific Review Council on the development and issuance of program-specific Requests for Applications (RFAs) and the evaluation of applications submitted in response to those RFAs. The program priorities for research adopted by the Oversight Committee include funding projects that address the following:

- A broad range of innovative, investigator-initiated research projects;
- Prevention and early detection;
- Rare and intractable cancers, including childhood cancers;
- Cancers of importance in Texas;
- Computational biology and analytic methods; and
- Infrastructure development

2. RATIONALE

Multi-Investigator Research Awards are intended to support the creation of integrated programs of collaborative and cross-disciplinary research among multiple investigators. These should be equivalent to program projects, research centers, NCI SPOREs, multi-institutional clinical trial

networks, or other types of collaborative interactions. Teams will focus on critical areas of cancer research, especially those that have been inadequately addressed by research up to this point or for which there may be an absence of an established paradigm or technical framework. Laboratory research, translational studies, clinical, and population-based investigations may be supported. Awards are expected to promote a cooperative environment that fosters intensive interaction among members in all aspects of the research program. This approach is expected to transform the research process through the integration of basic and/or clinical disciplines, leading to the aggressive translation of scientific discoveries into tools and applications that have the potential to make a significant impact on cancer incidence, detection, treatment, and/or survivorship.

While all investigators need not be trained specifically in cancer research, this award is intended to initiate sustainable, collaborative programs of cancer research that cannot be addressed effectively by an individual researcher or a group of researchers within the same discipline.

It is aimed at research programs that, by their complexity and interdisciplinary nature, require a cross-disciplinary team approach to achieve significant progress and sustainability, thereby creating a culture for teaching and research that transcends traditional disciplinary boundaries. Clinical research or a clinical trial (phase I, I/II, or II) may be included as part of the proposed program.

Investigators are expected to work together to develop the research plan, determine the management structure, and prepare the application. It should be clear that all investigators have a substantial level of intellectual input into the proposed program. Collectively, the members of the teams should represent the appropriate diversity of expertise necessary for addressing the research question. Effort is expected to be appropriately balanced among the investigators and their respective teams.

Applicants must present a clear plan for how they would manage and facilitate meaningful collaboration among the separate research teams to enable successful completion of the proposed research. Participating institutions must be willing to resolve potential intellectual and material property issues/conflicts and subcontracting issues and remove institutional barriers to achieving high levels of cooperation.

This funding mechanism offers an attractive opportunity for investigators to test new ideas, explore new areas, and/or implement new approaches. These types of applicant responses are desired and encouraged. However, CPRIT staff and external scientific review committees have noted a significant amount of overlap of investigators (ie, some investigators proposing to lead or participate in several new activities), thereby making it difficult to discern where the investigators' interests truly lie. In addition, some investigators have submitted very ambitious applications requesting large sums of money but with minimal evidence of commitment to the project in terms of percentage effort. This RFA attempts to curb these practices while still avoiding excessively rigid rules that might stifle innovation; therefore, applications with deviations from guidelines stated in the RFA will be examined closely. Evidence of lack of commitment or excessive fragmentation will be a significant negative factor in funding decisions.

3. RESEARCH OBJECTIVES

CPRIT will foster cancer research in Texas by providing financial support for a wide variety of projects relevant to cancer research. This RFA solicits applications for integrated programs of collaborative and cross-disciplinary research among multiple investigators and will focus on critical research areas that will contribute meaningfully to advancing knowledge of the causes, prevention, and/or treatment of cancer. CPRIT encourages applicants who seek to develop or apply state-of-the-art technologies, tools, and/or resources for cancer research, including those with projects having potential commercialization opportunities. CPRIT expects outcomes of supported activities to directly and indirectly benefit subsequent cancer research efforts, cancer public health policy, or the continuum of cancer care—from prevention to treatment and survivorship. To fulfill this vision, applications may address any research topic or issue related to cancer biology, causation, prevention, detection or screening, treatment, or quality of life.

Because Multi-Investigator Research Awards, by definition, support collaborative research projects, this award mechanism will accommodate applications that encompass a wide variety of activities and administrative structures. Applicants may propose collaborative programs that are modest in size or those that are larger and more complex. CPRIT encourages cancer investigators from Texas to bring their best ideas forward for consideration. Creative, collaborative projects that address critical questions should leverage cancer research taking place in Texas into a leadership position from both national and international perspectives. Federal programs should not be duplicated; rather, when possible, their impact in the state of Texas should be enhanced.

4. FUNDING INFORMATION

This funding mechanism is intended to accommodate a wide variety of applications and organizational structures. Applicants may request a maximum of \$7,500,000 in total costs for a maximum period of 5 years. Exceptions to the maximum amount may be requested if extremely well justified. Funds may be used for salary and fringe benefits, research supplies, equipment, clinical costs, and travel to scientific/technical meetings or collaborating institutions. Requests for funds to support construction and/or renovation will not be approved under this funding mechanism. State law limits the amount of award funding that may be spent on indirect costs to no more than 5% of the total award amount.

In an attempt to reduce the administrative difficulties in submitting programmatic and financial reports, Multi-Investigator Research Awards will be submitted as a single application. The PI will lead the project through the Administrative Core, which will be housed at the applicant institution. Individual projects and cores must be handled through subcontracts if participating institutions are located outside of the applicant institution. The applicant institution will develop the overall program budget with the assistance of individual participating institutions. Therefore, the institution that leads the Administrative Core will be responsible for coordinating subcontracts, submission of progress reports, and all related annual and financial reports. There will not be a requirement for other participating institutions to submit these reports to CPRIT.

5. ELIGIBILITY

- The applicant must be a Texas-based entity. Any not-for-profit institution or organization that conducts research is eligible to apply for funding under this award mechanism. A public or private company is not eligible for funding under this award mechanism; these entities must use the appropriate award mechanism(s) under CPRIT's Product Development Program.
- The Principal Investigator (PI) and Co-Principal Investigators (Co-PIs) must have a doctoral degree, including MD, PhD, DDS, DMD, DrPH, DO, DVM, or equivalent. Individuals serving as a PI or Co-PI must reside in Texas during the time the research that is the subject of the grant is conducted. A major criterion for successful applications will be the level of expertise of the collaborative team that has been assembled. CPRIT encourages the creation of teams composed of researchers from Texas who have stellar reputations in their given areas of expertise. If necessary, applicants must eschew

institutional and regional considerations to assemble the best qualified of the state's investigators on a given subject into a superb collaborative team. Competing applications in a single area may fragment and dilute the best talent available. While CPRIT recognizes the value of competition, assembly of researchers with the best expertise for large-scale programs is encouraged to facilitate the highest level of cancer research throughout the state. CPRIT also encourages the inclusion of investigators from multiple institutions to facilitate interinstitutional collaboration.

- An individual serving as a PI may submit only 1 application under this RFA. An individual may serve as a Co-PI in more than 1 application but should ensure that he or she could dedicate adequate time and effort should more than 1 application be funded.
- Collaborations are permitted and encouraged, and collaborators may or may not reside in Texas. However, collaborators who do not reside in Texas are not eligible to receive CPRIT funds. Collaborators should have specific and well-defined roles. Subcontracting and collaborating organizations may include public, not-for-profit, and for-profit entities. Such entities may be located outside of the state of Texas, but non-Texas-based organizations are not eligible to receive CPRIT funds. In no event shall equipment purchased under this award leave the state of Texas.
- An applicant is eligible to receive a grant award only if the applicant certifies that the applicant institution or organization, including the PI, any senior member or key personnel listed on the grant application, or any officer or director of the grant applicant's institution or organization (or any person related to 1 or more of these individuals within the second degree of consanguinity or affinity), has not made and will not make a contribution to CPRIT or to any foundation specifically created to benefit CPRIT.
- An applicant is not eligible to receive a CPRIT grant award if the applicant PI, any senior member or key personnel listed on the grant application, or any officer or director of the grant applicant's organization or institution is related to a CPRIT Oversight Committee member.
- The applicant must report whether the applicant institution or organization, the PI, or other individuals who contribute to the execution of the proposed project in a substantive, measurable way, whether or not those individuals are slated to receive salary or compensation under the grant award, are currently ineligible to receive federal grant

funds because of scientific misconduct or fraud or have had a grant terminated for cause within 5 years prior to the submission date of the grant application.

- CPRIT grants will be awarded by contract to successful applicants. Certain contractual requirements are mandated by Texas law or by administrative rules. Although applicants need not demonstrate the ability to comply with these contractual requirements at the time the application is submitted, applicants should make themselves aware of these standards before submitting a grant application. Significant issues addressed by the CPRIT contract are listed in [section 12](#) and [section 13](#). All statutory provisions and relevant administrative rules can be found at www.cprit.state.tx.us.

6. RESUBMISSION POLICY

Resubmissions are available under this RFA. A MIRA application that was unfunded after a single review should be submitted as a resubmission under this RFA. Applicants are advised to address all noted concerns in the summary statements that were prepared for the original application review. Applications that received overall numerical scores of 5 or higher are likely to need considerable attention. All previously unfunded MIRA submissions should be carefully reconstructed and take reviewers comments under consideration when resubmitting an application.

7. RENEWAL POLICY

Renewals are not available under this RFA. A project that was previously funded under the MIRA and would be a continuation of MIRA program activities must be submitted as a new application under this RFA. In preparing the new application, applicants should describe and demonstrate that appropriate/adequate progress has been made on the previously funded award to warrant further funding. Publications and manuscripts in press that have resulted from work performed during the initial funded period should be incorporated into the application as well as patents and efforts at product development where appropriate.

8. CHARACTERISTICS OF MULTI-INVESTIGATOR RESEARCH AWARDS

8.1. Synergy

Successful multi-investigator research programs are characterized by an exceptionally synergistic theme. Applications in response to this RFA must bring together a strong group of research projects and necessary core resources that contribute to a common goal in cancer

research as a single, coherent entity. The overall program must provide greater value than the sum of its individual components.

Synergy between projects and cores to support the overall objective of the proposed program and the multidisciplinary focus of each project and core are essential aspects of the award mechanism and are major considerations of the review process.

It is envisioned that these research programs, once established, will interact extensively with each other and, if possible, with newly formed or established companies interested in bringing specific, Texas-based cancer discoveries to the market for the benefit of patients with cancer everywhere. To the extent possible, plans for such interactions should be developed and described.

8.2. Leadership

8.2.1. Principal Investigator (PI)

The overall research program will be directed and overseen by a PI. The PI is responsible for developing and managing an integrated and collaborative research environment that permits uninterrupted progress of the research projects regardless of distinct geographic locations of collaborators within the state. The PI must direct the required administrative core (see [section 8.4](#) and [section 9.2.10](#)). The PI is responsible for the submission of the application, all reporting requirements, and all budgeting decisions.

8.2.2. Co-Principal Investigator (Co-PI)

Each research project and core resource within the overall research program must be directed by a single individual designated as a Co-PI on the application for the overall research program. The Co-PI will be responsible for the research activities of his or her research project(s) and/or core resource(s) within the framework and goals of the overall research program. The PI may also direct a research project and/or core resource. Projects and cores located outside of the PI's institution must be supported through a subcontract with the applicant institution.

8.3. Research Projects

Research projects (also referred to as *projects* in this RFA) will challenge existing paradigms; develop or employ novel concepts, approaches, methodologies, tools, or technologies for the proposed cancer research area; or address important underexplored or unexplored areas. CPRIT

seeks to support original and innovative projects. The thrust of the Multi-Investigator Research Awards mechanism is to support research projects that lead to truly substantial advances in the field rather than add modest increments of insight. Projects that modestly extend current lines of research will not be considered for this award.

Each project must be poised individually to make significant contributions to the field of cancer research as well as be complementary to the overall research program. Application of a single approach to multiple forms of cancer does not justify a request for multiple research projects.

The guidelines for research projects are as follows:

- Minimum: 3 projects
- Maximum: 5 projects
- Each research project must be directed by the PI or by a Co-PI. The PI or a Co-PI can direct only 1 project within the Multi-Investigator Research Award application.

8.4. Core Resources

Supporting core resources (also referred to as *cores* in this RFA) constitute integral components of multi-investigator research programs by providing the expertise and/or infrastructure essential to the completion of the individual research projects. Examples of core resources include, but are not limited to, administrative core, tissue/specimen core, sequencing/bioinformatics core, histopathology core, and imaging core. All applications submitted in response to this RFA must include an administrative core that comprehensively coordinates all activities proposed within the objectives of the projects and cores and is directed by the PI.

The guidelines for core resources are as follows:

- Minimum: Administrative core
- Maximum: 3 technical cores
- A maximum of 4 cores is permitted (ie, the administrative core and 3 technical cores).
- Each core must be directed by the PI or by a Co-PI. A Co-PI can direct 1 project and/or 1 technical core. The PI can direct 1 project and/or technical core in addition to the administrative core. The administrative core must be directed by the PI.
- Cores should include clear descriptions of the projects they are designed to support.
- Projects and cores are subject to different review criteria (see [section 10.4](#)). Research projects must **not** be submitted as cores in an attempt to circumvent the limitation on the

number of research projects that may be submitted as part of a single Multi-Investigator Research Award application.

8.5. Selection of Research Projects and Core Resources

The PI is expected not only to coordinate and develop the overall research program but also to *limit the number of projects and cores* to only those that are considered highly meritorious and significant within the context of the entire application. The collaborative impact, merit, and feasibility of all the projects—not the cores—will determine whether an application for a Multi-Investigator Research Award receives support. Investigators are strongly discouraged from including weaker projects in an effort to obtain a higher level of funding. Rather, inclusion of fewer, highly focused projects is strongly recommended.

8.6. Commitment of Time and Effort

Investigators are expected to commit *significant percentage effort* to research projects and cores. Although no minimum time commitment is required for the PI, a total commitment of 20% effort is desirable. Less than that can be viewed by reviewers as a lack of commitment to the program. Research project and core resource leads should commit at least 10% effort for each project and/or core that he or she directs.

Note: CPRIT requires that the percentage effort of the PI and/or Co-PI(s) remain the same in every year of support requested unless there is a corresponding change in the budget and level of activity of the project/core directed by the PI or the Co-PI(s) in question.

CPRIT recognizes that multi-investigator programs will vary significantly in size and scope; thus, a single guideline for commitment of time and effort is not appropriate for all applications. Applications should exhibit a reasonable correlation between time commitment and funds requested unless there are special circumstances, which must be explained. In addition, it should be clear from the other support information provided that the investigator will be able to achieve the required percentage effort and what activities may have to be contracted or curtailed to achieve the required percentage effort for the application submitted.

8.7. Participation on More than 1 Application

CPRIT is concerned that many investigators appear frequently as part of several different research programs, which makes it difficult to discern the investigators' commitment to a given project. CPRIT believes that this leads to weaker, less competitive applications. Therefore, CPRIT urges investigators to be named on only 1 Multi-Investigator Research Award application in a given funding cycle, regardless of their role. However, CPRIT recognizes that specific individuals directing and/or participating in core resources (eg, biostatistics, bioinformatics, or histopathology cores) may be involved in multiple research studies.

A common set of tools may be applied in more than 1 situation, leading to economies of scale (but **not** duplications of budgets). Thus, exceptions to investigators being listed on only 1 application may be made if compelling justification for such exceptions and assurance of commitment (usually in the form of percentage effort) are provided. Reductions in percentage effort will usually not be approved after an application is funded unless there have been major changes in scope and, therefore, in budget.

9. RESPONDING TO THIS RFA

9.1. Application Submission Guidelines

Applications must be submitted via the CPRIT Application Receipt System (CARS) (<https://CPRITGrants.org>). **Only applications submitted through this portal will be considered eligible for evaluation.** The applicant is eligible solely for the grant mechanism specified by the RFA under which the grant application was submitted. The PI must create a user account in the system to start and submit an application. Furthermore, the Authorized Signing Official (ASO) (a person authorized to sign and submit the application for the organization) and the Grants Contract/Office of Sponsored Projects Official (the individual who will manage the grant contract if an award is made) also must create a user account in CARS. The Co-PI does not have to create a user account in CARS; the Co-PI will be added to the application by the PI. Please refer to the *Instructions for Applicants (IFA)* document for the instructions on adding Co-PIs to an application. The IFA document will be available when the application receipt system opens. Applications will be accepted beginning at 7 AM central time on August 11, 2015, and must be submitted by 3:00 PM central time on October 13, 2015. **Submission of an application is considered an acceptance of the terms and conditions of the RFA.**

9.1.1. Submission Deadline Extension

The submission deadline may be extended for 1 or more grant applications upon a showing of good cause. A request for a deadline extension based on the need to complete multiple CPRIT or other grants applications will be denied. All requests for extension of the submission deadline must be submitted via email to the CPRIT HelpDesk. Submission deadline extensions, including the reason for the extension, will be documented as part of the grant review process records. Please note that deadline extension requests are very rarely approved.

9.2. Application Components

Applicants are advised to follow all instructions to ensure accurate and complete submission of all components of the application. Please refer to the IFA document for details that will be available when the application receipt system opens. Submissions that are missing 1 or more components or do not meet the eligibility requirements listed in [section 5](#) will be administratively rejected without review.

9.2.1. Abstract and Significance (15,000 characters)

Clearly explain the question or problem to be addressed by the proposed overall research program and the approach to its answer or solution. Address how the proposed research, if successful, will have a major impact on the field of cancer research or on the care of patients with cancer. Summarize how the proposed research creates new paradigms or challenges existing ones. State the synergistic value that the individual research projects and core resources present to the goals of the overall application. Summarize the proposed core resources. Clearly state the project(s) that the core resources will support and the synergistic value they provide to the goals of the research project(s).

Note: It is the responsibility of the applicant to capture CPRIT's attention primarily with the Abstract and Significance statement alone. Therefore, applicants are advised to prepare this section wisely. Applicants should not waste this valuable space by stating obvious facts (eg, that cancer is a significant problem; that better diagnostic and therapeutic approaches are needed urgently; or that the type of cancer of interest to the PI is important, vexing, or deadly).

9.2.2. Layperson's Summary (10,000 characters)

Provide a layperson's summary of the proposed program. Describe, in simple, nontechnical terms, the overall goals of the proposed program, the type(s) of cancer addressed, the potential

significance of the results, and the impact of the work on advancing the field of cancer research, early diagnosis, prevention, or treatment. The information provided in this summary will be made publicly available by CPRIT, particularly if the application is recommended for funding. Do not include any proprietary information in the Layperson's Summary. The Layperson's Summary will also be used by advocate reviewers ([section 10.1](#)) in evaluating the significance and impact of the proposed work.

9.2.3. Goals and Objectives (Maximum of 3 Goals and 3 Objectives per Goal for Each Project and Core)

Provide a list of specific goals and objectives for each year of the project. These goals and objectives will also be used during the submission and evaluation of progress reports and assessment of project success. Goals and objectives should be listed for the overall project as well as for each project and core separately. Projects and cores should be labeled numerically (AC for the Administrative Core, Project 1 to Project 5, and Core 1 to Core 3) and be clearly identified. Goals and objectives for cores should indicate the project(s) to be supported.

Goals and objectives for the overall project should be listed under Administrative Core and prepared by the PI.

9.2.4. Timeline (Maximum of 1 Page per Project and Core)

Provide an outline of anticipated major milestones to be tracked. Timelines will be reviewed for reasonableness, and adherence to timelines will be a criterion for continued support of successful applications. Timelines should be listed for the overall program as well as for each project and core separately. Projects and cores should be labeled numerically (AC for the Administrative Core, Project 1 to Project 5, and Core 1 to Core 3) and be clearly identified. The timeline for the overall project should be listed under Administrative Core and prepared by the PI.

If the application is approved for funding, this section will be included in the award contract. Applicants are advised not to include information that they consider confidential or proprietary when preparing this section.

9.2.5. Resubmission Summary (1 page)

Applicants preparing a resubmission must describe the approach to the resubmission. If a summary statement was prepared for the original application review, applicants are advised to address all noted concerns.

Note: An application previously submitted to CPRIT but not funded may be resubmitted once after careful consideration of the reasons for lack of prior success. Applications that received overall numerical scores of 5 or higher are likely to need considerable attention.

All resubmitted applications should be carefully reconstructed; a simple revision of the prior application with editorial or technical changes is not sufficient, and applicants are advised not to direct reviewers to such modest changes.

9.2.6. Overview of Overall Program (10 Pages)

Background: Present the rationale behind the proposed research program, emphasizing the pressing problem in cancer research that will be addressed.

Research Strategy: Describe the objectives of the research program and briefly summarize each component project and core resource.

Synergy: Describe how individual component projects provide synergistic value to the research program.

9.2.7. Research Project Abstract (Maximum of 5,000 characters per Project)

Clearly explain the question or problem to be addressed by the proposed project and the approach to its answer or solution. Address how the proposed research, if successful, will have a major impact on the field of cancer research or on the care of patients with cancer. Summarize how the proposed research creates new paradigms or challenges existing ones. State the synergistic value that the project has to the overall research program and other projects and core resources in accomplishing the goals and objectives of the overall program.

9.2.8. Research Project Plan (Up to 20 Pages for Each Project)

Background: Present the rationale behind the proposed project, emphasizing the pressing problem in cancer research that will be addressed.

Research Strategy: Describe the experimental design, including methods, anticipated results, potential problems or pitfalls, and alternative approaches. Preliminary data that support the proposed hypothesis are encouraged but not required.

Synergy: Describe how the project provides synergistic value to the entire research program.

Biographical Sketches: A biographical sketch must be provided for each individual leading a project. Applicants should provide a biographical sketch that describes their education and training, professional experience, awards and honors, and publications relevant to cancer research. Each biographical sketch must not exceed 2 pages. Appropriate templates will be provided in CARS.

Publications/References: Provide a concise and relevant list of publications/references cited for the research project.

Budget and Justification: While there will be 1 budget for the entire program, individual budget breakdowns must be included for each project and core resource as a part of the research plan.

9.2.9. Core Resource Abstract (Maximum of 5,000 characters per Core Resource)

Clearly explain the question or problem to be addressed by the proposed core resource and the approach to its answer or solution. Address how the core will have a major impact on the field of cancer research or on the care of patients with cancer. Summarize how the proposed core resource creates new paradigms or challenges existing ones. State the synergistic value that the core resource has to the overall research program and other projects and core resources in accomplishing the goals and objectives of the overall program.

9.2.10. Core Resource Plan (Up to 20 Pages for Each Core Resource)

Background: Present the rationale behind the proposed core resource.

Support Strategy: Describe the experimental design, including methods, anticipated results, potential problems or pitfalls, and alternative approaches. Preliminary data demonstrating the capabilities of the core are encouraged but not required.

Synergy: Describe how the core resource provides synergistic value to the research program.

Biographical Sketches: A biographical sketch must be provided for each individual leading a core resource. Applicants should provide a biographical sketch that describes their education and training, professional experience, awards and honors, and publications relevant to cancer research. Each biographical sketch must not exceed 2 pages. Appropriate templates will be provided in CARS.

Publications/References: Provide a concise and relevant list of publications/references cited for the core resource.

Budget and Justification: While there will be 1 budget for the entire program, individual budget breakdowns must be included for each project and core resource as a part of the core resources plan.

9.2.11. Administrative Plan (5 Pages)

Describe the organizational and management structure that will be established to efficiently, effectively, and comprehensively manage all aspects of the research program. State how the leaders of individual projects and cores (ie, the PI and the Co-PIs) will communicate and discuss results, report progress, and resolve potential problems throughout the duration of the research program.

9.2.12. Synergy Illustration (3 Pages)

Provide a detailed narrative and diagrammatic representation of interactions between the Administrative Core, all research projects, and all core resources of the proposed research program.

9.2.13. Vertebrate Animals and/or Human Subjects (5 Pages)

If vertebrate animals will be used, provide an outline of the appropriate protocols that will be followed. If human subjects or human biological samples will be used, provide a plan for IRB approval or exemption and recruitment of subjects or acquisition of samples that will meet the time constraints of this award mechanism.

9.2.14. Publications/References

Provide a concise and relevant list of publications/references cited for the application.

9.2.15. Budget and Justification

Provide a compelling justification of the budget for the entire proposed period of support, including salaries and benefits, supplies, equipment, patient care costs, animal care costs, and other expenses. Applicants are advised not to interpret the maximum allowable request under this award as a suggestion that they should expand their anticipated budget to this level. Reasonable budgets clearly work in favor of the applicant.

However, if there is a highly specific and defensible need to request more than the maximum amount in any year(s) of the proposed budget, include a special and clearly labeled section in the budget justification that explains the request. Poorly justified requests of this type will likely have a negative impact on the overall evaluation of the application.

In preparing the requested budget, applicants should be aware of the following:

- One budget will be submitted on behalf of the entire program and will include costs for individual projects and cores. While there will be 1 budget for the entire program, individual budget breakdowns must be included for each project and core resource as a part of the research or core resources plan. For programs that have outside institutions participating, a subcontract must be executed for that institution to receive CPRIT funds.
- Equipment having a useful life of more than 1 year and an acquisition cost of \$5,000 or more per unit must be specifically approved by CPRIT. An applicant does not need to seek this approval prior to submitting the application.
- Texas law limits the amount of grant funds that may be spent on indirect costs to no more than 5% of the total award amount (5.263% of the direct costs). Guidance regarding indirect cost recovery can be found in CPRIT's Administrative Rules, which are available at www.cpritis.state.tx.us. So-called grants management and facilities fees (eg, sponsored programs fees; grants and contracts fees; electricity, gas, and water; custodial fees; maintenance fees) may not be requested. Applications that include such budgetary items will be rejected administratively and returned without review.
- The annual salary (also referred to as direct salary or institutional base salary) that an individual may receive under a CPRIT award for FY 2016 is \$200,000; CPRIT FY 2016 is from September 1, 2015, through August 31, 2016.

Salary does not include fringe benefits and/or facilities and administrative costs, also referred to as indirect costs. An individual's institutional base salary is the annual compensation that the applicant organization pays for an individual's appointment, whether that individual's time is spent on research, teaching, patient care, or other activities. Base salary excludes any income that an individual may be permitted to earn outside of his or her duties to the applicant organization.

9.2.16. Biographical Sketches (2 Pages Each)

Applicants should provide a biographical sketch for the PI (as required by the online application receipt system) that describes his or her education and training, professional experience, awards and honors, and publications relevant to cancer research. A biographical sketch must be provided for each individual leading a project or core. Biosketches for individuals leading projects and cores should be included as part of the Research Project Plan or Core Resources Plan, labeled numerically (Project 1 to Project 5 and Core 1 to Core 3) and be clearly identified. Up to 5 additional biographical sketches for key personnel may be provided. Each biographical sketch must not exceed 2 pages. Appropriate templates will be provided in CARS.

9.2.17. Current and Pending Support

Describe the funding source and duration of all current and pending support for all personnel who have included a biographical sketch with the application. For each award, provide the title, a 2-line summary of the goal of the project, and, if relevant, a statement of overlap with the current application. At a minimum, current and pending support of the PI and Co-PIs must be provided.

9.2.18. Institutional/Collaborator Support and/or Other Certification (4 Pages)

Applicants may provide letters of institutional support, collaborator support, and/or other certification documentation relevant to the proposed project. A maximum of 4 pages may be provided.

9.2.19. Previous Summary Statement

If the application is being resubmitted, the summary statement of the original application review, if previously prepared, will be automatically appended to the resubmission. The applicant is not responsible for providing this document.

Applications that are missing 1 or more of these components; exceed the specified page, word, or budget limits; or that do not meet the eligibility requirements listed above will be administratively rejected without review.

10. APPLICATION REVIEW

10.1. Preliminary Evaluation

To ensure the timely and thorough review of only the most innovative and cutting-edge research with the greatest potential for advancement of cancer research, all eligible applications may be preliminarily evaluated by CPRIT Scientific Research Peer Review panel members for scientific merit and impact.

This preliminary evaluation will be based on a subset of material presented in the application—namely Abstract and Significance, Budget and Justification, and Biographical Sketches.

Applications that do not sufficiently capture the reviewers' interest at this stage will not be considered for further review. Such applications will have been judged to offer only modest contributions to the field of cancer research and will be excluded from further peer review.

The applicant will be notified of the decision to disapprove the application after the preliminary evaluation stage has concluded. Due to the volume of applications to be reviewed, comments made by reviewers at the preliminary evaluation stage may not be provided to applicants. The preliminary evaluation process will be used only when the number of applications exceeds the capacity of the review panels to conduct a full peer review of all received applications.

10.2. Full Peer Review

Applications that pass preliminary evaluation will undergo further review using a 2-stage peer review process: (1) Full peer review and (2) prioritization of grant applications by the CPRIT Scientific Review Council. In the first stage, applications will be evaluated by an independent peer review panel consisting of scientific experts as well as advocate reviewers using the criteria listed below. In the second stage, applications judged to be most meritorious by the peer review panels will be evaluated and recommended for funding by the CPRIT Scientific Review Council based on comparisons with applications from all of the peer review panels and programmatic priorities. Applications approved by Scientific Review Council will be forwarded to the CPRIT Program Integration Committee (PIC) for review. The PIC will consider factors including program priorities set by the Oversight Committee, portfolio balance across programs, and available funding. The CPRIT Oversight Committee will vote to approve each grant award recommendation made by the PIC. The grant award recommendations will be presented at an open meeting of the Oversight Committee and must be approved by two-thirds of the Oversight

Committee members present and eligible to vote. The review process is described more fully in CPRIT's Administrative Rules, chapter 703, sections 703.6 to 703.8.

Applicants will be notified of peer review panel assignment prior to the peer review meeting dates.

10.3. Confidentiality of Review

Each stage of application review is conducted confidentially, and all CPRIT Scientific Peer Review Panel members, Scientific Review Council members, PIC members, CPRIT employees, and Oversight Committee members with access to grant application information are required to sign nondisclosure statements regarding the contents of the applications. All technological and scientific information included in the application is protected from public disclosure pursuant to Health and Safety Code §102.262(b).

Individuals directly involved with the review process operate under strict conflict-of-interest prohibitions. All CPRIT Scientific Peer Review Panel members and Scientific Review Council members are non-Texas residents.

An applicant will be notified regarding the peer review panel assigned to review the grant application. Peer review panel members are listed by panel on CPRIT's website.

By submitting a grant application, the applicant agrees and understands that the only basis for reconsideration of a grant application is limited to an undisclosed Conflict of Interest as set forth in CPRIT's Administrative Rules, chapter 703, section 703.9.

Communication regarding the substance of a pending application is prohibited between the grant applicant (or someone on the grant applicant's behalf) and the following individuals: An Oversight Committee Member, a PIC Member, a Scientific Review Panel member, or a Scientific Review Council member. Applicants should note that the CPRIT PIC comprises the CPRIT Chief Executive Officer, the Chief Scientific Officer, the Chief Prevention Officer, the Chief Product Development Officer, and the Commissioner of State Health Services.

The prohibition on communication begins on the first day that grant applications for the particular grant mechanism are accepted by CPRIT and extends until the grant applicant receives notice regarding a final decision on the grant application. The prohibition on communication does not apply to the time period prior to the opening of CARS. Intentional, serious, or frequent

violations of this rule may result in the disqualification of the grant application from further consideration for a grant award.

10.4. Review Criteria

Peer review of applications will be based on primary scored criteria and secondary unscored criteria, listed below. Review panels will evaluate and score each project and core individually according to the primary criteria and subsequently assign a global score that reflects an overall assessment of the application. **The overall assessment will not be an average of the scores of individual criteria; rather, it will reflect the reviewers' overall impression of the application. Evaluation of the scientific merit of each application is within the sole discretion of the peer reviewers.**

10.4.1. Primary Criteria

Primary criteria will evaluate the scientific merit and potential impact of the proposed work in each project and core as well as the overall program as described in the application. Concerns with any of these criteria potentially indicate a major flaw in the significance and/or design of the proposed study. Primary criteria include the following:

Significance and Impact of Overall Program: What is the innovative potential of the program? Does the program propose new paradigms or challenge existing ones? Does the program develop state-of-the-art technologies, methods, tools, or resources for cancer research or address important underexplored or unexplored areas? If successful, will it lead to truly substantial advances in the field rather than add modest increments of insight? Investigators and biomedical personnel must want and need to know the results of CPRIT-funded research because such knowledge will change the ways in which they conduct their own research or approach and care for their patients. Programs that modestly extend current lines of research will not be considered for this award.

Research Plan for Research Projects: Is the proposed work presented as a self-contained research project? Does the proposed research have a clearly defined hypothesis or goal that is supported by sufficient preliminary data and/or scientific rationale? Are the methods appropriate, and are potential experimental obstacles and unexpected results discussed? Does the proposed project provide strong synergistic activities as part of a multidisciplinary collaboration? See [section 8.1](#).

Project Leader for Research Projects: Does the project leader demonstrate the required creativity, expertise, experience, and accomplishments to achieve the goals of the research project? Has the project leader devoted a sufficient amount of his or her time (percentage effort) to this project?

Synergy and Collaborative Teams: Does the proposed project provide strong synergistic activities as part of a multidisciplinary collaboration? That is, is the value of this program significantly greater than the sum of its parts? If core facilities are described, are they necessary and sufficient to support the project in achieving the overall goals proposed? Has the project assembled the best qualified collaborative and multidisciplinary teams to achieve the proposed goals? Are the levels of effort of the key personnel appropriate as outlined in [section 8.6](#)?

Relevance of Research Projects: Does the proposed research have a high degree of relevance to reduce the burden of cancer? This will be an important criterion for evaluation of projects for CPRIT support.

Sufficiency and Capability of Core Resources: Is the proposed core resource necessary? Does it have the needed facilities and sufficient resources to support the proposed research project(s) in accomplishing the proposed goals? Does it provide strong synergistic activities as part of a multidisciplinary collaboration? Is there a mechanism for prioritizing the work of the core?

Core Resources Leader: Does the core leader demonstrate the required expertise and experience to direct the core resource in supporting the research project(s)? Has the core leader devoted a sufficient amount of his or her time (percentage effort) to this resource?

Administrative Plan: Is the proposed organizational and management structure capable of comprehensively overseeing and coordinating all aspects and activities of the proposed research program?

Administrative Core Leader: Does the core leader demonstrate the required expertise and experience to direct the research program? Has the core leader devoted a sufficient amount of his or her time (percentage effort) to this activity? Are there plans for coordination of the program and for facilitating interactions among the program components?

10.4.2. Secondary Criteria

Secondary criteria contribute to the global score assigned to the application. Concerns with these criteria potentially question the feasibility of the proposed project. Secondary criteria include the following:

Research Environment: Does the team have the needed expertise, facilities, and resources to accomplish all aspects of the project? Are the levels of effort of the key personnel appropriate? Is there evidence of institutional support for the research team and the project?

Vertebrate Animals and/or Human Subjects: If vertebrate animals and/or human subjects are included in the proposed research, certification of approval by the institutional IACUC and/or IRB, as appropriate, will be required before funding can occur.

Budget: Is the budget appropriate for the proposed work?

Duration: Is the stated duration appropriate for the proposed work?

11. KEY DATES

RFA

| | |
|-------------|--------------|
| RFA release | July 6, 2015 |
|-------------|--------------|

Application

| | |
|--------------------------|--|
| Online application opens | August 11, 2015, 7 AM central time |
| Application due | October 13, 2015, 3:00 PM central time |
| Application review | November 2015 to March 2016 |

Award

| | |
|------------------------|-----------|
| Award notification | May 2016 |
| Anticipated start date | June 2016 |

12. AWARD ADMINISTRATION

Texas law requires that CPRIT grant awards be made by contract between the applicant and CPRIT. CPRIT grant awards are made to institutions or organizations, not to individuals. Award contract negotiation and execution will commence once the CPRIT Oversight Committee has approved an application for a grant award. CPRIT may require, as a condition of receiving a grant award, that the grant recipient use CPRIT's electronic Grant Management System to exchange, execute, and verify legally binding grant contract documents and grant award reports.

Such use shall be in accordance with CPRIT's electronic signature policy as set forth in chapter 701, section 701.25.

Texas law specifies several components that must be addressed by the award contract, including needed compliance and assurance documentation, budgetary review, progress and fiscal monitoring, and terms relating to revenue sharing and intellectual property rights. These contract provisions are specified in CPRIT's Administrative Rules, which are available at www.cprit.state.tx.us. Applicants are advised to review CPRIT's Administrative Rules related to contractual requirements associated with CPRIT grant awards and limitations related to the use of CPRIT grant awards as set forth in chapter 703, sections 703.10, 703.12.

Prior to disbursement of grant award funds, the grant recipient organization must demonstrate that it has adopted and enforces a tobacco-free workplace policy consistent with the requirements set forth in CPRIT's Administrative Rules, chapter 703, section 703.20.

CPRIT requires award recipients to submit an annual progress report. These reports summarize the progress made toward the research goals and address plans for the upcoming year. In addition, fiscal reporting, human studies reporting, and vertebrate animal use reporting will be required as appropriate. Continuation of funding is contingent upon the timely receipt of these reports. Failure to provide timely and complete reports may waive reimbursement of grant award costs and may result in the termination of award contract. Forms and instructions will be made available at www.cprit.state.tx.us.

13. REQUIREMENT TO DEMONSTRATE AVAILABLE FUNDS

Texas law requires that prior to disbursement of CPRIT grant funds, the award recipient must demonstrate that it has an amount of funds equal to one-half of the CPRIT funding dedicated to the research that is the subject of the award. The demonstration of available matching funds must be made at the time the award contract is executed, and annually thereafter, not when the application is submitted. Grant applicants are advised to consult CPRIT's Administrative Rules, chapter 703, section 703.11, for specific requirements regarding demonstration of available funding.

14. CONTACT INFORMATION

14.1. HelpDesk

HelpDesk support is available for questions regarding user registration and online submission of applications. Queries submitted via email will be answered within 1 business day. HelpDesk staff are not in a position to answer questions regarding scientific aspects of applications.

Hours of operation: Monday, Tuesday, Thursday, Friday, 7 AM to 4 PM central time
Wednesday, 8 AM to 4 PM central time

Tel: 866-941-7146

Email: Help@CPRITGrants.org

14.2. Scientific and Programmatic Questions

Questions regarding the CPRIT program, including questions regarding this or any other funding opportunity, should be directed to the CPRIT Senior Program Manager for Research.

Tel: 512-305-8491

Email: Help@CPRITGrants.org

Website: www.cprit.state.tx.us

Third Party Observer Reports

CPRIT Scientific Review Council Meeting Observation Report

Report #2016-03-29-RES

Program Name: Academic Research

Panel Name: FY16.2 Scientific Review Council
Meeting

Panel Date: March 29, 2016

Report Date: April 5, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Scientific Review Council Meeting peer review of applications for FY16 funding. The meeting was chaired by Richard Kolodner and held via teleconference on March 29, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Scientific Review Council Meeting held via teleconference. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Richard Kolodner on March 29, 2016.

The independent observer noted the following during our observation:

- Over the course of the call, a review of the scoring for the 35 recommended applications was completed to ensure that they would in fact be recommended for funding. A score cut-off was reinforced by the panel as to which applications will move forward.
- Six peer review panelists, two CPRIT staff members and one SRA employee were present for the meeting.
- No conflicts of interest were identified prior to or during the meeting.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

CPRIT Research Peer Review Observation Report

Report #2016-03-11-RES

Program Name: Academic Research

Panel Name: FY16.2 Imaging Technology and
Informatics

Panel Date: March 11, 2016

Report Date: March 21, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Imaging Technology and Informatics peer review of applications for FY16 funding. The meeting was chaired by Sam Gambhir and held at the Marriott Suites Medical/Market Center in Dallas, TX, on March 11, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Imaging Technology and Informatics panel meeting held in-person. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Sam Gambhir on March 11, 2016.

The independent observer noted the following during our observation:

- Twenty applications were discussed within the Research Peer Review Meeting to determine which applications would be recommended for funding.
- Nineteen peer review panelists, two advocate reviewers, three CPRIT staff members and six SRA employees were present for the meeting.
 - Two of the nineteen peer review panelists participated via teleconference.
- Three conflicts of interest were identified prior to or during the meeting. Applications for two conflicts were discussed during the peer review panel. The reviewers with the conflicts of interest either left the room or did not participate telephonically and did not participate in the review of the conflicted application.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

CPRIT Research Peer Review Observation Report

Report #2016-03-9/10-RES

Program Name: Academic Research

Panel Name: FY16.2 Clinical & Translational Cancer
Research and Translational Cancer Research

Panel Date: March 9, 2016 to March 10, 2016

Report Date: March 21, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Clinical & Translational Cancer Research and Translational Cancer Research peer review of applications for FY16 funding. The meeting was chaired by Margaret Tempero and held at the Marriott Suites Medical/Market Center in Dallas, TX, on March 9 through March 10, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Clinical & Translational Cancer Research and Translational Cancer Research panel meeting held in-person. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Margaret Tempero on March 9 through March 10, 2016.

The independent observer noted the following during our observation:

- Twenty applications were discussed within the Research Peer Review Meeting to determine which applications would be recommended for funding.
- Twenty-seven peer review panelists, three advocate reviewers, four CPRIT staff members and six SRA employees were present for the meeting on March 9, 2016. Twenty-nine peer review panelists, three advocate reviewers, four CPRIT staff members and six SRA employees were present for the meeting on March 10, 2016.
 - On the first day of the peer review panel, three of the twenty-seven peer review panelists participated via teleconference.
 - On the second day of the peer review panel, three of the twenty-nine peer review panelists participated via teleconference.
- Thirteen conflicts of interest were identified prior to or during the meeting. Applications for eight conflicts were discussed during the peer review panel. The reviewers with the conflicts of interest either left the room or did not participate telephonically and did not participate in the review of the conflicted application.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

CPRIT Research Peer Review Observation Report

Report #2016-03-09-RES

Program Name: Academic Research

Panel Name: FY16.2 Cancer Prevention Research

Panel Date: March 9, 2016

Report Date: March 18, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Cancer Prevention Research peer review of applications for FY16 funding. The meeting was chaired by Tom Sellers and held via teleconference on March 9, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Cancer Prevention Research panel meeting held in-person. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Tom Sellers on March 9, 2016.

The independent observer noted the following during our observation:

- Five applications were discussed within the Research Peer Review Meeting to determine which grants would receive CPRIT funding.
- Sixteen peer review panelists, two advocate reviewers, three CPRIT staff members and five SRA employees were present for the meeting.
- Two conflicts of interest were identified prior to or during the meeting. Applications for two conflicts were discussed during the peer review panel. The reviewers with the conflicts of interest either left the room or did not participate telephonically and did not participate in the review of the conflicted application.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

CPRIT Research Peer Review Observation Report

Report #2016-03-15-RES

Program Name: Academic Research

Panel Name: FY16.2 Cancer Biology

Panel Date: March 15, 2016

Report Date: March 21, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Cancer Biology peer review of applications for FY16 funding. The meeting was chaired by Peter Jones and held at the Marriott Suites Medical/Market Center in Dallas TX on March 15, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Cancer Biology panel meeting held in-person. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Peter Jones on March 15, 2016.

The independent observer noted the following during our observation:

- Seventeen applications were discussed within the Research Peer Review Meeting to determine which applications would be recommended for funding.
- Twenty peer review panelists, two advocate reviewers, three CPRIT staff members and six SRA employees were present for the meeting.
 - Six of the twenty peer review panelists participated via teleconference.
- Ten conflicts of interest were identified prior to or during the meeting. Applications for four conflicts were discussed during the peer review panel. The reviewers with the conflicts of interest either left the room or did not participate telephonically and did not participate in the review of the conflicted application.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

CPRIT Research Peer Review Observation Report

Report #2016-03-16-RES

Program Name: Academic Research

Panel Name: FY16.2 Basic Cancer Research 2

Panel Date: March 16, 2016

Report Date: March 25, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Basic Cancer Research 2 peer review of applications for FY16 funding. The meeting was chaired by Carol Prives and held at the Marriott Suites Medical/Market Center in Dallas TX on March 16, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Basic Cancer Research 2 panel meeting held in-person. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Carol Prives on March 16, 2016.

The independent observer noted the following during our observation:

- Nine applications were discussed within the Research Peer Review Meeting to determine which applications would be recommended for funding.
- Seventeen peer review panelists, two advocate reviewers, three CPRIT staff members and five SRA employees were present for the meeting.
- Three conflicts of interest were identified prior to or during the meeting. Applications for one conflict was discussed during the peer review panel. The reviewer with the conflict of interest either left the room or did not participate telephonically and did not participate in the review of the conflicted application.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

CPRIT Research Peer Review Observation Report

Report #2016-03-14-RES

Program Name: Academic Research

Panel Name: FY16.2 Basic Cancer Research 1

Panel Date: March 14, 2016

Report Date: March 21, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Basic Cancer Research 1 peer review of applications for FY16 funding. The meeting was chaired by Tom Curran and held at the Marriott Suites Medical/Market Center in Dallas TX on March 14, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Basic Cancer Research 1 panel meeting held in-person. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Tom Curran on March 14, 2016.

The independent observer noted the following during our observation:

- Seven applications were discussed within the Research Peer Review Meeting to determine which applications would be recommended for funding.
- Nineteen peer review panelists, two advocate reviewers, two CPRIT staff members and six SRA employees were present for the meeting.
 - Two of the nineteen peer review panelists participated via teleconference.
- Three conflicts of interest were identified prior to or during the meeting. None of the applications with conflicts were discussed during the peer review panel.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

Noted Conflicts of Interest

Conflicts of Interest Disclosure
Academic Research Cycle 16.2 Applications
(Academic Research Cycle 16.2 Awards Announced at May 18, 2016, and August 17, 2016,
Oversight Committee Meetings)

The table below lists the conflicts of interest (COIs) identified by peer reviewers, Program Integration Committee (PIC) members, and Oversight Committee members on an application-by-application basis. Applications reviewed in Academic Research Cycle 16.2 include *High Impact/High Risk Research Awards*, *Core Facilities Support Awards*, and *Multi-Investigator Research Awards*. All applications with at least one identified COI are listed below; applications with no COIs are not included. It should be noted that an individual is asked to identify COIs for only those applications that are to be considered by the individual at that particular stage in the review process. For example, Oversight Committee members identify COIs, if any, with only those applications that have been recommended for the grant awards by the PIC. COI information used for this table was collected by SRA International, CPRIT's third party grant administrator, and by CPRIT.

| Application ID | Applicant | Institution | Conflict Noted |
|--|----------------------------|---|---------------------|
| Applications considered by the PIC and Oversight Committee | | | |
| RP160657 | Dalby, Kevin N | University of Texas at Austin | Angelou, Angelos |
| RP160704 | Tucker, Haley O | University of Texas at Austin | Angelou, Angelos |
| RP160776 | Schiavinato Eberlin, Livia | University of Texas at Austin | Angelou, Angelos |
| Applications not considered by the PIC or Oversight Committee | | | |
| RP160703* | Brekken, Rolf | The University of Texas Southwestern Medical Center | Prendergast, George |
| RP160703-AC* | Brekken, Rolf | The University of Texas Southwestern Medical Center | Prendergast, George |
| RP160703-C1* | Hwang, Tae Hyun | The University of Texas Southwestern Medical Center | Prendergast, George |
| RP160703-P1* | MacDonald, Raymond | The University of Texas Southwestern Medical Center | Prendergast, George |
| RP160703-P2* | Wilkie, Thomas | The University of Texas Southwestern Medical Center | Prendergast, George |

* = Not discussed

| Application ID | Applicant | Institution | Conflict Noted |
|-----------------------|------------------------|--|-----------------------|
| RP160703-P3* | Brekken, Rolf | The University of Texas Southwestern Medical Center | Prendergast, George |
| RP160703-P4* | Boothman, David | The University of Texas Southwestern Medical Center | Prendergast, George |
| RP160767* | Ghosh, Rita | The University of Texas Health Science Center at San Antonio | Houchens, David |
| RP160768* | Srivenugopal, Kalkunte | Texas Tech University Health Sciences Center | Wang, Xiao-Fan |
| RP160774* | Li, Bing | The University of Texas Southwestern Medical Center | Petrini, John |
| RP160782* | Suh, Junghae | Rice University | Weitzman, Matthew |
| RP160835 | Rosenberg, Susan | Baylor College of Medicine | Petrini, John |
| RP160835-AC | Rosenberg, Susan | Baylor College of Medicine | Petrini, John |
| RP160835-C1 | Zong, Chenghang | Baylor College of Medicine | Petrini, John |
| RP160835-P1 | Rosenberg, Susan | Baylor College of Medicine | Petrini, John |
| RP160835-P2 | Miller, Kyle | The University of Texas at Austin | Petrini, John |
| RP160835-P3 | Scott, Kenneth | Baylor College of Medicine | Petrini, John |
| RP160655* | Roth, Jack | The University of Texas M.D. Anderson Cancer Center | Bernstein, Bradley |
| RP160655-AC* | Roth, Jack | The University of Texas M.D. Anderson Cancer Center | Bernstein, Bradley |
| RP160655-C1* | Wang, Jing | The University of Texas M.D. Anderson Cancer Center | Bernstein, Bradley |
| RP160655-P1* | Wu, Xifeng | The University of Texas M.D. Anderson Cancer Center | Bernstein, Bradley |
| RP160655-P2* | Ji, Lin | The University of Texas M.D. Anderson Cancer Center | Bernstein, Bradley |
| RP160655-P3* | Calin, George | The University of Texas M.D. Anderson Cancer Center | Bernstein, Bradley |

* = Not discussed

| Application ID | Applicant | Institution | Conflict Noted |
|-----------------------|---------------------|---|----------------------------------|
| RP160705* | Orlowski, Robert | The University of Texas M.D. Anderson Cancer Center | Bernstein, Bradley |
| RP160739 | Shi, Xiaobing | The University of Texas M.D. Anderson Cancer Center | Bernstein, Bradley |
| RP160760* | Sikora, Andrew | Baylor College of Medicine | Costello, Joseph; Wahl, Geoffrey |
| RP160765 | Gregory, Carl | Texas A&M University Health Science Center | Fearon, Eric; Lawlor, Elizabeth |
| RP160769 | Zhang, Xiang | Baylor College of Medicine | Greene, Geoffrey |
| RP160840 | Rowley, David | Baylor College of Medicine | Greene, Geoffrey |
| RP160840-AC | Rowley, David | Baylor College of Medicine | Greene, Geoffrey |
| RP160840-C1 | Mancini, Michael | Baylor College of Medicine | Greene, Geoffrey |
| RP160840-C2 | Farach-Carson, Mary | Rice University | Greene, Geoffrey |
| RP160840-P1 | Zhang, Xiang | Baylor College of Medicine | Greene, Geoffrey |
| RP160840-P2 | Rowley, David | Baylor College of Medicine | Greene, Geoffrey |
| RP160840-P3 | Weigel, Nancy | Baylor College of Medicine | Greene, Geoffrey |
| RP160856 | Kim, Jung-whan | The University of Texas at Dallas | Werb, Zena |
| RP160661 | Jiang, Steve | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160661-AC | Jiang, Steve | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160661-C1 | Jiang, Steve | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160661-P1 | Yang, Ming | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160661-P2 | Jia, Xun | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160661-P3 | Shao, Yiping | The University of Texas Southwestern Medical Center | Koong, Albert |

* = Not discussed

| Application ID | Applicant | Institution | Conflict Noted |
|-----------------------|----------------------|---|-----------------------|
| RP160661-P4 | Lu, Weigno | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160661-P5 | Wang, Jing | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160663* | Li, Chun | The University of Texas M.D. Anderson Cancer Center | Engelhard, Victor |
| RP160663-AC* | Li, Chun | The University of Texas M.D. Anderson Cancer Center | Engelhard, Victor |
| RP160663-C1* | Overwijk, Willem | The University of Texas M.D. Anderson Cancer Center | Engelhard, Victor |
| RP160663-C2* | Piwnica-Worms, David | The University of Texas M.D. Anderson Cancer Center | Engelhard, Victor |
| RP160663-P1* | Liu, Jinsong | The University of Texas M.D. Anderson Cancer Center | Engelhard, Victor |
| RP160663-P2* | Sood, Anil | The University of Texas M.D. Anderson Cancer Center | Engelhard, Victor |
| RP160663-P3* | Li, Chun | The University of Texas M.D. Anderson Cancer Center | Engelhard, Victor |
| RP160672 | Woodman, Scott | The University of Texas M.D. Anderson Cancer Center | Engelhard, Victor |
| RP160679* | Brugarolas, James | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160679-AC* | Brugarolas, James | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160679-C1* | Kapur, Payal | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160679-C2* | Xie, Xian-Jin | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160679-C3* | Pedrosa, Ivan | The University of Texas Southwestern Medical Center | Koong, Albert |

* = Not discussed

| Application ID | Applicant | Institution | Conflict Noted |
|-----------------------|---------------------|--|--|
| RP160679-P1* | Brugarolas, James | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160679-P2* | Timmerman, Robert | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160679-P3* | Mani, Ram | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160693 | Andreeff, Michael | The University of Texas M.D. Anderson Cancer Center | DePersio, John |
| RP160693-AC | Andreeff, Michael | The University of Texas M.D. Anderson Cancer Center | DePersio, John |
| RP160693-C1 | Kornblau, Stephen | The University of Texas M.D. Anderson Cancer Center | DePersio, John |
| RP160693-C2 | Andreeff, Michael | The University of Texas M.D. Anderson Cancer Center | DePersio, John |
| RP160693-C3 | Do, Kim-Anh | The University of Texas M.D. Anderson Cancer Center | DePersio, John |
| RP160693-P1 | Andreeff, Michael | The University of Texas M.D. Anderson Cancer Center | DePersio, John |
| RP160693-P2 | Rezvani, Katy | The University of Texas M.D. Anderson Cancer Center | DePersio, John |
| RP160693-P3 | Gottschalk, Stephen | Baylor College of Medicine | DePersio, John |
| RP160710 | Symmans, William | The University of Texas M.D. Anderson Cancer Center | Grandis, Jennifer; Kast, W. Martin; Niedzwiecki, Donna |
| RP160710-AC | Symmans, William | The University of Texas M.D. Anderson Cancer Center | Grandis, Jennifer; Kast, W. Martin; Niedzwiecki, Donna |
| RP160710-C1 | Moulder, Stacy | The University of Texas M.D. Anderson Cancer Center | Grandis, Jennifer; Kast, W. Martin; Niedzwiecki, Donna |
| RP160710-C2 | Davies, Peter | Texas A&M University Health Science Center Institute of Biosciences and Technolofy | Grandis, Jennifer; Kast, W. Martin; Niedzwiecki, Donna |

* = Not discussed

| Application ID | Applicant | Institution | Conflict Noted |
|-----------------------|----------------------------|---|--|
| RP160710-C3 | Symmans, William | The University of Texas M.D. Anderson Cancer Center | Grandis, Jennifer; Kast, W. Martin; Niedzwiecki, Donna |
| RP160710-P1 | Thompson, Alastarr | The University of Texas M.D. Anderson Cancer Center | Grandis, Jennifer; Kast, W. Martin; Niedzwiecki, Donna |
| RP160710-P2 | Hong, Mien-Chie | The University of Texas M.D. Anderson Cancer Center | Grandis, Jennifer; Kast, W. Martin; Niedzwiecki, Donna |
| RP160710-P3 | Mani, Sendurai | The University of Texas M.D. Anderson Cancer Center | Grandis, Jennifer; Kast, W. Martin; Niedzwiecki, Donna |
| RP160724* | Story, Michael | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160724-AC* | Story, Michael | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160724-C1* | Saha, Debabrata | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160724-P1* | Story, Michael | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160724-P2* | Aroumougame, Asaithamby | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160724-P3* | Chen, Ping-Chi | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160724-P4* | Hannan, Raquibul | The University of Texas Southwestern Medical Center | Koong, Albert |
| RP160745 | Reynolds, Charles | Texas Tech University Health Sciences Center | Kast, W. Martin |
| RP160745-AC | Reynolds, Charles | Texas Tech University Health Sciences Center | Kast, W. Martin |
| RP160745-C1 | Rosen, Daniel | Baylor Research Institute | Kast, W. Martin |
| RP160745-C2 | Becnel, Lauren | Baylor Research Institute | Kast, W. Martin |
| RP160745-P1 | Reynolds, Charles | Texas Tech University Health Sciences Center | Kast, W. Martin |
| RP160745-P2 | Wheeler, David | Baylor Research Institute | Kast, W. Martin |

* = Not discussed

| Application ID | Applicant | Institution | Conflict Noted |
|-----------------------|-------------------|---|-----------------------|
| RP160745-P3 | Kang, Min | Texas Tech University Health Sciences Center | Kast, W. Martin |
| RP160826 | Fleming, Jason | The University of Texas M.D. Anderson Cancer Center | Prados, Michael |
| RP160843* | Chang, Jenny | The Methodist Hospital Research Institute | Curran, Walter |
| RP160864* | Wang, Rongfu | The Methodist Hospital Research Institute | Riddell, Stanley |
| RP160864-AC* | Wang, Rongfu | The Methodist Hospital Research Institute | Riddell, Stanley |
| RP160864-C1* | Liu, Xuewu | Houston Methodist | Riddell, Stanley |
| RP160864-C2* | Gee, Adrian | Baylor College of Medicine | Riddell, Stanley |
| RP160864-P1* | Shen, Haifa | Houston Methodist | Riddell, Stanley |
| RP160864-P2* | Wang, Rongfu | The Methodist Hospital Research Institute | Riddell, Stanley |
| RP160864-P3* | Rooney, Cliona | Baylor College of Medicine | Riddell, Stanley |
| RP160697* | Kundra, Vikas | The University of Texas M.D. Anderson Cancer Center | Johnson, G. Allan |
| RP160702 | Mancini, Michael | Texas A&M University System Health Science Center | Basillion, James |
| RP160718 | Betancourt, Tania | Texas State University-San Marcos | Berbeen, Ross |
| RP16074 | Goodwin, James | The University of Texas Medical Branch at Galveston | Barlow, William |
| RP16074-AC | Goodwin, James | The University of Texas Medical Branch at Galveston | Barlow, William |
| RP16074-C1 | Elting, Linda | The University of Texas M.D. Anderson Cancer Center | Barlow, William |
| RP16074-C2 | Peterson, Susan | The University of Texas M.D. Anderson Cancer Center | Barlow, William |
| RP16074-C3 | Kuo, Yong-Fang | The University of Texas Medical Branch at Galveston | Barlow, William |
| RP16074-P1 | Goodwin, James | The University of Texas Medical Branch at Galveston | Barlow, William |

* = Not discussed

| Application ID | Applicant | Institution | Conflict Noted |
|-----------------------|---------------------|--|-----------------------|
| RP16074-P2 | Glordano, Sharon | The University of Texas M.D. Anderson Cancer Center | Barlow, William |
| RP16074-P3 | Smith, Benjamin | The University of Texas M.D. Anderson Cancer Center | Barlow, William |
| RP16074-P4 | Guadagnolo, Beverly | The University of Texas M.D. Anderson Cancer Center | Barlow, William |
| RP160735 | DiGiovanni, John | The University of Texas at Austin | Barlow, William |
| RP160735-AC | DiGiovanni, John | The University of Texas at Austin | Barlow, William |
| RP160735-C1 | Glickman, Randolph | The University of Texas Health Science Center at San Antonio | Barlow, William |
| RP160735-C2 | Tiziani, Stefano | The University of Texas at Austin | Barlow, William |
| RP160735-C3 | Gelfond, Jonathan | The University of Texas Health Science Center at San Antonio | Barlow, William |
| RP160735-P1 | DiGiovanni, John | The University of Texas at Austin | Barlow, William |
| RP160735-P2 | Slaga, Thomas | The University of Texas Health Science Center at San Antonio | Barlow, William |
| RP160735-P3 | Kumar, Pratap | The University of Texas Health Science Center at San Antonio | Barlow, William |
| RP160735-P4 | Thompson, Ian | The University of Texas Health Science Center at San Antonio | Barlow, William |
| RP160674 | Goodwin, James | The University of Texas Medical Branch at Galveston | Barlow, William |
| RP160674-AC | Goodwin, James | The University of Texas Medical Branch at Galveston | Barlow, William |
| RP160674-C1 | Elting, Linda | The University of Texas M.D. Anderson Cancer Center | Barlow, William |
| RP160674-C2 | Peterson, Susan | The University of Texas M.D. Anderson Cancer Center | Barlow, William |

| Application ID | Applicant | Institution | Conflict Noted |
|-----------------------|---------------------|---|-----------------------|
| RP160674-C3 | Kuo, Yong-Fang | The University of Texas Medical Branch at Galveston | Barlow, William |
| RP160674-P1 | Goodwin, James | The University of Texas Medical Branch at Galveston | Barlow, William |
| RP160674-P2 | Giordano, Sharon | The University of Texas M.D. Anderson Cancer Center | Barlow, William |
| RP160674-P3 | Smith, Benjamin | The University of Texas M.D. Anderson Cancer Center | Barlow, William |
| RP160674-P4 | Guadagnolo, Beverly | The University of Texas M.D. Anderson Cancer Center | Barlow, William |

De-Identified Overall Evaluation Scores

Multi-Investigator Research Awards

Academic Research Cycle 16.2

See the “Final Overall Evaluation Scores and Rank Order Scores” section for an explanation of the recommendations by the Scientific Review Council.

| Application ID | Final Overall Evaluation Score |
|----------------|--------------------------------|
| RP160652* | 2.0 |
| RP160668* | 2.0 |
| RP160661* | 2.2 |
| RP160693* | 2.2 |
| RP160667* | 2.4 |
| RP160710* | 2.6 |
| RP160674* | 2.7 |
| ga | 3.0 |
| gb | 3.0 |
| gc | 3.1 |
| gd | 3.3 |
| ge | 3.4 |
| gf | 3.5 |
| gg | 3.5 |
| gh | 3.5 |
| gi | 3.5 |
| gj | 3.5 |
| gk | 3.7 |
| gl | 3.7 |
| gm | 4.0 |
| gn | 4.0 |
| go | 4.0 |
| gp | 4.0 |
| gq | 4.0 |
| gr | 4.0 |
| gs | 4.2 |
| gt | 4.5 |
| gu | 4.5 |
| gv | 4.9 |
| gw | 5.0 |
| gx | 6.5 |

This list includes the application ID of the five applications that were deferred by the PIC on May 3, 2016. All five applications were recommended by the PIC to the Oversight Committee on August 2, 2016.

*=Recommended for funding

Final Overall Evaluation Scores and Rank Order Scores

**Ludwig Institute for
Cancer Research Ltd**

March 29, 2016

**Richard D. Kolodner
Ph.D.**

Director, San Diego Branch

Head, Laboratory of
Cancer Genetics
San Diego Branch

Distinguished Professor of
Cellular & Molecular
Medicine, University of
California San Diego School
of Medicine

rkolodner@ucsd.edu

San Diego Branch
UC San Diego School of
Medicine
CMM-East / Rm 3058
9500 Gilman Dr - MC 0669
La Jolla, CA 92093-0669

**T 858 534 7804
F 858 534 7750**

Mr. Pete Geren
Oversight Committee Presiding Officer
Cancer Prevention and Research Institute of Texas
Via email to pgecprit@sidrichardson.org

Mr. Wayne R. Roberts
Chief Executive Officer
Cancer Prevention and Research Institute of Texas
Via email to wroberts@cprit.state.tx.us

Dear Mr. Geren and Mr. Roberts,

The Scientific Review Council (SRC) is pleased to submit this list of research grant recommendations for the **16.2 Core Facilities Support Awards, High-Impact, High-Risk (HIHR) Research Awards, Multi-Investigator Research Awards (MIRA)** grant mechanisms. The SRC met on Tuesday, March 29, 2016 to consider the applications recommended by the peer review panels following their meetings that were held March 9 – March 16, 2016. During the SRC discussion, it was determined that one MIRA (RP160840) received project scores that were not reflected in the overall score, and it was recommended that this application not be moved forward for funding. This resulted in some applications being recommended for grant awards that received scores less favorable than this one application. The applications on the attached list are numerically ranked in the order the SRC recommends the applications be funded after adjustments were made based on success rates.

Recommended funding amounts and the overall evaluation score are stated for each grant application. The SRC accepted the recommendations of the peer review panels concerning adjustments to three grant applications. These adjustments with justifications are listed at the end of the list of recommended projects. The total amount for the applications recommended is \$81,773,066.

These recommendations meet the SRC's standards for grant award funding. These standards include selecting innovative research projects addressing critically important questions that will significantly advance knowledge of the causes, prevention, and/or treatment of cancer, and exceptional potential for achieving future impact in basic, translational, population-based, or clinical research.

Sincerely yours,



Richard D. Kolodner, Ph.D.
Chair, CPRIT Scientific Review Council

Attachment

| Rank | App ID | Organization/Company | Application Title | Budget | Mech | Overall Score |
|------|-------------|--|---|-------------|------|---------------|
| 1 | RP160805 | Baylor College of Medicine | Preclinical Candidate Discovery Core | \$5,999,997 | CFSA | 1.6 |
| 2 | RP160813 | Acelerox | Nanoparticle Prophylaxis for Protection from Chemotherapy Ototoxicity | \$195,665 | HIHR | 1.8 |
| 3 | RP160795 | Baylor College of Medicine | A "Pap smear" for ovarian cancer | \$200,000 | HIHR | 1.8 |
| 4 | RP160657 | The University of Texas at Austin | Targeted Therapeutic Drug Discovery & Development Program | \$4,982,636 | CFSA | 1.9 |
| 5 | RP160776 | The University of Texas at Austin | Rapid Molecular Diagnosis of Lung Cancer Biopsies by Ambient Ionization Mass Spectrometry | \$200,000 | HIHR | 1.9 |
| 6 | RP160884 | Baylor College of Medicine | RNA processing stress: a new therapeutic entry point in triple-negative breast cancer | \$200,000 | HIHR | 2.0 |
| 7 | RP160847 | Texas A&M Engineering Experiment Station | A Body Coil for MR Imaging and Spectroscopy of Cancer at 7 Tesla | \$200,000 | HIHR | 2.0 |
| 8 | RP160732 | The University of Texas Health Science Center at San Antonio | UTHSCSA Cancer Genome Sequencing and Computation Core | \$3,680,756 | CFSA | 2.0 |
| 9 | RP160652 | The University of Texas M. D. Anderson Cancer Center | Defining and Defeating Mechanistic Subtypes of KRAS-mutant Lung Cancers | \$7,476,300 | MIRA | 2.0 |
| 10 | RP160668* | The University of Texas M. D. Anderson Cancer Center | Pathogenesis and Early Progression of Lung Cancer | \$5,757,844 | MIRA | 2.0 |
| 11 | RP160834 | Texas A&M University | Integrated-cavity-enhanced pre-screening for lung cancer | \$200,000 | HIHR | 2.1 |
| 12 | RP160842 | Texas A&M University System Health Science Center | Novel roles for NIK in high-grade glioma: regulation of mitochondrial dynamics to control cell migration and invasion | \$200,000 | HIHR | 2.1 |
| 13 | RP160716 | The University of Texas Health Science Center at San Antonio | Texas Pediatric Patient Derived Xenograft Facility | \$5,079,843 | CFSA | 2.1 |
| 14 | RP160713 | The University of Texas Southwestern Medical Center | Amino Acid Sensing: Directing Cell Growth through mTORC1 | \$198,983 | HIHR | 2.1 |
| 15 | RP160693 | The University of Texas M. D. Anderson Cancer Center | Acute Myeloid Leukemia in the Immunosuppressed Microenvironment | \$7,500,000 | MIRA | 2.2 |
| 16 | RP160739 | The University of Texas M. D. Anderson Cancer Center | Targeting Histone Acetylation Readers in MLL-translocated Leukemias | \$200,000 | HIHR | 2.2 |
| 17 | RP160661** | The University of Texas Southwestern Medical Center | Towards Carbon Beam Stereotactic Body Radiation Therapy (C-SBRT) for Higher Risk Early Stage Lung Cancer | \$5,129,867 | MIRA | 2.2 |
| 18 | RP160667*** | The University of Texas M. D. Anderson Cancer Center | DNA-Protein Crosslink Repair Pathways and Cancer Therapy | \$6,376,645 | MIRA | 2.4 |
| 19 | RP160822 | Texas AgriLife Research | Exploring Geminivirus-encoded suppressor of histone methyltransferases as an anti-cancer drug | \$199,958 | HIHR | 2.5 |
| 20 | RP160866 | The University of Texas at Dallas | Renal Clearable Nanodelivery System for Triple Negative Breast Cancer Therapy | \$200,000 | HIHR | 2.6 |
| 21 | RP160710 | The University of Texas M. D. Anderson Cancer Center | A Randomized Clinical Trial Platform with Translational Studies to Overcome Resistance in Triple Negative Breast Cancer | \$7,497,096 | MIRA | 2.6 |
| 22 | RP160806 | Texas Tech University | Development of high throughput technology to identify drugs for muscle wasting during cancer | \$199,995 | HIHR | 2.7 |
| 23 | RP160674 | The University of Texas Medical Branch at Galveston | Comparative Effectiveness Research on Cancer in Texas (CERCIT) 2.0 | \$7,500,000 | MIRA | 2.7 |
| 24 | RP160827 | Texas A&M University System Health Science Center | A platform technology for the isolation of anti-cancer monoclonal antibodies from chickens | \$200,000 | HIHR | 2.8 |
| 25 | RP160775 | The University of Texas Health Science Center at Houston | Becoming fatter to survive: cancer cells increase lipid storage to counter metabolic stress | \$200,000 | HIHR | 2.8 |

| | | | | | | |
|----|---------------|--|---|-------------|------|-----|
| 26 | RP160771**** | Baylor College of Medicine | The Adolescent and Childhood Cancer Epidemiology and Susceptibility Service (ACCESS) for Texas | \$6,000,000 | CFSA | 2.9 |
| 27 | RP160844***** | The University of Texas at San Antonio | Center for Innovative Drug Discovery: Enhancement of a Shared Cancer Resource for South Texas | \$4,598,728 | CFSA | 2.9 |
| 28 | RP160841 | The University of Texas Health Science Center at San Antonio | Targeting EWS-FLI-1 for degradation | \$200,000 | HIHR | 2.9 |
| 29 | RP160765 | Texas A&M University System Health Science Center | An unlikely therapeutic target for malignant bone disease: Dkk-1 activates a stress resistance mechanism in bone tumor cells | \$200,000 | HIHR | 3.1 |
| 30 | RP160852 | Texas State University - San Marcos | Chemo-preventive Approach to Cancer Exploiting a Presumptive Link between Genomic Instability and Structural Stability of non-B DNA Sequences | \$200,000 | HIHR | 3.1 |
| 31 | RP160770 | The University of Texas at Dallas | Optical opening of blood-brain barrier for brain tumor drug delivery by plasmonic nanobubbles | \$200,000 | HIHR | 3.1 |
| 32 | RP160819 | Texas AgriLife Research | Quantitative mapping of intracellular protein-protein interactomes in healthy and cancerous cells | \$198,753 | HIHR | 3.2 |
| 33 | RP160704 | The University of Texas at Austin | High affinity therapeutic mimotope antibodies to the oncogenic Epidermal Growth Factor Receptor | \$200,000 | HIHR | 3.2 |
| 34 | RP160763 | The University of Texas Health Science Center at Houston | Targeting multiple myeloma stem cell niche | \$200,000 | HIHR | 3.2 |

*RP160668 - The peer review panel recommended the deletion of Project 4 from the MIRA application. As a result, the funds dedicated to that project were removed from the budget for a revised total of \$5,757,844. The final score was based on revised scope with the deletion of Project 4.

**RP160661 - The peer review panel recommended the deletion of Project 3 and Project 4 from the MIRA application. As a result, the funds dedicated to those projects was removed from the budget for a revised total of \$5,129,867. The final score was based on revised scope with the deletion of Projects 3 and 4.

***RP160667 - The peer review panel recommended changes to the MIRA application by modifying Project 2 by deleting Aim 3 and reducing the budget by the amount dedicated to that project. Additionally, the panel recommended reducing the budget for Core 1 by 25%. Finally, the panel recommended reducing Core 2 by \$20,000. These changes resulted in a revised budget totaling of \$6,376,645. The final score was

****RP160771 - The peer review panel recommended the overall budget be reduced to the allowable \$6,000,000 for entire funding period. One required reduction is \$500,000 (\$100,000/year) for pilot projects that were not substantiated. Other reductions can be made based on budget negotiations with CPRIT.

*****RP160844 - The peer review panel recommended reducing the personnel budget by 1/3 (\$507,155), removing \$150,000 for pilot projects, and \$100,000 for a software suite. The revised budget total is \$4,598,728. The final score was based on these budget reductions.

CFSA - Core Facilities Support Awards

HIHR - High-Impact/High-Risk Research Awards

MIRA - Multi-Investigator Research Awards



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO Affidavit Supporting Information

FY 2016—Cycle 2

***Competitive Continuation/Expansion - Evidence-Based
Cancer Prevention Services***

Request for Applications



CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

REQUEST FOR APPLICATIONS RFA P-16-CCE-2

Competitive Continuation/Expansion for Evidence-Based Cancer Prevention Services

**Please also refer to the “Instructions for Applicants” document, which will be
posted September 24, 2015**

Application Receipt Opening Date: September 24, 2015

Application Receipt Closing Date: January 7, 2016

FY 2016

Fiscal Year Award Period

September 1, 2015-August 31, 2016

TABLE OF CONTENTS

| | |
|---|-----------|
| 1. ABOUT CPRIT | 5 |
| 1.1. PREVENTION PROGRAM PRIORITIES | 5 |
| 2. FUNDING OPPORTUNITY DESCRIPTION | 6 |
| 2.1. SUMMARY | 6 |
| 2.2. PROJECT OBJECTIVES | 6 |
| 2.3. AWARD DESCRIPTION | 7 |
| 2.3.1. <i>Priorities</i> | 9 |
| 2.3.2. <i>Specific Areas of Emphasis</i> | 10 |
| 2.3.3. <i>Outcome Metrics</i> | 13 |
| 2.4. ELIGIBILITY | 15 |
| 2.4.1. <i>Resubmission Policy</i> | 17 |
| 2.5. FUNDING INFORMATION..... | 17 |
| 3. KEY DATES..... | 18 |
| 4. APPLICATION SUBMISSION GUIDELINES | 18 |
| 4.1. <i>INSTRUCTIONS FOR APPLICANTS</i> DOCUMENT | 18 |
| 4.2. ONLINE APPLICATION RECEIPT SYSTEM | 18 |
| 4.3. SUBMISSION DEADLINE EXTENSION | 19 |
| 4.4. APPLICATION COMPONENTS | 19 |
| 4.4.1. <i>Abstract and Significance (5,000 characters)</i> | 19 |
| 4.4.2. <i>Goals and Objectives (1,200 characters each)</i> | 20 |
| 4.4.3. <i>Project Timeline (2 pages)</i> | 21 |
| 4.4.4. <i>Project Plan (15 pages; fewer pages permissible)</i> | 21 |
| 4.4.4.1 <i>Initial Project</i> | 21 |
| 4.4.4.2 <i>Proposed Continuation/Expansion Project</i> | 22 |
| 4.4.5. <i>People Reached</i> | 24 |
| 4.4.6. <i>People Served</i> | 24 |
| 4.4.7. <i>References</i> | 24 |
| 4.4.8. <i>Resubmission Summary</i> | 24 |
| 4.4.9. <i>CPRIT Grants Summary</i> | 25 |
| 4.4.10. <i>Budget and Justification</i> | 25 |
| 4.4.11. <i>Current and Pending Support and Sources of Funding</i> | 26 |
| 4.4.12. <i>Biographical Sketches</i> | 26 |
| 4.4.13. <i>Collaborating Organizations</i> | 27 |
| 4.4.14. <i>Letters of Commitment</i> | 27 |
| 5. APPLICATION REVIEW..... | 27 |
| 5.1. REVIEW PROCESS OVERVIEW | 27 |
| 5.2. REVIEW CRITERIA..... | 29 |
| 5.2.1. <i>Primary Evaluation Criteria</i> | 29 |
| 5.2.2. <i>Secondary Evaluation Criteria</i> | 31 |
| 6. AWARD ADMINISTRATION..... | 32 |
| 7. CONTACT INFORMATION..... | 33 |

| | | |
|------------|---|-----------|
| 7.1. | HELPDESK | 33 |
| 7.2. | PROGRAM QUESTIONS | 33 |
| 8. | CONFERENCE CALLS TO ANSWER APPLICANT QUESTIONS | 33 |
| 9. | RESOURCES | 34 |
| 10. | REFERENCES..... | 35 |
| 11. | APPENDIX: KEY TERMS..... | 35 |

RFA VERSION HISTORY

Rev 09/10/15 RFA release

Rev 09/24/15 Changed the Application Receipt Closing Date on the cover page from January 7, 2015 to January 7, 2016.

1. ABOUT CPRIT

The state of Texas has established the Cancer Prevention and Research Institute of Texas (CPRIT), which may issue up to \$3 billion in general obligation bonds to fund grants for cancer research and prevention.

CPRIT is charged by the Texas Legislature to do the following:

- Create and expedite innovation in the area of cancer research and in enhancing the potential for a medical or scientific breakthrough in the prevention of or cures for cancer;
- Attract, create, or expand research capabilities of public or private institutions of higher education and other public or private entities that will promote a substantial increase in cancer research and in the creation of high-quality new jobs in the state of Texas; and
- Develop and implement the Texas Cancer Plan.

1.1. Prevention Program Priorities

Legislation from the 83rd Texas Legislature requires that CPRIT's Oversight Committee establish program priorities on an annual basis. The priorities are intended to provide transparency in how the Oversight Committee directs the orientation of the agency's funding portfolio. The Prevention Program's principles and priorities will also guide CPRIT staff and the Prevention Review Council on the development and issuance of program-specific Requests for Applications (RFAs) and the evaluation of applications submitted in response to those RFAs.

Established Principles

- Fund evidence-based interventions and their dissemination
- Support the prevention continuum of primary, secondary, and tertiary (includes survivorship) prevention interventions

Prevention Program Priorities

- Prioritize populations and geographic areas of greatest need, greatest potential for impact
- Focus on underserved populations
- Increase targeting of preventive efforts to areas where significant disparities in cancer incidence or mortality in the state exist

2. FUNDING OPPORTUNITY DESCRIPTION

2.1. Summary

The ultimate goals of the CPRIT Prevention Program are to reduce overall cancer incidence and mortality and to improve the lives of individuals who have survived or are living with cancer. The ability to reduce cancer death rates depends in part on the application of currently available evidence-based technologies and strategies. CPRIT will foster the primary, secondary, and tertiary prevention of cancer in Texas by providing financial support for a wide variety of evidence-based risk reduction, early detection, and survivorship interventions.

This **Competitive Continuation/Expansion for Evidence-Based Cancer Prevention Services (CCE-EBP)** RFA solicits applications seeking to continue or expand projects previously or currently funded under the Evidence-Based Cancer Prevention Services mechanism. **This award mechanism is open only to previously or currently funded CPRIT Prevention projects.**

The proposed projects must continue to provide evidence-based interventions in primary, secondary, and/or tertiary cancer prevention and control. The proposed program should be designed to reach and serve as many people as possible. Partnerships with other organizations that can support and leverage resources are strongly encouraged. A coordinated submission of a collaborative partnership program in which all partners have a substantial role in the proposed project is preferred.

Applicants wanting to continue or expand previously or currently funded projects focused on public education should submit applications to the Cancer Prevention Promotion and Navigation to Clinical Services (PN) mechanism.

2.2. Project Objectives

CPRIT seeks to fund evidence-based prevention and survivorship services that will do the following:

- Address multiple components of the cancer prevention and control continuum (eg, provision of screening and navigation services in conjunction with outreach and education of the priority population as well as health care provider education);

- Offer effective and efficient systems of delivery of prevention services based on the existing body of knowledge about, and evidence for, cancer prevention in ways that far exceed current performance in a given service area;
- Offer systems and/or policy changes that are sustainable over time;
- Provide tailored, culturally appropriate outreach and accurate information on early detection, prevention, and survivorship to the public and/or health care professionals that result in a health impact that can be measured; and/or
- Deliver evidence-based survivorship services aimed at reducing the morbidity associated with cancer diagnosis and treatment.

2.3. Award Description

CPRIT's **Competitive Continuation/Expansion for Evidence-Based Cancer Prevention Services** grants are intended to fund continuation or expansion of currently or previously funded projects that have demonstrated exemplary success, as evidenced by progress reports and project evaluations, and desire to further enhance their impact on priority populations. Detailed descriptions of **results, barriers, outcomes, and impact of the currently or previously funded project are required** (see outline of Project Plan, [section 4.4.4](#)).

The projects proposed under this mechanism should NOT be new projects but should closely follow the intent and core elements of the currently or previously funded project. Established infrastructure/processes and fully described prior project results are required. Improvements and expansion (eg, new geographic area, additional services, new populations) are strongly encouraged but will require justification. Expansion of current projects into geographic areas not well served by the CPRIT portfolio (see maps at <http://www.cprit.state.tx.us/prevention/cprit-portfolio-maps/>), especially rural areas or subpopulations of urban areas that are not currently being served, will receive priority consideration. CPRIT expects measurable outcomes of supported activities, such as a significant increase over baseline (for the proposed service area). It is expected that baselines will have already been established and that continued improvement over baseline is demonstrated in the current application. However, in the case of a proposed expansion where no baseline data exist for the priority population, the applicant must present clear plans and describe method(s) of measurement used to collect the data necessary to establish

a baseline. Applicants must demonstrate how these outcomes will ultimately impact cancer incidence, mortality, morbidity, or quality of life.

CPRIT also expects that applications for continuation **will not** require startup time, that applicants can demonstrate that they have overcome barriers encountered, and that applicants have identified **lasting systems changes** that improve results, efficiency, and sustainability. Leveraging of resources and plans for dissemination are expected and should be well described.

CPRIT requires applicants to deliver evidence-based interventions in at least 1 of the following clinical services areas (see [section 2.3.2](#) for areas of emphasis):

- Delivery of vaccines that reduce the risk of cancer,
- Evidence-based assessment and counseling services for behaviors established as increasing cancer risk,
- Screening and early detection services, or
- Survivorship services.

CPRIT considers counseling services (eg, tobacco cessation, survivorship, exercise, and nutrition) as clinical services when provided on an individual basis or in small groups.

Applicants are **required** to conceptualize comprehensive projects **or provide a continuum of services** that would increase desired outcomes. This mechanism **will fund** case

management/patient navigation if it is paired with the actual delivery of a clinical service.

Applicants offering screening services must ensure that there is access to treatment services for patients with cancers that are detected as a result of the program and describe plans to provide access to treatment services. CPRIT strongly encourages projects to include broad-based education on cancer risk reduction and health lifestyle as one component of the education curriculum. Applicants offering survivorship services should include an individual needs assessment in addition to the clinical service.

Under this RFA, CPRIT **will not** consider the following:

- **Continuation or expansion of projects originally funded under the Health Behavior Change through Public and/or Professional Education mechanisms** (These projects

should apply to the Cancer Prevention Promotion and Navigation to Clinical Services RFA.)

- **Projects focusing on case management/patient navigation services through the treatment phase of cancer**
- **Projects requesting CPRIT funding for State Quitline services** (Applicants proposing the utilization of Quitline services should communicate with the Tobacco Prevention and Control program prior to submitting a CPRIT grant application to discuss the services currently offered by the Texas Department of State Health Services [DSHS].)
- **Resources for the treatment of cancer or viral treatment for hepatitis**
- **Prevention/intervention research** (Applicants interested in prevention research should review CPRIT's Research RFAs [available at <http://www.cprit.state.tx.us>].)

2.3.1. Priorities

Types of Cancer: Applications addressing any cancer type(s) for which there is strong evidence of effectiveness and that are responsive to this RFA will be considered for funding.

Priority Populations: The age of the priority population and frequency of screening plans for provision of clinical services described in the application must comply with established and current national guidelines (eg, US Preventive Services Task Force [USPSTF], American Cancer Society).

Priority populations are subgroups that are disproportionately affected by cancer. CPRIT-funded efforts must address 1 or more of these priority populations:

- Underinsured and uninsured individuals;
- Geographically or culturally isolated populations;
- Medically unserved or underserved populations;
- Populations with low health literacy skills;
- Geographic regions of the state with higher prevalence of cancer risk factors (eg, obesity, tobacco use, alcohol misuse, unhealthy eating, sedentary lifestyle);
- Racial, ethnic, and cultural minority populations; or

- Other populations with low screening rates, high incidence rates, and high mortality rates, focusing on individuals never before screened or who are significantly out of compliance with nationally recommended screening guidelines (more than 5 years for breast/cervical cancers).

Geographic and Population Balance Priority: For applications submitted in response to this announcement, at the programmatic level of review conducted by the Prevention Review Council (see [section 5.1](#)), priority will be given to projects that target geographic regions of the state and population subgroups that are not adequately covered by the current CPRIT Prevention project portfolio (see <http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control> and <http://www.cprit.state.tx.us/funded-grants>).

2.3.2. Specific Areas of Emphasis

Applications addressing any type of education and outreach programs that include navigation to and delivery of clinical services and that are responsive to this RFA will be considered.

However, CPRIT has identified the following areas of emphasis for this cycle of awards.

A. Primary Prevention

Priority will be given to projects that, through evidence-based efforts, address and can positively influence **local policy or systems change** that can lead to **sustainable change in desired health behaviors**.

CPRIT is interested in applications focused on the following areas:

Tobacco Prevention and Control

- Decreasing tobacco use in vulnerable and high-risk populations, including people with mental illness, history of substance abuse, youth, and pregnant women, that have higher tobacco usage rates than the general population and decreasing tobacco use in areas of the state that have higher smoking rates per capita than other areas of the state
 - Health Service Regions (HSRs) 2, 4, and 5 have significantly higher tobacco use among adults than in other regions of the state. For more information about maps of HSRs, please visit <http://www.dshs.state.tx.us/regions/state.shtm>.

HPV Vaccination

- Increasing access to, delivery of, and completion of the HPV vaccine regimen to males and females through evidence-based intervention efforts
- HPV vaccine completion rates are low (15% for males and 39% for females) across the state compared to the CDC goals of 75% completion rates.¹

Liver Cancer

- Decreasing disparities in incidence and mortality rates for hepatocellular cancer (HCC) by increasing the provision of vaccination and screening for hepatitis B virus and screening for hepatitis C virus (following USPSTF guidelines), diagnostic testing, navigation that ensures access to viral treatment, and education on risk factors and on reducing transmission of hepatitis
 - HCC incidence is significantly higher in Texas Hispanics, blacks, and Asian/Pacific Islanders than in non-Hispanic whites.²
 - Significantly higher HCC rates in Texas Hispanics versus the United States are driven by very high rates among Hispanics in South Texas.²
 - Males have significantly higher incidence and mortality rates than females.²
 - Age at diagnosis is shifting toward younger patients, both in Texas and the United States.²

B. Secondary Prevention - Screening and Early Detection Services

Applicants should select preventive services using current evidence-based national clinical guidelines (eg, USPSTF, American Cancer Society).

Colorectal Cancer

- Increasing screening/detection rates in HSRs 1 through 6 and HSR 9. For more information about maps of HSRs, please visit <http://www.dshs.state.tx.us/regions/state.shtm>.
- The highest rates of cancer incidence and mortality are found in these regions of Texas.²

- Decreasing disparities in incidence and mortality rates of colorectal cancer for racial/ethnic populations and rural communities
 - African Americans have the highest incidence and mortality rates, followed by non-Hispanic whites and Hispanics.²
- Decreasing incidence and mortality rates in rural counties
 - Incidence and mortality rates are higher in rural counties compared to urban counties.²

Cervical Cancer

- Increasing screening/detection rates for women in Texas-Mexico border counties
 - Women in these counties have a 30% higher cervical cancer mortality rate than women in nonborder counties.²
- Decreasing disparities in racial/ethnic populations
 - Hispanics have the highest incidence rates, while African Americans have the highest mortality rates.²
- Reaching women never before screened

Breast Cancer

- Increasing screening/detection rates in rural and medically underserved areas of the state
- Reaching women never before screened

Data on cancer incidence and mortality are provided by the Texas Cancer Registry.² For more information about cancer in Texas, visit CPRIT's website at

<http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control> or visit the

Texas Cancer Registry site at <http://www.dshs.state.tx.us/tcr/>.

C. Tertiary Prevention - Survivorship Services

Priority for funding will be given to survivorship projects that demonstrate a likelihood of success based on available evidence and that can demonstrate and measure an improvement in quality of life in 1 of more of the following areas:

- Preventing secondary cancers and recurrence of cancer;

- Managing the aftereffects of cancer and treatment to maximize quality of life and number of years of healthy life; or
- Minimizing preventable pain, disability, and psychosocial distress.

Applicants proposing survivorship projects may address people with any type of cancer.

2.3.3. Outcome Metrics

The applicant is required to describe the results (quantitative and qualitative) of the currently or previously funded project and the proposed outcome measures/metrics for the current application. Interim or output measures that are associated with the final outcome measures should be identified and will serve as a measure of program effectiveness and public health impact. Applicants are required to clearly describe their assessment and evaluation methodology and to provide results and baseline data from currently or previously funded projects. Applicants should describe how funds from the proposed CPRIT grant will improve and expand outcomes from the initial project and how the current application builds on the previous work or addresses new areas of cancer prevention and control services. If the applicant is not providing baseline data for a measure, the applicant must provide a well-justified explanation and describe clear plans and method(s) of measurement to collect the data necessary to establish a baseline.

Reporting Requirements

Funded projects are required to report quantitative output and outcome metrics (as appropriate for each project) through the submission of quarterly progress reports, annual reports, and a final report.

- Quarterly progress report sections include, but are not limited to, the following:
 - Narrative on project progress (required);
 - People reached activities;
 - Services, other than clinical services, provided to the public/professionals;
 - Actions taken by people/professionals as a result of education or training, including percentage of people reporting sustained behavior change;
 - Clinical services provided; and
 - Abnormal results and precursors or cancers detected.

- Annual and Final progress report sections include, but are not limited to, the following:
 - Key accomplishments, including qualitative analysis of policy change and/or lasting systems change;
 - Progress against goals and objectives, including percentage increase over baseline in provision of age- and risk-appropriate comprehensive preventive services to eligible men and women in a defined service area; for example:
 - Percentage increase over baseline in number of people served
 - Percentage increase over baseline in number of services provided
 - Completion of all required doses of vaccine
 - Number of people quitting tobacco use and sustaining healthy behavior
 - Percentage increase over baseline in cancers detected
 - Percentage increase in early-stage cancer diagnoses in a defined service area
 - Materials produced and publications; and
 - Economic impact of the project.

Outcome measures/metrics (as appropriate for each project) should be reported in the annual and final reports and should include, **but are not limited to**, the following:

For Primary Preventive Services

- Percentage increase over baseline in provision of age- and risk-appropriate comprehensive preventive services to eligible men and women in a defined service area
- Percentage of people reporting sustained behavior change
- Estimates of cancers prevented as a result of primary preventive services

For Screening Services

- Percentage increase over baseline in provision of age- and risk-appropriate comprehensive preventive services to eligible men and women in priority populations
- Percentage increase over baseline in early-stage cancer diagnoses in a defined service area

For Survivorship Services

- Percentage increase over baseline in provision of survivorship services in a defined service area
- Percentage increase over baseline in improvement in quality-of-life measures using a validated quality-of-life instrument, if such an instrument is applicable to the project
- Percentage of people reporting sustained behavior change
- Percentage of people showing clinical improvement of cancer treatment sequelae

Systems Change (for all projects)

- Qualitative analysis of policy or systems change
- Description of lasting, sustainable system changes

2.4. Eligibility

- The applicant must be a Texas-based entity that previously received CPRIT funding through Prevention Program RFAs.
- The designated Program Director (PD) will be responsible for the overall performance of the funded project. The PD must have relevant education and management experience and must reside in Texas during the project performance time.
- The evaluation of the project must be headed by a professional who has demonstrated expertise in the field and who resides in Texas during the time that the project is conducted.
- The applicant is eligible solely for the grant mechanism specified by the RFA under which the grant application is submitted.
- An applicant is not eligible to receive a CPRIT grant award if the applicant PD, any senior member or key personnel listed on the grant application, or any officer or director of the grant applicant's organization or institution is related to a CPRIT Oversight Committee member.
- The applicant may submit more than 1 continuation application, if eligible, but each application must be for distinctly different services without overlap in the services provided. Applicants who do not meet this criterion will have all applications

administratively withdrawn without peer review. Applicants may submit a continuation application before the end of the currently funded project but should time their submission for continuation during the last year of the current project to ensure minimal overlap of funding. Unexpended funds from the original project will not carry forward to the continuation/expansion project. To apply for an expansion of a current project, projects must have at least 1 full year of results and data.

- If the applicant or a partner is an existing DSHS contractor, CPRIT funds may not be used as a match, and the application must explain how this grant complements or leverages existing state and federal funds. DSHS contractors who also receive CPRIT funds must be in compliance with and fulfill all contractual obligations within CPRIT. CPRIT and DSHS reserve the right to discuss the contractual standing of any contractor receiving funds from both entities.
- Collaborations are permitted and encouraged, and collaborators may or may not reside in Texas. However, collaborators who do not reside in Texas are not eligible to receive CPRIT funds. Subcontracting and collaborating organizations may include public, not-for-profit, and for-profit entities. Such entities may be located outside of the state of Texas, but non-Texas-based organizations are not eligible to receive CPRIT funds.
- An applicant organization is eligible to receive a grant award only if the applicant certifies that the applicant organization, including the PD, any senior member or key personnel listed on the grant application, or any officer or director of the grant applicant's organization, (or any person related to 1 or more of these individuals within the second degree of consanguinity or affinity), has not made and will not make a contribution to CPRIT or to any foundation created to benefit CPRIT.
- The applicant must report whether the applicant organization, the PD, or other individuals who contribute to the execution of the proposed project in a substantive, measurable way (whether slated to receive salary or compensation under the grant award or not), are currently ineligible to receive federal grant funds because of scientific misconduct or fraud or have had a grant terminated for cause within 5 years prior to the submission date of the grant application.

- CPRIT grants will be awarded by contract to successful applicants. CPRIT grants are funded on a reimbursement-only basis. Certain contractual requirements are mandated by Texas law or by administrative rules. Although applicants need not demonstrate the ability to comply with these contractual requirements at the time the application is submitted, applicants should make themselves aware of these standards before submitting a grant application. Significant issues addressed by the CPRIT contract are listed in [section 6](#). All statutory provisions and relevant administrative rules can be found at <http://www.cprit.state.tx.us>.

2.4.1. Resubmission Policy

Two **resubmissions** are permitted. An application is considered a resubmission if the proposed project is the same project as presented in the original submission. A change in the identity of the PD for a project, or a change of title for a project that was previously submitted to CPRIT does not constitute a new application; the application would be considered a resubmission.

2.5. Funding Information

Applicants may request any amount of funding up to a maximum of \$1.5 million in total funding over a maximum of 36 months.

The following estimates may be used as a general guide:

- Primary prevention services only: \$300,000 to \$500,000
- Screening and early detection services, including clinical services: Up to \$1.5 million (projects requesting the maximum should provide comprehensive services, demonstrate broad-based community collaboration, and serve as many people as possible)
- Survivorship services only: \$300,000 to \$500,000

Grant funds may be used to pay for clinical services, navigation services, salary and benefits, project supplies, equipment, costs for outreach and education of populations, and travel of project personnel to project site(s). Requests for funds to support construction, renovation, or any other infrastructure needs or requests to support lobbying will not be approved under this

mechanism. Grantees may request funds for travel for 2 project staff to attend CPRIT's conference.

The budget should be proportional to the number of individuals receiving programs and services, and a significant proportion of funds is expected to be used for program delivery as opposed to program development. In addition, CPRIT seeks to fill gaps in funding rather than replace existing funding, supplant funds that would normally be expended by the applicant's organization, or make up for funding reductions from other sources.

3. KEY DATES

RFA

RFA release September 10, 2015

Application

Online application opens September 24, 2015, 7 AM central time

Application due January 7, 2016, 3 PM central time

Application review March 2016

Award

Award notification May 2016

Anticipated start date June 2016

Applicants will be notified of peer review panel assignment prior to the peer review meeting dates.

4. APPLICATION SUBMISSION GUIDELINES

4.1. *Instructions for Applicants Document*

It is imperative that applicants read the accompanying instructions document for this RFA. Requirements may have changed from previous versions.

4.2. Online Application Receipt System

Applications must be submitted via the CPRIT Application Receipt System (CARS) (<https://CPRITGrants.org>). **Only applications submitted through this portal will be**

considered eligible for evaluation. The PD must create a user account in the system to start and submit an application. The Co-PD, if applicable, must also create a user account to participate in the application. Furthermore, the Authorized Signing Official (a person authorized to sign and submit the application for the organization) and the Grants Contract/Office of Sponsored Projects Official (the individual who will manage the grant contract if an award is made) also must create a user account in CARS. Applications will be accepted beginning at 7 AM central time on September 24, 2015, and must be submitted by 3 PM central time on January 7, 2016. Detailed instructions for submitting an application are in the *Instructions for Applicants* document, posted on CARS. **Submission of an application is considered an acceptance of the terms and conditions of the RFA.**

4.3. Submission Deadline Extension

The submission deadline may be extended for 1 or more grant applications upon a showing of good cause. All requests for extension of the submission deadline must be submitted via email to the CPRIT HelpDesk. Submission deadline extensions, including the reason for the extension, will be documented as part of the grant review process records.

4.4. Application Components

Applicants are advised to follow all instructions to ensure accurate and complete submission of all components of the application. Please refer to the *Instructions for Applicants* document for details that will be available when the application receipt system opens. Submissions that are missing 1 or more components or do not meet the eligibility requirements will be administratively withdrawn without review.

4.4.1. Abstract and Significance (5,000 characters)

Clearly explain the problem(s) to be addressed and the approach(es) to the solution and how the application is responsive to this RFA. In the event that the project is funded, the abstract will be made public; therefore, no proprietary information should be included in this statement. Initial compliance decisions are based upon review of this statement.

The required abstract format is as follows (use headings as outlined below):

- **Need:** Include a description of need in the specific service area. Include rates of incidence, mortality, and screening in the service area compared to overall Texas rates. Describe barriers, plans to overcome these barriers, and the priority population to be served.
- **Overall Project Strategy:** Describe the project and how it will address the identified need. Clearly explain what the project is and what it will specifically do, including the services to be provided and the process/system for delivery of services and outreach to the priority population.
- **Specific Goals:** State specifically the overall goals of the proposed project; include the estimated overall numbers of people (public and/or professionals) to be reached and people (public and/or professionals) to be served.
- **Significance and Impact:** Explain how the proposed project, if successful, will have a unique and major impact on cancer prevention and control for the population proposed to be served and for the state of Texas.

4.4.2. Goals and Objectives (1,200 characters each)

Goals and objectives must be completed for the initial funded project and for the proposed continuation/expansion project. Enter the goals and objectives for the initial funded project and progress made against each goal and objective in the Goals and Objectives template form.

Provide an explanation if goals and objectives were not fully met. Include the number and type of each clinical, education, and navigation service delivered as well as the percent change from the initial baseline. If the baseline was 0, report against the baseline that was established during the initial project.

Enter the goals and objectives for the proposed continuation/expansion project in the CARS text fields. List specific goals and **measurable** objectives for each year of the project. Baseline and method(s) of measurement for the proposed continuation/expansion project are required. Provide both raw numbers and percent changes for the baseline and target. Applicants must explain plans to establish baseline and describe method(s) of measurement in cases where it has not been defined.

4.4.3. Project Timeline (2 pages)

Provide a project timeline for project activities that includes deliverables and dates. Use Years 1, 2, 3, and Months 1, 2, 3, etc, as applicable instead of specific months or years (eg, Year 1, Months 3-5, not 2017, March-May).

4.4.4. Project Plan (15 pages; fewer pages permissible)

The project plan must include information for both the initial funded project and the proposed continuation/expansion project. Please note that a different set of reviewers from those assigned to the previously funded application may evaluate this application. Therefore, applicants should be detailed and clear about the proposed work, even if it is similar to the original project. Also, applicants should make it easy for reviewers to compare the original project with the proposed continuation/expansion project.

4.4.4.1 Initial Project

Introduction: Clearly explain the evidence-based intervention, its purpose, and how it was implemented in the priority population. Describe any adaptations made for the population served. Provide the anticipated end date of the initial project.

Project Results and Outcomes: Address how the need for the evidence-based service was met by describing qualitative results and final outcomes of the project. Quantitative results should be entered in the Goals and Objectives template form (see [section 4.4.2](#)). Describe any barriers or obstacles encountered and strategies used to overcome these. Explain how the project has a unique and major impact on cancer prevention and control.

Integration and Capacity Building: Describe steps taken toward integration and capacity building for components of the projects. (see [Integration and Capacity Building](#) of Proposed Project).

Include the roles and effectiveness of key collaborators. If the project director/key staff changed during the project, provide an explanation for the change(s) and impact, if any, on the project.

Dissemination/Adaptation: Describe how project results were disseminated or plans for future dissemination of results.

4.4.4.2 Proposed Continuation/Expansion Project

The required project plan format follows. Applicants must use the headings outlined below. Applications not following the required format will be administratively withdrawn.

Introduction: Briefly present the rationale behind the proposed service, emphasizing the critical barriers to current service delivery that will be addressed. Identify the evidence-based service to be implemented for the priority population. Baseline data for the priority population and target service area are required where applicable. Reviewers will be aware of national and state statistics, and these should be used only to compare rates for the proposed service area. Describe the geographic region of the state that the project will serve; maps are appreciated.

Goals and Objectives (optional): Goals and Objectives will be entered in separate fields in CARS and need not be provided in the project plan. However, if desired, goals and objectives may be fully repeated or briefly summarized here.

Components of the Project: Clearly describe the need, delivery method, and evidence base (provide references) for the services as well as anticipated results. Be explicit about the base of evidence and any necessary adaptations for the proposed project. Provide details for any proposed expansion of the project to new geographic areas and/or priority populations. Clearly demonstrate the ability to provide the proposed service and describe how results will be improved over baseline and the ability to reach the priority population. Applicants must also clearly describe plans to ensure access to treatment services should cancer be detected.

Evaluation Strategy: A strong commitment to evaluation of the project is required. Describe the impact on outcome measures and interim output measures as outlined in [section 2.3.3](#). Describe the plan for outcome and output measurements, including data collection and management methods, data analyses, and anticipated results. Evaluation and reporting of results should be headed by a professional who has demonstrated expertise in the field. If needed, applicants may want to consider seeking expertise at Texas-based academic cancer centers, schools/programs of public health, prevention research centers, or the like. Applicants should budget accordingly for the evaluation activity and should involve that professional during grant application preparation

to ensure, among other things, that the evaluation plan is linked to the proposed goals and objectives.

Organizational Qualifications and Capabilities: Describe the organization and its track record and success in providing programs and services. Describe the role and qualifications of the key collaborators/partners in the project. Include information on the organization's financial stability and viability. To ensure access to preventive services and reporting of services outcomes, applicants should demonstrate that they have provider partnerships and agreements (via memoranda of understanding) or commitments (via letters of commitment) in place.

Integration and Capacity Building: CPRIT funds projects that target the unmet needs not sufficiently covered by other funding sources, and full maintenance of the project may not be feasible. This is especially the case when the project involves the delivery of clinical services. Educational and other less costly interventions may be more readily sustained. Full maintenance of a project, the ability of the grantee's setting or community to continue to deliver the health benefits of the intervention as funded, is not required; however, efforts toward maintenance should be described.

It is expected that steps toward integration and capacity building for components of the project will be taken and plans for such be fully described in the application. *Integration* is defined as the extent the evidence-based intervention is integrated within the culture of the grantee's setting or community through policies and practice. *Capacity building* is any activity (eg, training, identification of alternative resources, building internal assets) that builds durable resources and enables the grantee's setting or community to continue the delivery of some or all components of the evidence-based intervention.

Elements of integration and capacity building may include, but are not limited to, the following:

- Developing ownership, administrative networks, and formal engagements with stakeholders;
- Developing processes for each practice/location to incorporate services into its structure beyond project funding;
- Identifying and training of diverse resources (human, financial, material, and technological);

- Implementing policies to improve effectiveness and efficiency (including cost-effectiveness) of systems.

Dissemination and Scalability (Expansion): Describe how the project lends itself to dissemination to or application by other communities and/or organizations in the state or expansion in the same communities. Describe plans for dissemination of positive and negative project results and outcomes. Dissemination of project results and outcomes, including barriers encountered and successes achieved, is critical to building the evidence base for cancer prevention and control efforts in the state. Dissemination methods may include, but are not limited to, presentations, publications, abstract submissions, and professional journal articles, etc.

4.4.5. People Reached

Provide the estimated overall number of people (members of the public and professionals) to be reached by the funded project. The applicant is required to itemize separately the noninteractive education and outreach activities, with estimates, that led to the calculation of the overall estimates provided. Refer to the [appendix](#) for definitions.

4.4.6. People Served

Provide the estimated overall number of people (members of the public and professionals) to be served by the funded project. The applicant is required to itemize separately the education, navigation, and clinical activities/services, with estimates, that led to the calculation of the overall estimates provided. Refer to the [appendix](#) for definitions.

4.4.7. References

Provide a concise and relevant list of references cited for the application. The successful applicant will provide referenced evidence and literature support for the proposed services.

4.4.8. Resubmission Summary

Please use the template provided on the CARS (<https://CPRITGrants.org>). Describe the approach to the resubmission and how reviewers' comments were addressed. The summary statement of the original application review, if previously prepared, will be automatically appended to the resubmission; the applicant is not responsible for providing this document.

4.4.9. CPRIT Grants Summary

Please use the template provided on the CARS (<https://CPRITGrants.org>). Provide a description of the progress or final results of any CPRIT-funded projects of the PD or Co-PD, except for the initial funded project that is the basis for this CCE application, regardless of their connection to this application. Progress for the initial project will be detailed in the Goals and Objectives template form (see [section 4.4.2](#)) and need not be repeated here. Applications that are missing this document and have a PD and/or Co-PD with previous or current CPRIT funds will be administratively withdrawn prior to peer review.

4.4.10. Budget and Justification

Provide a brief outline and detailed justification of the budget for the entire proposed period of support, including salaries and benefits, travel, equipment, supplies, contractual expenses, education and outreach expenses, services delivery, and other expenses. CPRIT funds will be distributed on a reimbursement basis.

Applications requesting more than the maximum allowed cost (total costs) as specified in [section 2.5](#) will be administratively withdrawn.

- **Cost per Person Served:** The cost per person served will be automatically calculated from the total cost of the project divided by the total number of people (both public and professionals) served (refer to the [appendix](#)).
- **Personnel:** The individual salary cap for CPRIT awards is \$200,000 per year. Describe the source of funding for all project personnel where CPRIT funds are not requested.
- **Travel:** PDs and related project staff are expected to attend CPRIT's conference. CPRIT funds may be used to send up to 2 people to the conference.
- **Equipment:** Equipment having a useful life of more than 1 year and an acquisition cost of \$5,000 or more per unit must be specifically approved by CPRIT. An applicant does not need to seek this approval prior to submitting the application. Justification must be provided for why funding for this equipment cannot be found elsewhere; CPRIT funding should not supplant existing funds. Cost sharing of equipment purchases is strongly encouraged.

- **Services Costs:** CPRIT reimburses for services using Medicare reimbursement rates. Describe the source of funding for all services where CPRIT funds are not requested.
- **Other Expenses**
 - **Incentives:** Use of incentives or positive rewards to change or elicit behavior is allowed; however, incentives may only be used based on strong evidence of their effectiveness for the purpose and in the priority population identified by the applicant. CPRIT will not fund cash incentives. The maximum dollar value allowed for an incentive per person, per activity or session, is \$25.
 - **Indirect/Shared Costs:** It is CPRIT's policy **not** to allow recovery of indirect or shared costs for prevention programs.
 - **Costs Not Related to Cancer Prevention and Control:** CPRIT does not allow recovery of any costs for services not related to cancer (eg, health physicals, HIV testing).

4.4.11. Current and Pending Support and Sources of Funding

Please use the template provided on the CARS (<https://CPRITGrants.org>). Describe the funding source and duration of all current and pending support for the proposed project, including a capitalization table that reflects private investors, if any. Information for the initial funded project need not be included.

4.4.12. Biographical Sketches

The designated PD will be responsible for the overall performance of the funded project and must have relevant education and management experience. The PD/Co-PD(s) must provide a biographical sketch that describes his or her education and training, professional experience, awards and honors, and publications and/or involvement in programs relevant to cancer prevention and/or service delivery.

The evaluation professional must provide a biographical sketch.

Up to 3 additional biographical sketches for key personnel may be provided. Each biographical sketch must not exceed 2 pages and must use the "Prevention Programs: Biographical Sketch" template.

Only biographical sketches will be accepted; do not submit resumes and/or CVs.

4.4.13. Collaborating Organizations

List all key participating organizations that will partner with the applicant organization to provide 1 or more components essential to the success of the program (eg, evaluation, clinical services, recruitment to screening).

4.4.14. Letters of Commitment

Applicants should provide letters of commitment and/or memoranda of understanding from community organizations, key faculty, or any other component essential to the success of the program.

Applications that are missing 1 or more of these components, exceed the specified page, word, or budget limits, or that do not meet the eligibility requirements listed above will be administratively withdrawn without review.

5. APPLICATION REVIEW

5.1. Review Process Overview

All eligible applications will be reviewed using a 2-stage peer review process: (1) evaluation of applications by peer review panels and (2) prioritization of grant applications by the Prevention Review Council. In the first stage, applications will be evaluated by an independent review panel using the criteria listed below. In the second stage, applications judged to be meritorious by review panels will be evaluated by the Prevention Review Council and recommended for funding based on comparisons with applications from all of the review panels and programmatic priorities. Programmatic considerations may include, but are not limited to, geographic distribution, cancer type, population served, and type of program or service. The scores are only 1 factor considered during programmatic review. At the programmatic level of review, priority will be given to proposed projects that target geographic regions of the state or population subgroups that are not well represented in the current CPRIT Prevention project portfolio.

Applications approved by the Prevention Review Council will be forwarded to the CPRIT Program Integration Committee (PIC) for review. The PIC will consider factors including

program priorities set by the Oversight Committee, portfolio balance across programs, and available funding. The CPRIT Oversight Committee will vote to approve each grant award recommendation made by the PIC. The grant award recommendations will be presented at an open meeting of the Oversight Committee and must be approved by two-thirds of the Oversight Committee members present and eligible to vote. The review process is described more fully in CPRIT's Administrative Rules, chapter 703, sections 703.6 to 703.8.

Each stage of application review is conducted confidentially, and all CPRIT Peer Review Panel members, Review Council members, PIC members, CPRIT employees, and Oversight Committee members with access to grant application information are required to sign nondisclosure statements regarding the contents of the applications. All technological and scientific information included in the application is protected from public disclosure pursuant to Health and Safety Code §102.262(b).

Individuals directly involved with the review process operate under strict conflict-of-interest prohibitions. All CPRIT Peer Review Panel members and Review Council members are non-Texas residents.

An applicant will be notified regarding the peer review panel assigned to review the grant application. Peer Review Panel members are listed by panel on CPRIT's website. **By submitting a grant application, the applicant agrees and understands that the only basis for reconsideration of a grant application is limited to an undisclosed Conflict of Interest as set forth in CPRIT's Administrative Rules, chapter 703, section 703.9.**

Communication regarding the substance of a pending application is prohibited between the grant applicant (or someone on the grant applicant's behalf) and the following individuals: an Oversight Committee Member, a PIC Member, a Review Panel member, or a Review Council member. Applicants should note that the CPRIT PIC Committee comprises the CPRIT Chief Executive Officer, the Chief Scientific Officer, the Chief Prevention and Communications Officer, the Chief Product Development Officer, and the Commissioner of State Health Services. The prohibition on communication begins on the first day that grant applications for the particular grant mechanism are accepted by CPRIT and extends until the grant applicant receives notice regarding a final decision on the grant application. The prohibition on communication

does not apply to the time period when preapplications or letters of interest are accepted. Intentional, serious, or frequent violations of this rule may result in the disqualification of the grant application from further consideration for a grant award.

5.2. Review Criteria

Peer review of applications will be based on primary (scored) criteria and secondary (unscored) criteria, identified below. Review panels consisting of experts in the field and advocates will evaluate and score each primary criterion and subsequently assign an overall score that reflects an overall assessment of the application. The overall evaluation score will not be an average of the scores of individual criteria; rather, it will reflect the reviewers' overall impression of the application and responsiveness to the RFA priorities.

5.2.1. Primary Evaluation Criteria

Impact

- Do the proposed services address an important problem or need in cancer prevention and control? Will the proposed outcomes have a significant impact on cancer incidence, morbidity, and/or mortality?
- Will the project reach and serve an appropriate number of people based on the budget allocated to providing services and the cost of providing services?
- Does the proposed continuation/expansion project build on its initial results (baseline) and continue to demonstrate creativity, ingenuity, resourcefulness, or imagination? Does it go beyond the initial project to address what the applicant has learned or explore new partnerships, new audiences, or improvements to systems?
- Does the program address known gaps in prevention services and avoid duplication of effort?

Previous Project Performance

- Does the proposed continuation project demonstrate a high likelihood of success based on the initial project's results and outcomes?

- Does the applicant provide evidence of compelling project progress of the already-funded project? If not, has the applicant addressed obstacles and strategies to overcome those obstacles?

Project Strategy and Feasibility

- Does the proposed project provide prevention interventions or services specified in the RFA?
- Are the overall program approach, strategy, and design clearly described and supported by established theory and practice? Are the base of evidence and any necessary adaptations clearly defined and referenced?
- Are the proposed objectives and activities feasible within the duration of the award? Has the applicant convincingly demonstrated the short- and long-term impacts of the project?
- Are possible barriers addressed and approaches for overcoming them proposed?
- Are the priority population and culturally appropriate methods to reach the priority population clearly described? If applicable, does the application demonstrate the availability of resources and expertise to provide case management, including followup for abnormal results and access to treatment?
- Does the program leverage partners and resources to maximize the reach of the services proposed? Does the program leverage and complement other state, federal, and nonprofit grants?

Outcomes Evaluation

- Are specific goals and measurable objectives for each year of the project listed for both the initial project and the proposed continuation project? Does the applicant provide the baseline and results or method(s) of measurement?
- Are the proposed outcome measures appropriate for the services provided, and are the expected changes clinically significant?
- Does the application provide a clear and appropriate plan for data collection and management and data analyses?

- If an evidence-based intervention is being adapted in a population where it has not been tried/tested, are plans for evaluation of barriers, effectiveness, and fidelity to the model described?
- Is the qualitative analysis of planned policy or system changes described?

Organizational Qualifications and Capabilities

- Do the organization and its collaborators/partners demonstrate the ability to provide the proposed preventive services? Does the described role of each collaborating organization make it clear that each organization adds value to the project and is committed to working together to implement the project?
- Have the appropriate personnel been recruited to implement, evaluate, and complete the project?
- Is the organization structurally and financially stable and viable?

Integration and Capacity Building

- Does the applicant describe steps that will be taken and components of the project that will be integrated into the organization through policies and practices?
- Does the applicant describe steps that will be taken or components of the project that will remain (eg, trained personnel, identification of alternative resources, building internal assets) to continue the delivery of some or all components of the evidence-based intervention once CPRIT funding ends?

5.2.2. Secondary Evaluation Criteria

Budget

- Is the budget appropriate and reasonable for the scope and services of the proposed work?
- Is the cost per person served appropriate and reasonable?
- Is the proportion of the funds allocated for direct services reasonable?
- Is the project a good investment of Texas public funds?

Dissemination and Scalability (Expansion)

- Are plans for dissemination of the project's results and outcomes, including barriers encountered and successes achieved, clearly described?
- Does the applicant clearly describe how the project lends itself to dissemination to or adaptation and application by other communities and/or organizations in the state or expansion in the same communities?

6. AWARD ADMINISTRATION

Texas law requires that CPRIT grant awards be made by contract between the applicant and CPRIT. CPRIT grant awards are made to institutions or organizations, not to individuals. Award contract negotiation and execution will commence once the CPRIT Oversight Committee has approved an application for a grant award. CPRIT may require, as a condition of receiving a grant award, that the grant recipient use CPRIT's electronic Grant Management System to exchange, execute, and verify legally binding grant contract documents and grant award reports. Such use shall be in accordance with CPRIT's electronic signature policy as set forth in chapter 701, section 701.25.

Texas law specifies several components that must be addressed by the award contract, including needed compliance and assurance documentation, budgetary review, progress and fiscal monitoring, and terms relating to revenue sharing and intellectual property rights. These contract provisions are specified in CPRIT's Administrative Rules, which are available at <http://www.cprit.state.tx.us>. Applicants are advised to review CPRIT's Administrative Rules regarding contractual requirements associated with CPRIT grant awards and limitations related to the use of CPRIT grant awards as set forth in chapter 703, sections 703.10, 703.12.

Prior to disbursement of grant award funds, the grant recipient organization must demonstrate that it has adopted and enforces a tobacco-free workplace policy consistent with the requirements set forth in CPRIT's Administrative Rules, chapter 703, section 703.20.

CPRIT requires the PD of the award to submit quarterly, annual, and final progress reports. These reports summarize the progress made toward project goals and address plans for the upcoming year and performance during the previous year(s). In addition, quarterly fiscal

reporting and reporting on selected metrics will be required per the instructions to award recipients. Failure to provide timely and complete reports may waive reimbursement of grant award costs and may result in the termination of the award contract.

7. CONTACT INFORMATION

7.1. HelpDesk

HelpDesk support is available for questions regarding user registration and online submission of applications. Queries submitted via email will be answered within 1 business day. HelpDesk staff are not in a position to answer questions regarding the scope and focus of applications. Before contacting the HelpDesk, please refer to the *Instructions for Applicants* document (posted by September 24, 2015), which provides a step-by-step guide to using CARS.

Hours of operation: Monday, Tuesday, Thursday, Friday, 7 AM to 4 PM central time
Wednesday, 8 AM to 4 PM central time

Tel: 866-941-7146

Email: Help@CPRITGrants.org

7.2. Program Questions

Questions regarding the CPRIT Prevention program, including questions regarding this or any other funding opportunity, should be directed to the CPRIT Prevention Program Office.

Tel: 512-305-8422

Email: Help@CPRITGrants.org

Website: www.cprit.state.tx.us

8. CONFERENCE CALLS TO ANSWER APPLICANT QUESTIONS

CPRIT will host a webinar to provide an overview of this RFA and a demonstration of CARS. A programmatic and technical question-and-answer session will be included. Applicants should

sign up for CPRIT's electronic mailing list at <http://www.cprit.state.tx.us> to ensure that they receive notification of this webinar.

9. RESOURCES

- The Texas Cancer Registry. <http://www.dshs.state.tx.us/tcr>
- The Community Guide. <http://www.thecommunityguide.org/index.html>
- Cancer Control P.L.A.N.E.T. <http://cancercontrolplanet.cancer.gov>
- Guide to Clinical Preventive Services: *Recommendations of the U.S. Preventive Services Task Force*. <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/>
- Centers for Disease Control and Prevention: The Program Sustainability Assessment Tool: A New Instrument for Public Health Programs. http://www.cdc.gov/pcd/issues/2014/13_0184.htm
- Centers for Disease Control and Prevention: Using the Program Sustainability Tool to Assess and Plan for Sustainability. http://www.cdc.gov/pcd/issues/2014/13_0185.htm
- Cancer Prevention and Control Research Network: Putting Public Health Evidence in Action Training Workshop. <http://cpcrn.org/pub/evidence-in-action/>
- Moore, D.E. A Framework for Outcomes Evaluation in the Continuing Professional Development of Physicians. In: Davis, D., Barnes, B.E., Fox, R., eds. *The Continuing Professional Development of Physicians: From Research to Practice*. Chicago, Ill: American Medical Association; 2003
- Centers for Disease Control and Prevention. Distinguishing Public Health Research and Public Health Nonresearch. <http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>
- Brownson, R.C., Colditz, G.A., and Proctor, E.K. (Editors), *Dissemination and Implementation Research in Health: Translating Science to Practice*. Oxford University Press, March 2012

10. REFERENCES

1. <http://www.cdc.gov/vaccines/vpd-vac/hpv/vac-faqs.htm>
2. Texas Cancer Registry, Cancer Epidemiology and Surveillance Branch, Texas Department of State Health Services. <http://www.dshs.state.tx.us/tcr/default.shtm>

11. APPENDIX: KEY TERMS

- **Activities:** A listing of the “who, what, when, where, and how” for each objective that will be accomplished
- **Capacity Building:** Any activity (eg, training, identification of alternative resources, building internal assets) that builds durable resources and enables the grantee’s setting or community to continue the delivery of some or all components of the evidence-based intervention
- **Clinical Services:** Number of clinical services such as screenings, diagnostic tests, vaccinations, counseling sessions, or other evidence-based preventive services delivered by a health care practitioner in an office, clinic, or health care system (Other examples include genetic testing or assessments, physical rehabilitation, tobacco cessation counseling or nicotine replacement therapy, case management, primary prevention clinical assessments, and family history screening.)
- **Education Service:** Number of evidence-based, culturally appropriate cancer prevention and control education and outreach services delivered to the public and to health care professionals (Examples include education or training sessions (group or individual), focus groups, and knowledge assessments.)
- **Evidence-Based Program:** A program that is validated by some form of documented research or applied evidence (CPRIT’s website provides links to resources for evidence-based strategies, programs, and clinical recommendations for cancer prevention and control. To access this information, visit <http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control>.)
- **Goals:** Broad statements of general purpose to guide planning (Goals should be few in number and focus on aspects of highest importance to the project.)

- **Integration:** The extent the evidence-based intervention is integrated within the culture of the grantee's setting or community through policies and practice
- **Navigation Services:** Number of unique activities/services that offer assistance to help overcome health care system barriers in a timely and informative manner and facilitate cancer screening and diagnosis to improve health care access and outcomes (Examples include patient reminders, transportation assistance, and appointment scheduling assistance.)
- **Objectives:** Specific, **measurable**, actionable, realistic, and timely projections for outputs and outcomes; example: "Increase screening service provision in X population from Y% to Z% by 20xx" (Baseline data for the priority population must be included as part of each objective.)
- **People Reached:** Number of members of the public and/or professionals reached via noninteractive public or professional education and outreach activities, such as mass media efforts, brochure distribution, public service announcements, newsletters, and journals (This category includes individuals who would be reached through activities that are directly funded by CPRIT as well as individuals who would be reached through activities that occur as a direct consequence of the CPRIT-funded project's leveraging of other resources/funding to implement the CPRIT-funded project.)
- **People Served:** Number of members of the public and/or professionals served via direct, interactive public or professional education, outreach, training, navigation service delivery, or clinical service delivery, such as live educational and/or training sessions, vaccine administration, screening, diagnostics, case management/navigation services, and physician consults (This category includes individuals who would be served through activities that are directly funded by CPRIT as well as individuals who would be served through activities that occur as a direct consequence of the CPRIT-funded project's leveraging of other resources/funding to implement the CPRIT-funded project [eg, X people screened for cervical cancer after referral to Y indigent care program as a result of CPRIT-funded navigation services performed by the project]).

Third Party Observer Reports

CPRIT Prevention Peer Review Observation Report

Report #2016-05-23/24-PRE

Program Name: Prevention

Panel Name: FY16.2 Prevention Peer Review Panel - 1

Panel Date: May 23, 2016 to May 24, 2016

Report Date: June 3, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Prevention Peer Review Panel-1 peer review of applications for FY16 funding. The meeting was chaired by Ross Brownson and held at the Dallas Marriott in Dallas TX on May 23 through May 24, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Prevention Peer Review Panel-1 panel meeting held in-person. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Ross Brownson on May 23 through May 24, 2016.

The independent observer noted the following during our observation:

- Sixteen applications were discussed within the Prevention Peer Review Meeting Panel to determine which applications would be recommended for funding.
- Ten peer review panelists, two advocate reviewers, two CPRIT staff members, one other attendee and five SRA employees were present on May 23, 2016 and May 24, 2016.
 - One of the ten peer review panelists participated via teleconference on both days. On May 24, this panelist only participated in the review of one application.
 - The other attendee was present via teleconference on both days.
- One conflict of interest was identified prior to or during the meeting. Applications for one conflict were discussed during the peer review panel. The reviewer with the conflict of interest either left the room or did not participate telephonically and did not participate in the review of the conflicted application.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

CPRIT Prevention Peer Review Observation Report

Report #2016-05-24/25-PRE

Program Name: Prevention

Panel Name: FY16.2 Prevention Peer Review Panel - 2

Panel Date: May 24, 2016 to May 25, 2016

Report Date: June 3, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Prevention Peer Review Panel-2 peer review of applications for FY16 funding. The meeting was chaired by Nancy Lee and held at the Dallas Marriott in Dallas TX on May 24 through May 25, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Prevention Peer Review Panel-2 panel meeting held in-person. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Nancy Lee on May 24 through May 25, 2016.

The independent observer noted the following during our observation:

- Fifteen applications were discussed within the Prevention Peer Review Meeting Panel to determine which applications would be recommended for funding.
- Ten peer review panelists, two advocate reviewers, two CPRIT staff members, one other attendee and five SRA employees were present on May 24, 2016. Eleven peer review panelists, two advocate reviewers, two CPRIT staff members, one non-participating attendee and five SRA employees were present on May 25, 2016.
 - On May 24, one of the ten peer review panelists participated via teleconference.
 - On May 25, two of the eleven peer review panelists participated via teleconference. One of these two panelists only participated in the review of two applications.
 - The other attendee was present via teleconference on both days.
- No conflicts of interest were identified prior to or during the meeting.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

CPRIT Prevention Review Council Meeting Observation Report

Report #2016-07-01-PREV

Program Name: Prevention

Panel Name: FY16.2 Prevention Review Council

Programmatic Review

Panel Date: July 1, 2016

Report Date: July 12, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Prevention Review Council Programmatic Review peer review of applications for FY16 funding. The meeting was chaired by Stephen Wyatt and held via teleconference on July 1, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Prevention Review Council Programmatic Review held via teleconference. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Stephen Wyatt on July 1, 2016.

The independent observer noted the following during our observation:

- Twenty applications were discussed within the Prevention Review Council Meeting to determine which applications would be recommended for funding.
- Three peer review panelists, two CPRIT staff members, and four SRA employees were present for the meeting.
- No conflicts of interest were identified prior to or during the meeting.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical, or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

Noted Conflicts of Interest

Conflict of Interest Disclosure
Prevention Cycle 16.2 Applications
(Prevention Cycle 16.2 Awards Announced at August 17, 2016, Oversight Committee Meeting)

The table below lists the conflicts of interest (COIs) identified by peer reviewers, Program Integration Committee (PIC) members, and Oversight Committee members on an application-by-application basis. Applications reviewed in Prevention Cycle 16.2 include *Cancer Prevention Promotion and Navigation to Clinical Services*, *Competitive Continuation/Expansion - Evidence-Based Cancer Prevention Services*, *Dissemination of CPRIT-Funded Cancer Control Interventions*, *Evidence-Based Cancer Prevention Services*, *Evidence-Based Cancer Prevention Services - See, Test & Treat® Program*, and *Evidence-Based Cancer Prevention Services - Colorectal Cancer Prevention Coalition*. All applications with at least one identified COI are listed below; applications with no COIs are not included. It should be noted that an individual is asked to identify COIs for only those applications that are to be considered by the individual at that particular stage in the review process. For example, Oversight Committee members identify COIs, if any, with only those applications that have been recommended for the grant awards by the PIC. COI information used for this table was collected by SRA International, CPRIT's third party grant administrator, and by CPRIT.

| Application ID | Applicant | Institution | Conflict Noted |
|---|----------------------|---|------------------------------|
| Applications considered by the PIC and Oversight Committee | | | |
| PP160075 | Singal, Amit | The University of Texas Southwestern Medical Center | Nguyen, Mindie; Willson, Jim |
| PP160079 | Jibaja-Weiss, Maria | Baylor College of Medicine | Nguyen, Mindie |
| PP160097 | Rodriguez, Ana | The University of Texas Medical Branch at Galveston | Nguyen, Mindie |
| PP160103 | Ross, Theodora S. | The University of Texas Southwestern Medical Center | Nguyen, Mindie; Willson, Jim |
| PP160110 | Ross, Theodora S. | The University of Texas Southwestern Medical Center | Nguyen, Mindie; Willson, Jim |
| PP160121 | Trivedi, Madhukar H. | The University of Texas Southwestern Medical Center | Willson, Jim |
| PP160122 | Rustveld, Luis | Baylor College of Medicine | Nguyen, Mindie |
| Applications not considered by the PIC or Oversight Committee | | | |
| PP160060 | Gardner, Julie | Texas AgriLife Extension Service | Nguyen, Mindie |

| Application ID | Applicant | Institution | Conflict Noted |
|----------------|---------------------|---|----------------|
| PP160076 | Lucci, Joseph | The University of Texas Health Science Center at Houston | Nguyen, Mindie |
| PP160092 | Poplack, David | Baylor College of Medicine | Nguyen, Mindie |
| PP160094 | McNeill, Lorna | The University of Texas M.D. Anderson Cancer Center | Nguyen, Mindie |
| PP160096 | McGaha, Paul | The University of Texas Health Center at Tyler | Nguyen, Mindie |
| PP160098 | Tomlinson, Gail | The University of Texas Health Science Center at San Antonio | Nguyen, Mindie |
| PP160099 | Crocker, Andrew | Texas AgriLife Extension Service | Nguyen, Mindie |
| PP160102 | Argenbright, Keith | The University of Texas Southwestern Medical Center | Nguyen, Mindie |
| PP160109 | Villarreal, Roberto | University Health System | Nguyen, Mindie |
| PP160112 | Felini, Martha | University of North Texas Health Science Center at Fort Worth | Nguyen, Mindie |
| PP160117 | Misra, Subhasis | Texas Tech University Health Sciences Center | Nguyen, Mindie |
| PP160124 | Handal, Gilbert | Texas Tech University Health Sciences Center at El Paso | Bright, Frank |
| PP160126 | Singh, Hitesh | Scott & White Healthcare | Nguyen, Mindie |
| PP160133 | Garcia, Fernandina | Mercy Ministries of Laredo | Nguyen, Mindie |
| PP160135 | Benedict, Deb | Rio Grande Cancer Foundation | Nguyen, Mindie |

De-Identified Overall Evaluation Scores

Competitive Continuation/Expansion - Evidence-Based Cancer Prevention Services

Prevention Cycle 16.2

| Application ID | Final Overall Evaluation Score |
|----------------|--------------------------------|
| PP160058* | 2.1 |
| a | 4.1 |
| b | 4.4 |
| c | 4.4 |
| d | 4.7 |
| e | 5.3 |

*=Recommended for funding

Final Overall Evaluation Scores and Rank Order Scores

Pete Geren
Oversight Committee Presiding Officer
Cancer Prevention and Research Institute of Texas
Via email to pgcpnit@sidrichardson.org

Wayne R. Roberts
Chief Executive Officer
Cancer Prevention and Research Institute of Texas
Via email to wroberts@cprnit.texas.gov

Dear Mr. Geren and Mr. Roberts,

On behalf of the Prevention Review Council (PRC), I am pleased to provide the PRC's recommendations for CPRIT Prevention grant awards. The applicants on the attached list of submitted proposals responded to CPRIT requests for applications (RFA) released for the second review cycle of FY2016. These recommendations reflect 50+ hours of work by individual reviewers and include panel discussion of the applicants' proposals, in addition to the PRC's programmatic review.

The projects are numerically ranked in the order the PRC recommends the applications be funded. Recommended funding amounts and the overall evaluation score are provided for each grant application. The PRC did not make changes to the goals, timelines, or project objectives requested by the applicants. When the PRC did not follow the rank ordered scores in developing its recommended funding order, justification was provided and was based upon established programmatic priorities outlined in the RFAs.

The projected funding available for this fiscal year is \$13,793,613. The PRC recommends that the budget of one application, PP160103, be reduced from the requested \$3,155,337 to \$2,100,000 due to the overlap with the infrastructure of this applicant's other funded projects. The total recommended by the PRC is \$13,690,454.

All of the recommended grants address one or more of the Prevention Program priorities. Our recommendations meet the PRC's standards for grant award funding of projects that are evidence-based, deliver programs or services to underserved populations, and focus on primary, secondary or tertiary prevention. In making these recommendations the PRC also considered the available funding, the composition of the current portfolio, and the programmatic priorities in the RFA which include potential for impact and return on investment, geographic distribution, cancer type and type of program.

Sincerely,

Stephen W. Wyatt, DMD, MPH
Chair, CPRIT Prevention Review Council

Pete Geren
Oversight Committee Presiding Officer
Cancer Prevention and Research Institute of Texas
Via email to pgcprnit@sidrichardson.org

Wayne R. Roberts
Chief Executive Officer
Cancer Prevention and Research Institute of Texas
Via email to wroberts@cprnit.texas.gov

Dear Mr. Geren and Mr. Roberts,

On July 8, 2016 I forward a transmittal letter and spreadsheet with the PRC's recommendations for FY 16.2 CPRIT Prevention grant awards. The projects were numerically ranked in the order the PRC recommends the applications be funded. When the PRC did not follow the rank ordered scores in developing its recommended funding order, justification was provided in the spreadsheet for the projects that were taken out of score order and not being recommended. However, it has come to my attention that we should have provided justification for the projects that are being recommended instead of justification for those not recommended.

The revised spreadsheet includes our justification for the projects being proposed and the projects not recommended have been removed from the list. The recommendations and rank order remain the same.

Please let me know if you have any questions. I apologize for any confusion.

Sincerely,

Stephen W. Wyatt, DMD, MPH
Chair, CPRIT Prevention Review Council

| Application ID | Mech | Application Title | Applicant Name | Organization | Total Funding Requested | Average Overall Score | Rank Order | PRC Recommendation Justifications |
|-------------------|------|--|----------------------------|---|-------------------------|-----------------------|------------|--|
| PP160081 | DI | Statewide Dissemination of the "Taking Texas Tobacco Free" Workplace Program | Reitzel, Lorraine R | University of Houston | \$299,981 | 1.6 | 1 | |
| PP160116 | STT | Lone Star Community Health Center, Inc. 2016 See, Test & Treat Program | McKernan, Stephen | Lone Star Community Health Center, Inc. dba Lone Star Family Health | \$23,602 | 1.7 | 2 | |
| PP160079 | EBP | Leveraging a Community Network for Cancer Prevention to Increase HPV Vaccine Uptake and Completion among Pediatric Patients in a Safety Net Healthcare Setting | Jibaja-Weiss, Maria L | Baylor College of Medicine | \$1,161,015 | 1.8 | 3 | |
| PP160093 | DI | Access for Breast Care for West Texas (ABC4WT)Development of a Replication Model for Dissemination and Implementation | Layeequr Rahman, Rakshanda | Texas Tech University Health Sciences Center | \$299,785 | 1.9 | 4 | |
| PP160058 | CCE | Postpartum administration of HPV vaccine: Strategies to increase initiation and series completion among low income women across Southeast Texas | Berenson, Abbey B | The University of Texas Medical Branch at Galveston | \$1,496,111 | 2.1 | 5 | |
| PP160075 | EBP | Implementation an Evidence-Based Colorectal Cancer Screening Outreach Program among Socioeconomically Disadvantaged Patients in a Safety Net | Singal, Amit | The University of Texas Southwestern Medical Center | \$1,499,826 | 2.3 | 6 | recommended out of rank order due to ROI and type of program |
| PP160110 | PN | Use of Genetic Patient Navigators to Help Mutation Carriers Comply with the NCCN Guidelines and to Enable Healthy Behaviors | Ross, Theodora S | The University of Texas Southwestern Medical Center | \$399,954 | 2.5 | 7-tie | recommended out of rank order due to ROI, geography, and type of service |
| PP160080 | EBP | Promoting HPV vaccination among Hispanic adolescents and young adults using Health Care System-Based Interventions and Community Outreach | Morales-Campos, Daisy Y | The University of Texas Health Science Center at San Antonio | \$1,302,955 | 2.5 | 7-tie | recommended out of rank order due to geography, population served, and type of program |
| PP160122 | EBP | Reducing Racial/Ethnic Disparities in CRC Screening: A Comprehensive EMR-Based Patient Navigation Program Including Technology-Driven CRC Outreach and Education | Rustveld, Luis | Baylor College of Medicine | \$1,477,698 | 2.5 | 7-tie | recommended out of rank order due to ROI and type of program |
| PP160105 | STT | Implementing a See, Test & Treat Program in Sunnyside Health Center to Provide Free Cervical and Breast Cancer Screening and Medical Home for Underserved Women | Coffey, Donna M | Houston Methodist | \$24,522 | 2.7 | 10 | recommended out of rank order due to ROI |
| PP160121 | EBP | Promoting Activity in Cancer Survivors (PACES): An active living intervention for breast cancer survivors | Trivedi, Madhukar H | The University of Texas Southwestern Medical Center | \$1,365,226 | 2.9 | 11 | recommended out of rank order due to type of program and population served |
| PP160097 | EBP | School-Based Human Papillomavirus Vaccination Program in the Lower Rio Grande Valley | Rodriguez, Ana M | The University of Texas Medical Branch at Galveston | \$747,727 | 3.5 | 12 | recommended out of rank order due to geography and type of program |
| PP160089 | EBP | PREVENT HCC – through Screening, Vaccination and Treatment of Viral Hepatitis | Mittal, Sahil | Baylor College of Medicine | \$1,492,052 | 3.7 | 13 | recommended out of rank order due to cancer type |
| PP160103 | CRC | Detecting Unaffected Individuals for Lynch Syndrome (DUAL): Screening, Diagnosis and NavigationNavigation | Ross, Theodora S | The University of Texas Southwestern Medical Center | \$2,100,000 | 2.3 | 14 | recommended out of rank order due to geographyand type of program |
| TOTAL RECOMMENDED | | | | | \$ 13,690,454 | | | |



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO Affidavit Supporting Information

FY 2016—Cycle 2

***Evidence-Based Cancer Prevention Services -
Colorectal Cancer Prevention Coalition***

Request for Applications



CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

REQUEST FOR APPLICATIONS RFA P-16-EBP-CRC-2

Evidence-Based Cancer Prevention Services Colorectal Cancer Prevention Coalition

Please also refer to the “Instructions for Applicants” document, which will be posted September 24, 2015

Application Receipt Opening Date: September 24, 2015

Application Receipt Closing Date: January 7, 2016

FY 2016

September 1, 2015-August 31, 2016

TABLE OF CONTENTS

| | |
|---|-----------|
| 1. ABOUT CPRIT | 4 |
| 1.1. PREVENTION PROGRAM PRIORITIES | 4 |
| 2. FUNDING OPPORTUNITY DESCRIPTION | 5 |
| 2.1. SUMMARY | 5 |
| 2.2. PROJECT OBJECTIVES | 5 |
| 2.3. AWARD DESCRIPTION | 6 |
| 2.3.1. <i>Priorities</i> | 8 |
| 2.3.2. <i>Specific Areas of Emphasis</i> | 9 |
| 2.3.3. <i>Outcome Metrics</i> | 9 |
| 2.4. ELIGIBILITY | 11 |
| 2.4.1. <i>Resubmission Policy</i> | 12 |
| 2.5. FUNDING INFORMATION..... | 13 |
| 3. KEY DATES..... | 13 |
| 4. APPLICATION SUBMISSION GUIDELINES | 14 |
| 4.1. <i>INSTRUCTIONS FOR APPLICANTS</i> DOCUMENT | 14 |
| 4.2. ONLINE APPLICATION RECEIPT SYSTEM | 14 |
| 4.3. SUBMISSION DEADLINE EXTENSION | 14 |
| 4.4. APPLICATION COMPONENTS | 14 |
| 4.4.1. <i>Abstract and Significance (5,000 characters)</i> | 15 |
| 4.4.2. <i>Goals and Objectives (1,200 characters each)</i> | 15 |
| 4.4.3. <i>Project Timeline (2 pages)</i> | 16 |
| 4.4.4. <i>Project Plan (30 pages; fewer pages permissible)</i> | 16 |
| 4.4.5. <i>People Reached</i> | 18 |
| 4.4.6. <i>People Served</i> | 18 |
| 4.4.7. <i>References</i> | 19 |
| 4.4.8. <i>Resubmission Summary</i> | 19 |
| 4.4.9. <i>CPRIT Grants Summary</i> | 19 |
| 4.4.10. <i>Budget and Justification</i> | 19 |
| 4.4.11. <i>Current and Pending Support and Sources of Funding</i> | 20 |
| 4.4.12. <i>Biographical Sketches</i> | 20 |
| 4.4.13. <i>Collaborating Organizations</i> | 21 |
| 4.4.14. <i>Letters of Commitment (10 pages)</i> | 21 |
| 5. APPLICATION REVIEW..... | 21 |
| 5.1. REVIEW PROCESS OVERVIEW | 21 |
| 5.2. REVIEW CRITERIA..... | 23 |
| 5.2.1. <i>Primary Evaluation Criteria</i> | 23 |
| 5.2.2. <i>Secondary Evaluation Criteria</i> | 25 |
| 6. AWARD ADMINISTRATION..... | 26 |
| 7. CONTACT INFORMATION..... | 27 |
| 7.1. HELPDESK | 27 |
| 7.2. PROGRAM QUESTIONS | 27 |
| 8. CONFERENCE CALLS TO ANSWER APPLICANT QUESTIONS | 27 |
| 9. RESOURCES | 28 |
| 10. REFERENCES..... | 28 |
| 11. APPENDIX: KEY TERMS..... | 28 |

RFA VERSION HISTORY

Rev 09/10/15 RFA release

1. ABOUT CPRIT

The state of Texas has established the Cancer Prevention and Research Institute of Texas (CPRIT), which may issue up to \$3 billion in general obligation bonds to fund grants for cancer research and prevention.

CPRIT is charged by the Texas Legislature to do the following:

- Create and expedite innovation in the area of cancer research and in enhancing the potential for a medical or scientific breakthrough in the prevention of or cures for cancer;
- Attract, create, or expand research capabilities of public or private institutions of higher education and other public or private entities that will promote a substantial increase in cancer research and in the creation of high-quality new jobs in the state of Texas; and
- Develop and implement the Texas Cancer Plan.

1.1. Prevention Program Priorities

Legislation from the 83rd Texas Legislature requires that CPRIT's Oversight Committee establish program priorities on an annual basis. The priorities are intended to provide transparency in how the Oversight Committee directs the orientation of the agency's funding portfolio. The Prevention Program's principles and priorities will also guide CPRIT staff and the Prevention Review Council on the development and issuance of program-specific Requests for Applications (RFAs) and the evaluation of applications submitted in response to those RFAs.

Established Principles:

- Fund evidence-based interventions and their dissemination
- Support the prevention continuum of primary, secondary, and tertiary (includes survivorship) prevention interventions

Prevention Program Priorities

- Prioritize populations and areas of greatest need, greatest potential for impact
- Focus on underserved populations
- Increase targeting of preventive efforts to areas where significant disparities in cancer incidence or mortality in the state exist

2. FUNDING OPPORTUNITY DESCRIPTION

2.1. Summary

The ultimate goals of the CPRIT Prevention Program are to reduce overall cancer incidence and mortality and to improve the lives of individuals who have survived or are living with cancer. The ability to reduce cancer death rates depends in part on the application of currently available evidence-based technologies and strategies. CPRIT will foster the primary, secondary, and tertiary prevention of cancer in Texas by providing financial support for a wide variety of evidence-based risk reduction, early detection, and survivorship interventions.

The **Evidence-Based Cancer Prevention Services Colorectal Cancer Prevention Coalition (EBP-CRC)** award mechanism seeks to fund projects that greatly challenge the status quo in colorectal cancer prevention and control services. The proposed project should be designed to reach and serve as many people as possible. Partnerships with organizations that can provide clinical services (ie, clinics, hospitals, Federally Qualified Health Centers) are required. In addition to partnerships with clinical service providers, partnerships with other organizations that can support and leverage resources (ie, community-based organizations, local and voluntary agencies, nonprofit agencies, groups that represent priority populations) are strongly encouraged. A coordinated submission of a collaborative coalition in which all partners have a substantial role in the proposed project is required.

The intent of this mechanism is to maximize the impact of the project by its simultaneous implementation in multiple clinical sites. Collaboration with clinical services organizations must be executed in a coordinated manner so that access to care and utilization of services are increased. The clinical service provider partners should all provide the same education, navigation, and clinical services. The intent is not to have the various sites providing different services or subsets of services.

2.2. Project Objectives

CPRIT seeks to fund projects that will do the following:

- Deliver evidence-based comprehensive colorectal cancer prevention services aimed at reducing health disparities in colorectal cancer screening, incidence, and mortality;

- Increase screening rates among persons 50 years and older and those at high risk (as defined by the American Cancer Society)¹ in identified service regions, focusing on **asymptomatic** persons with CRC, those who have not been screened before, and those who have inadequate or no health insurance coverage for CRC screening;
- Coordinate clinical service providers and other partners to create a coalition with the goal of screening and treating (for cancers or precancers detected) the most counties and the most people possible in a selected service region, and for those identified with colorectal cancer or precancer through the screening exam who do not have health insurance coverage, ensure appropriate treatment will be provided;
- Implement system changes to decrease wait time between positive screen and diagnostic test (navigation, reminder systems, etc) and treatment and offer systems and/or policy changes that are sustainable over time; and
- Deliver uniform services, data collection, and reporting from the coalition.

2.3. Award Description

This RFA solicits applications for projects up to 36 months in duration that will deliver a comprehensive and integrated colorectal cancer screening project that includes provision of screening, diagnostic, and navigation services in conjunction with outreach and education of the target population through a coalition of partners.

The following are required project elements:

Comprehensive projects. Comprehensive projects include a continuum of services and systems and policy changes and comprise all or some of the following: Public and professional education and training, outreach, delivery of screening and diagnostic services, followup navigation, data collection and tracking, and systems improvement.

This mechanism will fund case management/patient navigation to screening, to diagnostic testing, and to treatment. Applicants must ensure that there is access to treatment services for patients with cancers or precancers that are detected as a result of the project and must describe the process for ensuring access to treatment services in their application.

Applicants should not request funds for all of the above components if they already are being paid from other sources.

Evidence Based. CPRIT’s service grants are intended to fund effective and efficient systems of delivery of prevention services based on the existing body of knowledge about and evidence for cancer prevention in ways that far exceed current performance in a given service area.

- Applicants may select the types of colorectal cancer screening tests offered but should be limited to those recommended by the US Preventive Services Task Force (USPSTF).²
- Education and outreach strategies to support patient recruitment may include small media activities and one-on-one outreach or other methods known to be effective in reaching the project’s priority population.³
- If evidence-based strategies have not been implemented or tested for the specific population or service setting proposed, provide evidence that the proposed service is appropriate for the population and has a high likelihood of success.
- Baseline data (eg, availability of resources and screening coverage) for the target population and target service region are required. If no baseline data exist, the applicant must present clear plans and describe method(s) of measurement used to collect the data necessary to establish a baseline.

Clinical service provider and community partner coalitions. The applicant should coordinate and describe a collaboration of clinical service providers that can deliver outreach, education, screening, and navigation services to the most counties and the most people possible in a selected service region. In addition, partnerships with other organizations that can support and leverage resources (ie, community-based organizations, local and voluntary agencies, nonprofit agencies, groups that represent priority populations, etc) are strongly encouraged. The applicant should coordinate and describe a coalition in which all partners have a substantial role in the proposed project. Letters of commitment or memoranda of understanding describing their role in the partnership are required from all clinical service providers and participating organizations.

Project Coordination and Technical Assistance. The overall screening program should be directed and overseen by the Program Director who is responsible for establishing and managing an integrated and collaborative coalition of clinical service providers and other community partners. A leader at each clinical project site is required and should be designated with a title of “Project Lead.”

- The Program Director must establish any necessary subcontracts or memoranda of understanding with project partners and clinical service providers.
- The Program Director must facilitate the establishment of standard protocols for all clinical service providers in the coalition (eg, offering choice of test options, such as fecal immunochemical test [FIT] first, FIT/Flu), as well as standard systems, policies, and procedures for the participating clinical service providers and organizations. These include, but are not limited to, patient tracking and timely followup of all abnormal screening results and/or diagnoses of cancer.
- The Program Director must also provide means to regularly communicate with Project Leads to discuss progress and barriers, resolve potential problems, and provide technical assistance as needed throughout the duration of the project.
- The Program Director is responsible for all reporting requirements. CPRIT expects measurable outcomes of supported activities, such as a significant increase over baseline (for the proposed service area) in the provision of evidence-based services, changes in provider practice, systems changes, and cost-effectiveness. The applicant should project a realistic and feasible 3-year increase in the CRC screening rate.

Under this RFA, CPRIT **will not** consider the following:

- Projects focusing solely on systems and/or policy change or solely on education and/or outreach that do not include the delivery of services or
- **Projects focusing solely on case management/patient navigation services.** Case management/patient navigation services must be paired with the delivery of a clinical service. Furthermore, while navigation to the point of treatment of cancer is required when cancer is discovered through a CPRIT-funded project, applications seeking funds to provide coordination of care while an individual is in treatment are not allowed under this RFA.

2.3.1. Priorities

Types of Cancer: Only projects proposing prevention and early detection of colorectal cancer and precancer will be considered.

Target Populations: The age of the target population and frequency of screening plans for provision of clinical services described in the application must comply with established and current national guidelines of the USPSTF.

Priority populations are subgroups that are disproportionately affected by cancer. CPRIT-funded efforts must address 1 or more of these priority populations:

- Underinsured and uninsured individuals;
- Geographically or culturally isolated populations;
- Medically unserved or underserved populations;
- Racial, ethnic, and cultural minority populations;
- Populations with low screening rates, high incidence rates, and high mortality rates; focusing on individuals never before screened.

2.3.2. Specific Areas of Emphasis

Data compiled by the Texas Cancer Registry on colorectal cancer highlight needs in the following areas:

- Increasing screening/detection rates in Health Service Regions (HSRs) 1 through 6 and HSR 9 (For more information about maps of HSRs, please visit <http://www.dshs.state.tx.us/regions/state.shtm>.)
 - The highest rates of cancer incidence mortality are found in these regions of Texas.⁴
- Decreasing disparities in incidence and mortality rates of colorectal cancer for racial/ethnic populations and rural communities
 - African Americans have the highest incidence and mortality rates, followed by non-Hispanic whites and Hispanics.⁴
- Decreasing incidence and mortality rates in rural counties
 - Incidence and mortality rates are higher in rural counties compared to urban counties.⁴

2.3.3. Outcome Metrics

The applicant is required to describe final outcome measures for the project. Interim or output measures that are associated with the final outcome measures should be identified and will serve

as a measure of program effectiveness and public health impact. Applicants are required to clearly describe their assessment and evaluation methodology. **Baseline data for each measure proposed are required.** In addition, applicants should describe how funds from the CPRIT grant will improve outcomes over baseline. If the applicant is not providing baseline data for a measure, the applicant must provide a well-justified explanation and describe clear plans and method(s) of measurement used to collect the data necessary to establish a baseline.

Reporting Requirements

Funded projects are required to report quantitative output and outcome metrics through the submission of quarterly progress reports, annual reports, and a final report.

- Quarterly progress report sections include, but are not limited to, the following:
 - Narrative on project progress, including formation and management of the coalition, (required);
 - People reached through project activities;
 - Services, other than clinical services, provided to the public/professionals;
 - Actions taken by people/professionals as a result of education or training, including percentage of people reporting sustained behavior change;
 - Clinical services provided; and
 - Abnormal results and precursors or cancers detected.
- Annual and Final progress report sections include, but are not limited to, the following:
 - Key accomplishments:
 - Qualitative analysis of policy change and/or lasting systems change
 - Effectiveness of the coalition
 - Progress against goals and objectives, including percentage increase over baseline in provision of age- and risk-appropriate comprehensive preventive services to eligible men and women in a defined service area; for example:
 - Percentage increase over baseline in number of people served
 - Percentage increase over baseline in number of services provided
 - Percentage increase over baseline in cancers and precancers detected
 - Percentage increase in early-stage cancer diagnoses in a defined service area

- Percentage increase in navigation to treatment
 - Materials produced and publications
 - Economic impact of the project

2.4. Eligibility

- The applicant must be a Texas-based entity, such as a community-based organization, health institution, government organization, public or private company, college or university, or academic health institution.
- The designated Project Director (PD) will be responsible for the overall performance of the funded project. The PD must have relevant education and management experience and must reside in Texas during the project performance time.
- The evaluation of the project must be headed by a professional who has demonstrated expertise in the field and who resides in Texas during the time that the project is conducted.
- The applicant is eligible solely for the grant mechanism specified by the RFA under which the grant application was submitted.
- An applicant is not eligible to receive a CPRIT grant award if the applicant PD, any senior member or key personnel listed on the grant application, or any officer or director of the grant applicant's organization or institution is related to a CPRIT Oversight Committee member.
- The applicant may submit more than 1 application, but each application must be for distinctly different services without overlap in the services provided. Applicants who do not meet this criterion will have all applications administratively withdrawn without peer review.
- The PD or coalition partners may have a current CPRIT grant for CRC screening but must describe how this new grant complements their current grant. Outcomes and progress on the current grant must be described in the Grants Summary form (See [section 4.4.9](#)). Organizations that have current CRC screening grants may also opt to transition their current project to a new coalition grant if awarded. Funds cannot be transferred from one project to another. The CPRIT Prevention Program will work with the PD of the current grant to provide guidance and ensure a smooth transition.

- Additional collaborations are permitted and encouraged, and collaborators may or may not reside in Texas. However, collaborators who do not reside in Texas are not eligible to receive CPRIT funds. Subcontracting and collaborating organizations may include public, not-for-profit, and for-profit entities. Such entities may be located outside of the state of Texas, but non-Texas-based organizations are not eligible to receive CPRIT funds.
- An applicant organization is eligible to receive a grant award only if the applicant certifies that the applicant organization, including the PD, any senior member or key personnel listed on the grant application, or any officer or director of the grant applicant's organization (or any person related to 1 or more of these individuals within the second degree of consanguinity or affinity), has not made and will not make a contribution to CPRIT or to any foundation created to benefit CPRIT.
- The applicant must report whether the applicant organization, the PD, or other individuals who contribute to the execution of the proposed project in a substantive, measurable way, (whether slated to receive salary or compensation under the grant award or not), are currently ineligible to receive federal grant funds because of scientific misconduct or fraud or have had a grant terminated for cause within 5 years prior to the submission date of the grant application.
- CPRIT grants will be awarded by contract to successful applicants. CPRIT grants are funded on a reimbursement-only basis. Certain contractual requirements are mandated by Texas law or by administrative rules. Although applicants need not demonstrate the ability to comply with these contractual requirements at the time the application is submitted, applicants should make themselves aware of these standards before submitting a grant application. Significant issues addressed by the CPRIT contract are listed in [section 6](#). All statutory provisions and relevant administrative rules can be found at <http://www.cprit.state.tx.us>.

2.4.1. Resubmission Policy

Two **resubmissions** are permitted. An application is considered a resubmission if the proposed project is the same project as presented in the original submission. A change in the identity of the

PD for a project, or a change of title for a project that was previously submitted to CPRIT does not constitute a new application; the application would be considered a resubmission.

2.5. Funding Information

CPRIT expects that funding requests will vary depending on the proposed geographic coverage and number of people served. Applicants may request any amount of funding over a maximum of 36 months.

Grant funds may be used to pay for clinical services, navigation services, salary and benefits, project supplies, equipment, costs for outreach and education of populations, and travel of project personnel to project site(s). Requests for funds to support construction, renovation, or any other infrastructure needs or requests to support lobbying will not be approved under this mechanism. Grantees may request funds for travel for 2 project staff to attend CPRIT's conference.

The budget should be proportional to the number of individuals receiving programs and services, and a significant proportion of funds is expected to be used for program delivery as opposed to program development. In addition, CPRIT seeks to fill gaps in funding rather than replace existing funding, supplant funds that would normally be expended by the applicant's organization, or make up for funding reductions from other sources.

3. KEY DATES

RFA

| | |
|-------------|--------------------|
| RFA release | September 10, 2015 |
|-------------|--------------------|

Application

| | |
|--------------------------|---------------------------------------|
| Online application opens | September 24, 2015, 7 AM central time |
|--------------------------|---------------------------------------|

| | |
|-----------------|------------------------------------|
| Application due | January 7, 2016, 3 PM central time |
|-----------------|------------------------------------|

| | |
|--------------------|------------|
| Application review | March 2016 |
|--------------------|------------|

Award

| | |
|--------------------|----------|
| Award notification | May 2016 |
|--------------------|----------|

| | |
|------------------------|-----------|
| Anticipated start date | June 2016 |
|------------------------|-----------|

Applicants will be notified of peer review panel assignment prior to the peer review meeting dates.

4. APPLICATION SUBMISSION GUIDELINES

4.1. *Instructions for Applicants* document

It is imperative that applicants read the accompanying instructions document for this RFA (<https://CPRITGrants.org>). Requirements may have changed from previous versions.

4.2. Online Application Receipt System

Applications must be submitted via the CPRIT Application Receipt System (CARS) (<https://CPRITGrants.org>). **Only applications submitted through this portal will be considered eligible for evaluation.** The PD must create a user account in the system to start and submit an application. The Co-PD, if applicable, must also create a user account to participate in the application. Furthermore, the Authorized Signing Official (a person authorized to sign and submit the application for the organization) and the Grants Contract/Office of Sponsored Projects Official (the individual who will manage the grant contract if an award is made) also must create a user account in CARS. Applications will be accepted beginning at 7 AM central time on September 24, 2015, and must be submitted by 3 PM central time on January 7, 2016. Detailed instructions for submitting an application are in the *Instructions for Applicants* document, posted on CARS. **Submission of an application is considered an acceptance of the terms and conditions of the RFA.**

4.3. Submission Deadline Extension

The submission deadline may be extended for 1 or more grant applications upon a showing of good cause. All requests for extension of the submission deadline must be submitted via email to the CPRIT HelpDesk. Submission deadline extensions, including the reason for the extension, will be documented as part of the grant review process records.

4.4. Application Components

Applicants are advised to follow all instructions to ensure accurate and complete submission of all components of the application. Please refer to the *Instructions for Applicants* document for details that will be available when the application receipt system opens. Submissions that are

missing 1 or more components or do not meet the eligibility requirements will be administratively withdrawn without review.

4.4.1. Abstract and Significance (5,000 characters)

Clearly explain the problem(s) to be addressed, the approach(es) to the solution, and how the application is responsive to this RFA. In the event that the project is funded, the abstract will be made public; therefore, no proprietary information should be included in this statement. Initial compliance decisions are based in part upon review of this statement.

The required abstract format is as follows (use headings as outlined below):

- **Need:** Include a description of need in the specific service area. Include rates of incidence, mortality, and screening in the service area compared to overall Texas rates. Describe barriers, plans to overcome these barriers, and the target population to be served.
- **Overall Project Strategy:** Describe the project and how it will address the identified need. Clearly explain what the project is and what it will specifically do, including the services to be provided and the process/system for delivery of services and outreach to the targeted population.
- **Specific Goals:** State specifically the overall goals of the proposed project; include the estimated overall numbers of people (public and/or professionals) reached and people (public and/or professionals) served.
- **Innovation:** Describe the creative components of the proposed project and how it differs from current programs or services being provided.
- **Significance and Impact:** Explain how the proposed project, if successful, will have a unique and major impact on cancer prevention and control for the population proposed to be served and for the state of Texas.

4.4.2. Goals and Objectives (1,200 characters each)

List specific goals and **measurable** objectives for each year of the project. A baseline and method(s) of measurement are required for each objective. Provide both raw numbers and percent changes for the baseline and target. Applicants must explain plans to establish baseline and describe method(s) of measurement in cases where a baseline has not been defined.

4.4.3. Project Timeline (2 pages)

Provide a project timeline for project activities that includes deliverables and dates. Use Years 1, 2, 3, and Months 1, 2, 3, etc, as applicable instead of specific months or years (eg, Year 1, Months 3-5, not 2017, March-May).

4.4.4. Project Plan (30 pages; fewer pages permissible)

The required project plan format follows. Applicants must use the headings outlined below. Applications not following the required format will be administratively withdrawn.

Background: Briefly present the rationale behind the proposed service, emphasizing the critical barriers to current service delivery that will be addressed. Identify the evidence-based service to be implemented for the target population. If evidence-based strategies have not been implemented or tested for the specific population or service setting proposed, provide evidence that the proposed service is appropriate for the population and has a high likelihood of success. Baseline data for the target population and target service area are required where applicable. Reviewers will be aware of national and state statistics, and these should be used only to compare rates for the proposed service area. Describe the geographic region of the state that the project will serve; maps are appreciated.

Goals and Objectives (optional): Goals and Objectives will be entered in separate fields in CARS and need not be provided in the project plan. However, if desired, goals and objectives may be fully repeated or briefly summarized here.

Components of the Project: Clearly describe the need, delivery method, and evidence base (provide references) for the services as well as anticipated results. Describe why this project is nonduplicative, creative, or unique.

Clearly describe the coalition, its structure, key personnel and their experience, resources and facilities available from each partner, and plans to leverage existing funding and infrastructure. Also describe plans for management and technical support to the coalition including monitoring, communications, data collection, and reporting.

Clearly demonstrate the ability to provide the proposed service, describe how results will be improved over baseline and the ability to reach the target population. Applicants must also clearly describe plans to ensure access to treatment services should cancer be detected.

List in table format the types and number of each education service, navigation service, and clinical service (See [appendix](#) for definitions) to be delivered. In addition, list the TOTAL number of all services. Treatment services are not appropriate for this award mechanism and should not be included.

Evaluation Strategy: A strong commitment to evaluation of the project is required. Describe the impact on outcome measures and interim output measures as outlined in [section 2.3.3](#). Describe the plan for outcome and output measurements, including data collection and management methods, data analyses, and anticipated results. Evaluation and reporting of results should be headed by a professional who has demonstrated expertise in the field. If needed, applicants may want to consider seeking expertise at Texas-based academic cancer centers, schools/programs of public health, prevention research centers, or the like. Applicants should budget accordingly for the evaluation activity and should involve that professional during grant application preparation to ensure, among other things, that the evaluation plan is linked to the proposed goals and objectives.

Organizational Qualifications and Capabilities: Describe the organization and its track record and success in providing programs and services. Include information on the organization's financial stability and viability. Describe the role and qualifications of the key collaborators/partners in the project. Applicants must demonstrate that they have provider partnerships and agreements (via memoranda of understanding) or commitments (via letters of commitment) in place.

Integration and Capacity Building: CPRIT funds projects that target the unmet needs not sufficiently covered by other funding sources, and full maintenance of the project may not be feasible. This is especially the case when the project involves the delivery of clinical services. Educational and other less costly interventions may be more readily sustained. Full maintenance of a project, the ability of the grantee's setting or community to continue to deliver the health benefits of the intervention as funded is not required; however, efforts toward maintenance should be described.

It is expected that steps toward integration and capacity building for components of the project will be taken and plans for such be fully described in the application. *Integration* is defined as the extent the evidence-based intervention is integrated within the culture of the grantee's setting

or community through policies and practice. *Capacity building* is any activity (eg, training, identification of alternative resources, building internal assets) that builds durable resources and enables the grantee's setting or community to continue the delivery of some or all components of the evidence-based intervention.

Elements of integration and capacity building may include, but are not limited to, the following:

- Developing ownership, administrative networks, and formal engagements with stakeholders;
- Developing processes for each practice/location to incorporate services into its structure beyond project funding;
- Identifying and training of diverse resources (human, financial, material, and technological);
- Implementing policies to improve effectiveness and efficiency (including cost-effectiveness) of systems.

Dissemination and Scalability (Expansion): Describe how the project lends itself to dissemination to or application by other communities and/or organizations in the state or expansion in the same communities. Describe plans for dissemination of positive and negative project results and outcomes. Dissemination of project results and outcomes, including barriers encountered and successes achieved, is critical to building the evidence base for cancer prevention and control efforts in the state. Dissemination methods may include, but are not limited to, presentations, publications, abstract submissions, and professional journal articles, etc.

4.4.5. People Reached

Provide the estimated overall number of people (members of the public and professionals) to be reached by the funded project. The applicant is required to itemize separately the types of noninteractive education and outreach activities, with estimates, that led to the calculation of the overall estimates provided. Refer to the [appendix](#) for definitions.

4.4.6. People Served

Provide the estimated overall number of people (members of the public and professionals) to be served by the funded project. The applicant is required to itemize separately the education,

navigation, and clinical activities/services, with estimates, that led to the calculation of the overall estimates provided. Refer to the [appendix](#) for definitions.

4.4.7. References

Provide a concise and relevant list of references cited for the application. The successful applicant will provide referenced evidence and literature support for the proposed services.

4.4.8. Resubmission Summary

Please use the template provided on the CARS (<https://CPRITGrants.org>). Describe the approach to the resubmission and how reviewers' comments were addressed. The summary statement of the original application review, if previously prepared, will be automatically appended to the resubmission; the applicant is not responsible for providing this document.

4.4.9. CPRIT Grants Summary

Please use the template provided on the CARS (<https://CPRITGrants.org>). Provide a description of the progress or final results of **all** CPRIT-funded projects of the PD or Co-PD, regardless of their connection to this application. Indicate how the current application builds on the previous work or addresses new areas of cancer prevention and control services. Applications that are missing this document and for which CPRIT records show a PD and/or Co-PD with previous or current CPRIT funds will be administratively withdrawn.

4.4.10. Budget and Justification

Provide a brief outline and detailed justification of the budget for the entire proposed period of support, including salaries and benefits, travel, equipment, supplies, contractual expenses, services delivery, and other expenses. CPRIT funds will be distributed on a reimbursement basis.

- **Cost Per Person Served:** The cost per person served will be automatically calculated from the total cost of the project divided by the total number of people (both public and professionals) served (refer to [appendix](#)). A significant proportion of funds is expected to be used for program delivery as opposed to program development and organizational infrastructure.
- **Personnel:** The individual salary cap for CPRIT awards is \$200,000 per year. Describe the source of funding for all project personnel where CPRIT funds are not requested.

- **Travel:** PDs and related project staff are expected to attend CPRIT's conference. CPRIT funds may be used to send up to 2 people to the conference.
- **Equipment:** Equipment having a useful life of more than 1 year and an acquisition cost of \$5,000 or more per unit must be specifically approved by CPRIT. An applicant does not need to seek this approval prior to submitting the application. Justification must be provided for why funding for this equipment cannot be found elsewhere; CPRIT funding should not supplant existing funds. Cost sharing of equipment purchases is strongly encouraged.
- **Services Costs:** CPRIT reimburses for services using Medicare reimbursement rates. Describe the source of funding for all services where CPRIT funds are not requested.
- **Other Expenses**
 - **Incentives:** Use of incentives or positive rewards to change or elicit behavior is allowed; however, incentives may only be used based on strong evidence of their effectiveness for the purpose and in the target population identified by the applicant. CPRIT will not fund cash incentives. The maximum dollar value allowed for an incentive per person, per activity or session, is \$25.
 - **Indirect/Shared Costs:** It is CPRIT's policy not to allow recovery of indirect or shared costs for Prevention projects.
 - **Costs Not Related to Cancer Prevention and Control:** CPRIT does not allow recovery of any costs for services not related to cancer (eg, health physicals, HIV testing).

4.4.11. Current and Pending Support and Sources of Funding

Please use the template provided on CARS (<https://CPRITGrants.org>). Describe the funding source and duration of all current and pending support for the proposed project, including a capitalization table that reflects private investors, if any.

4.4.12. Biographical Sketches

The designated PD will be responsible for the overall performance of the funded project and must have relevant education and management experience. The PD/Co-PD(s) must provide a biographical sketch that describes his or her education and training, professional experience,

awards and honors, and publications and/or involvement in programs relevant to cancer prevention and/or service delivery.

The evaluation professional must provide a biographical sketch.

Each Project Lead must provide a biographical sketch. Up to 10 additional biographical sketches, including the project lead biosketches, for key personnel may be provided. Each biographical sketch must not exceed 2 pages and must use the “Prevention Programs: Biographical Sketch” template.

Only biographical sketches will be accepted; do not submit resumes and/or CVs.

4.4.13. Collaborating Organizations

List all key participating organizations that will partner with the applicant organization to provide 1 or more components essential to the success of the project (eg, evaluation, clinical services, recruitment to screening).

4.4.14. Letters of Commitment (10 pages)

Applicants should provide letters of commitment and/or memoranda of understanding from community organizations, key faculty, or any other component essential to the success of the project.

Applications that are missing 1 or more of these components, exceed the specified page, word, or budget limits, or that do not meet the eligibility requirements listed above will be administratively withdrawn without review.

5. APPLICATION REVIEW

5.1. Review Process Overview

All eligible applications will be reviewed using a 2-stage peer review process: (1) evaluation of applications by peer review panels and (2) prioritization of grant applications by the Prevention Review Council. In the first stage, applications will be evaluated by an independent review panel using the criteria listed below. In the second stage, applications judged to be meritorious by review panels will be evaluated by the Prevention Review Council and recommended for funding based on comparisons with applications from all of the review panels and programmatic

priorities. Programmatic considerations may include, but are not limited to, geographic distribution, cancer type, population served, and type of program or service. The scores are only 1 factor considered during programmatic review. At the programmatic level of review, priority will be given to proposed projects that target geographic regions of the state or population subgroups that are not well represented in the current CPRIT Prevention project portfolio.

Applications approved by Review Council will be forwarded to the CPRIT Program Integration Committee (PIC) for review. The PIC will consider factors including program priorities set by the Oversight Committee, portfolio balance across programs, and available funding. The CPRIT Oversight Committee will vote to approve each grant award recommendation made by the PIC. The grant award recommendations will be presented at an open meeting of the Oversight Committee and must be approved by two-thirds of the Oversight Committee members present and eligible to vote. The review process is described more fully in CPRIT's Administrative Rules, chapter 703, sections 703.6 to 703.8.

Each stage of application review is conducted confidentially, and all CPRIT Peer Review Panel members, Review Council members, PIC members, CPRIT employees, and Oversight Committee members with access to grant application information are required to sign nondisclosure statements regarding the contents of the applications. All technological and scientific information included in the application is protected from public disclosure pursuant to Health and Safety Code §102.262(b).

Individuals directly involved with the review process operate under strict conflict-of-interest prohibitions. All CPRIT Peer Review Panel members and Review Council members are non-Texas residents.

An applicant will be notified regarding the peer review panel assigned to review the grant application. Peer Review Panel members are listed by panel on CPRIT's website. **By submitting a grant application, the applicant agrees and understands that the only basis for reconsideration of a grant application is limited to an undisclosed Conflict of Interest as set forth in CPRIT's Administrative Rules, chapter 703, section 703.9.**

Communication regarding the substance of a pending application is prohibited between the grant applicant (or someone on the grant applicant's behalf) and the following individuals: an Oversight Committee Member, a PIC Member, a Review Panel member, or a Review Council

member. Applicants should note that the CPRIT PIC comprises the CPRIT Chief Executive Officer, the Chief Scientific Officer, the Chief Prevention and Communications Officer, the Chief Product Development Officer, and the Commissioner of State Health Services. The prohibition on communication begins on the first day that grant applications for the particular grant mechanism are accepted by CPRIT and extends until the grant applicant receives notice regarding a final decision on the grant application. The prohibition on communication does not apply to the time period when preapplications or letters of interest are accepted. Intentional, serious, or frequent violations of this rule may result in the disqualification of the grant application from further consideration for a grant award.

5.2. Review Criteria

Peer review of applications will be based on primary scored criteria and secondary unscored criteria, identified below. Review panels consisting of experts in the field and advocates will evaluate and score each primary criterion and subsequently assign an overall score that reflects an overall assessment of the application. The overall evaluation score will not be an average of the scores of individual criteria; rather, it will reflect the reviewers' overall impression of the application and responsiveness to the RFA priorities.

5.2.1. Primary Evaluation Criteria

Impact and Innovation

- Do the proposed services address an important problem or need in colorectal cancer prevention and control? Do the proposed project strategies support desired outcomes in cancer incidence, morbidity, and/or mortality? Does the proposed project demonstrate creativity, ingenuity, resourcefulness, or imagination? Does it take evidence-based interventions and apply them in innovative ways to explore new partnerships, new audiences, or improvements to systems?
- Does the project address adaptation, if applicable, of the evidence-based intervention to the target population?
- Does the project address known gaps in prevention services and avoid duplication of effort?

- Does the proposed coalition demonstrate that the collaborative effort will provide a greater impact on colorectal cancer prevention and control than the applicant organization's effort separately?
- Will the project reach and serve an appropriate number of people based on the budget allocated to providing services and the cost of providing services?

Project Strategy and Feasibility

- Does the proposed project provide services specified in the RFA?
- Are the overall project approach, strategy, and design clearly described and supported by established theory and practice?
- Are the proposed objectives and activities feasible within the duration of the award? Has the applicant convincingly demonstrated the short- and long-term impacts of the project?
- Are possible barriers addressed and approaches for overcoming them proposed?
- Are the target population and culturally appropriate methods to reach the target population clearly described?
- Does the coordinating organization demonstrate the ability to provide coordination, monitoring, reporting, and technical assistance to the coalition?
- Does the applicant demonstrate the availability of coalition resources and expertise to provide comprehensive services including case management, followup for abnormal results, and access to treatment?
- Does the project leverage partners and resources to maximize the reach of the services proposed? Does the project leverage and complement other state, federal, and nonprofit grants?

Outcomes Evaluation

- Are specific goals and measurable objectives for each year of the project provided?
- Are the proposed outcome measures appropriate for the services provided, and are the expected changes clinically significant?
- Does the application provide a clear and appropriate plan for data collection and management and data analyses?

- Are clear baseline data provided for the proposed goals and objectives, or are clear plans included to collect baseline data?
- If an evidence-based intervention is being adapted in a population where it has not been implemented or tested, are plans for evaluation of barriers, effectiveness, and fidelity to the model described?
- Is a qualitative analysis or process evaluation of the effectiveness of the coalition as well as policy or system changes described?

Organizational Qualifications and Capabilities

- Do the organization and its collaborators/partners demonstrate the ability to provide the proposed preventive services? Does the described role of each collaborating organization make it clear that each organization adds value to the project and is committed to working together to implement the project?
- Have the appropriate personnel been recruited to implement, evaluate, and complete the project?
- Is the organization structurally and financially stable and viable?

Integration and Capacity Building

- Does the applicant describe steps that will be taken and components of the project that will be integrated into the organization through policies and practices?
- Does the applicant describe steps that will be taken or components of the project that will remain (eg, trained personnel, identification of alternative resources, building internal assets) to continue the delivery of some or all components of the evidence-based intervention once CPRIT funding ends?

5.2.2. Secondary Evaluation Criteria

Budget

- Is the budget appropriate and reasonable for the scope and services of the proposed work?
- Is the cost per person served appropriate and reasonable?
- Is the proportion of the funds allocated for direct services reasonable?
- Is the project a good investment of Texas public funds?

Dissemination and Scalability

- Are plans for dissemination of the project's results and outcomes, including barriers encountered and successes achieved, clearly described?
- Does the project or do some components of the project lend themselves to scalability/expansion by others in the state? If so, does the application describe a plan for doing so?

6. AWARD ADMINISTRATION

Texas law requires that CPRIT grant awards be made by contract between the applicant and CPRIT. CPRIT grant awards are made to institutions or organizations, not to individuals. Award contract negotiation and execution will commence once the CPRIT Oversight Committee has approved an application for a grant award. CPRIT may require, as a condition of receiving a grant award, that the grant recipient use CPRIT's electronic Grant Management System to exchange, execute, and verify legally binding grant contract documents and grant award reports. Such use shall be in accordance with CPRIT's electronic signature policy as set forth in chapter 701, section 701.25.

Texas law specifies several components that must be addressed by the award contract, including needed compliance and assurance documentation, budgetary review, progress and fiscal monitoring, and terms relating to revenue sharing and intellectual property rights. These contract provisions are specified in CPRIT's Administrative Rules, which are available at www.cprit.state.tx.us. Applicants are advised to review CPRIT's administrative rules related to contractual requirements associated with CPRIT grant awards and limitations related to the use of CPRIT grant awards as set forth in chapter 703, sections 703.10, 703.12.

Prior to disbursement of grant award funds, the grant recipient organization must demonstrate that it has adopted and enforces a tobacco-free workplace policy consistent with the requirements set forth in CPRIT's Administrative Rules, chapter 703, section 703.20.

CPRIT requires the PD of the award to submit quarterly, annual, and final progress reports. These reports summarize the progress made toward project goals and address plans for the upcoming year and performance during the previous year(s). In addition, quarterly fiscal reporting and reporting on selected metrics will be required per the instructions to award

recipients. Continuation of funding is contingent upon the timely receipt of these reports. Failure to provide timely and complete reports may waive reimbursement of grant award costs and may result in the termination of award contract.

7. CONTACT INFORMATION

7.1. HelpDesk

HelpDesk support is available for questions regarding user registration and online submission of applications. Queries submitted via email will be answered within 1 business day. HelpDesk staff are not in a position to answer questions regarding the scope and focus of applications. Before contacting the HelpDesk, please refer to the *Instructions for Applicants* document (posted by September 24, 2015), which provides a step-by-step guide to using CARS.

Hours of operation: Monday, Tuesday, Thursday, Friday, 7 AM to 4 PM central time

Wednesday, 8 AM to 4 PM central time

Tel: 866-941-7146

Email: Help@CPRITGrants.org

7.2. Program Questions

Questions regarding the CPRIT Prevention program, including questions regarding this or any other funding opportunity, should be directed to the CPRIT Prevention Program Office.

Tel: 512-305-8422

Email: Help@CPRITGrants.org

Website: www.cprit.state.tx.us

8. CONFERENCE CALLS TO ANSWER APPLICANT QUESTIONS

CPRIT will host a webinar to provide an overview of this RFA and a demonstration of CARS. A programmatic and technical question-and-answer session will be included. Applicants should sign up for CPRIT's electronic mailing list at <http://www.cprit.state.tx.us> to ensure that they receive notification of this webinar.

9. RESOURCES

- The Texas Cancer Registry. <http://www.dshs.state.tx.us/tcr>
- The Community Guide. <http://www.thecommunityguide.org/index.html>
- Cancer Control P.L.A.N.E.T. <http://cancercontrolplanet.cancer.gov>
- Guide to Clinical Preventive Services: Recommendations of the U.S. Preventive Services Task Force. <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/>
- Brownson, R.C., Colditz, G.A., and Proctor, E.K (Editors). *Dissemination and Implementation Research in Health: Translating Science to Practice*. Oxford University Press, March 2012
- Centers for Disease Control and Prevention: The Program Sustainability Assessment Tool: A New Instrument for Public Health Programs. http://www.cdc.gov/pcd/issues/2014/13_0184.htm
- Centers for Disease Control and Prevention: Using the Program Sustainability Tool to Assess and Plan for Sustainability. http://www.cdc.gov/pcd/issues/2014/13_0185.htm
- Cancer Prevention and Control Research Network: Putting Public Health Evidence in Action Training Workshop. <http://cpcrn.org/pub/evidence-in-action/>

10. REFERENCES

1. <http://www.cancer.org/cancer/colonandrectumcancer/moreinformation/colonandrectumcancerearlydetection/colorectal-cancer-early-detection-acs-recommendations>
2. <http://www.uspreventiveservicestaskforce.org/uspstf/uspcolo.htm>
3. <http://www.thecommunityguide.org/cancer/index.html>
4. Texas Cancer Registry, Cancer Epidemiology and Surveillance Branch, Texas Department of State Health Services. <http://www.dshs.state.tx.us/tcr/default.shtm>

11. APPENDIX: KEY TERMS

- **Activities:** A listing of the “who, what, when, where, and how” for each objective that will be accomplished

- **Capacity Building:** Any activity (eg, training, identification of alternative resources, building internal assets) that builds durable resources and enables the grantee's setting or community to continue the delivery of some or all components of the evidence-based intervention
- **Clinical Services:** Number of clinical services such as screenings, diagnostic tests, vaccinations, counseling sessions, or other evidence-based preventive services delivered by a health care practitioner in an office, clinic, or health care system (Other examples include genetic testing or assessments, physical rehabilitation, tobacco cessation counseling or nicotine replacement therapy, case management, primary prevention clinical assessments, and family history screening.)
- **Education Services:** Number of evidence-based, culturally appropriate cancer prevention and control education and outreach services delivered to the public and to health care professionals (Examples include education or training sessions (group or individual), focus groups, and knowledge assessments.)
- **Evidence-Based Program:** A program that is validated by some form of documented research or applied evidence (CPRIT's website provides links to resources for evidence-based strategies, programs, and clinical recommendations for cancer prevention and control. To access this information, visit <http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control>.)
- **Goals:** Broad statements of general purpose to guide planning (Goals should be few in number and focus on aspects of highest importance to the project.)
- **Integration:** The extent the evidence-based intervention is integrated within the culture of the grantee's setting or community through policies and practice
- **Navigation Services:** Number of unique activities/services that offer assistance to help overcome health care system barriers in a timely and informative manner and facilitate cancer screening and diagnosis to improve health care access and outcomes (Examples include patient reminders, transportation assistance, and appointment scheduling assistance.)
- **Objectives:** Specific, **measurable**, actionable, realistic, and timely projections for outputs and outcomes; example: "Increase screening service provision in X population

from Y% to Z% by 20xx” (Baseline data for the target population must be included as part of each objective.)

- **People Reached:** Number of members of the public and/or professionals reached via noninteractive public or professional education and outreach activities, such as mass media efforts, brochure distribution, public service announcements, newsletters, and journals (This category includes individuals who would be reached through activities that are directly funded by CPRIT as well as individuals who would be reached through activities that occur as a direct consequence of the CPRIT-funded project’s leveraging of other resources/funding to implement the CPRIT-funded project.)
- **People Served:** Number of members of the public and/or professionals served via direct, interactive public or professional education, outreach, training, navigation service delivery, or clinical service delivery, such as live educational and/or training sessions, vaccine administration, screening, diagnostics, case management/navigation services, and physician consults (This category includes individuals who would be served through activities that are directly funded by CPRIT as well as individuals who would be served through activities that occur as a direct consequence of the CPRIT-funded project’s leveraging of other resources/funding to implement the CPRIT-funded project [eg, X people screened for cervical cancer after referral to Y indigent care program as a result of CPRIT-funded navigation services performed by the project]).

Third Party Observer Reports

CPRIT Prevention Peer Review Observation Report

Report #2016-05-23/24-PRE

Program Name: Prevention

Panel Name: FY16.2 Prevention Peer Review Panel - 1

Panel Date: May 23, 2016 to May 24, 2016

Report Date: June 3, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Prevention Peer Review Panel-1 peer review of applications for FY16 funding. The meeting was chaired by Ross Brownson and held at the Dallas Marriott in Dallas TX on May 23 through May 24, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Prevention Peer Review Panel-1 panel meeting held in-person. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Ross Brownson on May 23 through May 24, 2016.

The independent observer noted the following during our observation:

- Sixteen applications were discussed within the Prevention Peer Review Meeting Panel to determine which applications would be recommended for funding.
- Ten peer review panelists, two advocate reviewers, two CPRIT staff members, one other attendee and five SRA employees were present on May 23, 2016 and May 24, 2016.
 - One of the ten peer review panelists participated via teleconference on both days. On May 24, this panelist only participated in the review of one application.
 - The other attendee was present via teleconference on both days.
- One conflict of interest was identified prior to or during the meeting. Applications for one conflict were discussed during the peer review panel. The reviewer with the conflict of interest either left the room or did not participate telephonically and did not participate in the review of the conflicted application.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

CPRIT Prevention Peer Review Observation Report

Report #2016-05-24/25-PRE

Program Name: Prevention

Panel Name: FY16.2 Prevention Peer Review Panel - 2

Panel Date: May 24, 2016 to May 25, 2016

Report Date: June 3, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Prevention Peer Review Panel-2 peer review of applications for FY16 funding. The meeting was chaired by Nancy Lee and held at the Dallas Marriott in Dallas TX on May 24 through May 25, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Prevention Peer Review Panel-2 panel meeting held in-person. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Nancy Lee on May 24 through May 25, 2016.

The independent observer noted the following during our observation:

- Fifteen applications were discussed within the Prevention Peer Review Meeting Panel to determine which applications would be recommended for funding.
- Ten peer review panelists, two advocate reviewers, two CPRIT staff members, one other attendee and five SRA employees were present on May 24, 2016. Eleven peer review panelists, two advocate reviewers, two CPRIT staff members, one non-participating attendee and five SRA employees were present on May 25, 2016.
 - On May 24, one of the ten peer review panelists participated via teleconference.
 - On May 25, two of the eleven peer review panelists participated via teleconference. One of these two panelists only participated in the review of two applications.
 - The other attendee was present via teleconference on both days.
- No conflicts of interest were identified prior to or during the meeting.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

CPRIT Prevention Review Council Meeting Observation Report

Report #2016-07-01-PREV

Program Name: Prevention

Panel Name: FY16.2 Prevention Review Council
Programmatic Review

Panel Date: July 1, 2016

Report Date: July 12, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Prevention Review Council Programmatic Review peer review of applications for FY16 funding. The meeting was chaired by Stephen Wyatt and held via teleconference on July 1, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Prevention Review Council Programmatic Review held via teleconference. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Stephen Wyatt on July 1, 2016.

The independent observer noted the following during our observation:

- Twenty applications were discussed within the Prevention Review Council Meeting to determine which applications would be recommended for funding.
- Three peer review panelists, two CPRIT staff members, and four SRA employees were present for the meeting.
- No conflicts of interest were identified prior to or during the meeting.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical, or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

Noted Conflicts of Interest

Conflict of Interest Disclosure
Prevention Cycle 16.2 Applications
(Prevention Cycle 16.2 Awards Announced at August 17, 2016, Oversight Committee Meeting)

The table below lists the conflicts of interest (COIs) identified by peer reviewers, Program Integration Committee (PIC) members, and Oversight Committee members on an application-by-application basis. Applications reviewed in Prevention Cycle 16.2 include *Cancer Prevention Promotion and Navigation to Clinical Services*, *Competitive Continuation/Expansion - Evidence-Based Cancer Prevention Services*, *Dissemination of CPRIT-Funded Cancer Control Interventions*, *Evidence-Based Cancer Prevention Services*, *Evidence-Based Cancer Prevention Services - See, Test & Treat® Program*, and *Evidence-Based Cancer Prevention Services - Colorectal Cancer Prevention Coalition*. All applications with at least one identified COI are listed below; applications with no COIs are not included. It should be noted that an individual is asked to identify COIs for only those applications that are to be considered by the individual at that particular stage in the review process. For example, Oversight Committee members identify COIs, if any, with only those applications that have been recommended for the grant awards by the PIC. COI information used for this table was collected by SRA International, CPRIT's third party grant administrator, and by CPRIT.

| Application ID | Applicant | Institution | Conflict Noted |
|---|----------------------|---|------------------------------|
| Applications considered by the PIC and Oversight Committee | | | |
| PP160075 | Singal, Amit | The University of Texas Southwestern Medical Center | Nguyen, Mindie; Willson, Jim |
| PP160079 | Jibaja-Weiss, Maria | Baylor College of Medicine | Nguyen, Mindie |
| PP160097 | Rodriguez, Ana | The University of Texas Medical Branch at Galveston | Nguyen, Mindie |
| PP160103 | Ross, Theodora S. | The University of Texas Southwestern Medical Center | Nguyen, Mindie; Willson, Jim |
| PP160110 | Ross, Theodora S. | The University of Texas Southwestern Medical Center | Nguyen, Mindie; Willson, Jim |
| PP160121 | Trivedi, Madhukar H. | The University of Texas Southwestern Medical Center | Willson, Jim |
| PP160122 | Rustveld, Luis | Baylor College of Medicine | Nguyen, Mindie |
| Applications not considered by the PIC or Oversight Committee | | | |
| PP160060 | Gardner, Julie | Texas AgriLife Extension Service | Nguyen, Mindie |

| Application ID | Applicant | Institution | Conflict Noted |
|-----------------------|---------------------|---|-----------------------|
| PP160076 | Lucci, Joseph | The University of Texas Health Science Center at Houston | Nguyen, Mindie |
| PP160092 | Poplack, David | Baylor College of Medicine | Nguyen, Mindie |
| PP160094 | McNeill, Lorna | The University of Texas M.D. Anderson Cancer Center | Nguyen, Mindie |
| PP160096 | McGaha, Paul | The University of Texas Health Center at Tyler | Nguyen, Mindie |
| PP160098 | Tomlinson, Gail | The University of Texas Health Science Center at San Antonio | Nguyen, Mindie |
| PP160099 | Crocker, Andrew | Texas AgriLife Extension Service | Nguyen, Mindie |
| PP160102 | Argenbright, Keith | The University of Texas Southwestern Medical Center | Nguyen, Mindie |
| PP160109 | Villarreal, Roberto | University Health System | Nguyen, Mindie |
| PP160112 | Felini, Martha | University of North Texas Health Science Center at Fort Worth | Nguyen, Mindie |
| PP160117 | Misra, Subhasis | Texas Tech University Health Sciences Center | Nguyen, Mindie |
| PP160124 | Handal, Gilbert | Texas Tech University Health Sciences Center at El Paso | Bright, Frank |
| PP160126 | Singh, Hitesh | Scott & White Healthcare | Nguyen, Mindie |
| PP160133 | Garcia, Fernandina | Mercy Ministries of Laredo | Nguyen, Mindie |
| PP160135 | Benedict, Deb | Rio Grande Cancer Foundation | Nguyen, Mindie |

De-Identified Overall Evaluation Scores

Evidence-Based Cancer Prevention Services - Colorectal Cancer Prevention Coalition

Prevention Cycle 16.2

| Application ID | Final Overall Evaluation Score |
|----------------|--------------------------------|
| PP160103* | 2.3 |
| ca | 4.4 |
| cb | 5.8 |
| cc | 7.0 |

*=Recommended for funding

Final Overall Evaluation Scores and Rank Order Scores

Pete Geren
Oversight Committee Presiding Officer
Cancer Prevention and Research Institute of Texas
Via email to pgcpnit@sidrichardson.org

Wayne R. Roberts
Chief Executive Officer
Cancer Prevention and Research Institute of Texas
Via email to wroberts@cprnit.texas.gov

Dear Mr. Geren and Mr. Roberts,

On behalf of the Prevention Review Council (PRC), I am pleased to provide the PRC's recommendations for CPRIT Prevention grant awards. The applicants on the attached list of submitted proposals responded to CPRIT requests for applications (RFA) released for the second review cycle of FY2016. These recommendations reflect 50+ hours of work by individual reviewers and include panel discussion of the applicants' proposals, in addition to the PRC's programmatic review.

The projects are numerically ranked in the order the PRC recommends the applications be funded. Recommended funding amounts and the overall evaluation score are provided for each grant application. The PRC did not make changes to the goals, timelines, or project objectives requested by the applicants. When the PRC did not follow the rank ordered scores in developing its recommended funding order, justification was provided and was based upon established programmatic priorities outlined in the RFAs.

The projected funding available for this fiscal year is \$13,793,613. The PRC recommends that the budget of one application, PP160103, be reduced from the requested \$3,155,337 to \$2,100,000 due to the overlap with the infrastructure of this applicant's other funded projects. The total recommended by the PRC is \$13,690,454.

All of the recommended grants address one or more of the Prevention Program priorities. Our recommendations meet the PRC's standards for grant award funding of projects that are evidence-based, deliver programs or services to underserved populations, and focus on primary, secondary or tertiary prevention. In making these recommendations the PRC also considered the available funding, the composition of the current portfolio, and the programmatic priorities in the RFA which include potential for impact and return on investment, geographic distribution, cancer type and type of program.

Sincerely,

Stephen W. Wyatt, DMD, MPH
Chair, CPRIT Prevention Review Council

Pete Geren
Oversight Committee Presiding Officer
Cancer Prevention and Research Institute of Texas
Via email to pgcpritch@sidrichardson.org

Wayne R. Roberts
Chief Executive Officer
Cancer Prevention and Research Institute of Texas
Via email to wroberts@cpritch.texas.gov

Dear Mr. Geren and Mr. Roberts,

On July 8, 2016 I forward a transmittal letter and spreadsheet with the PRC's recommendations for FY 16.2 CPRIT Prevention grant awards. The projects were numerically ranked in the order the PRC recommends the applications be funded. When the PRC did not follow the rank ordered scores in developing its recommended funding order, justification was provided in the spreadsheet for the projects that were taken out of score order and not being recommended. However, it has come to my attention that we should have provided justification for the projects that are being recommended instead of justification for those not recommended.

The revised spreadsheet includes our justification for the projects being proposed and the projects not recommended have been removed from the list. The recommendations and rank order remain the same.

Please let me know if you have any questions. I apologize for any confusion.

Sincerely,

Stephen W. Wyatt, DMD, MPH
Chair, CPRIT Prevention Review Council

| Application ID | Mech | Application Title | Applicant Name | Organization | Total Funding Requested | Average Overall Score | Rank Order | PRC Recommendation Justifications |
|-------------------|------|--|----------------------------|---|-------------------------|-----------------------|------------|--|
| PP160081 | DI | Statewide Dissemination of the "Taking Texas Tobacco Free" Workplace Program | Reitzel, Lorraine R | University of Houston | \$299,981 | 1.6 | 1 | |
| PP160116 | STT | Lone Star Community Health Center, Inc. 2016 See, Test & Treat Program | McKernan, Stephen | Lone Star Community Health Center, Inc. dba Lone Star Family Health | \$23,602 | 1.7 | 2 | |
| PP160079 | EBP | Leveraging a Community Network for Cancer Prevention to Increase HPV Vaccine Uptake and Completion among Pediatric Patients in a Safety Net Healthcare Setting | Jibaja-Weiss, Maria L | Baylor College of Medicine | \$1,161,015 | 1.8 | 3 | |
| PP160093 | DI | Access for Breast Care for West Texas (ABC4WT)Development of a Replication Model for Dissemination and Implementation | Layeequr Rahman, Rakshanda | Texas Tech University Health Sciences Center | \$299,785 | 1.9 | 4 | |
| PP160058 | CCE | Postpartum administration of HPV vaccine: Strategies to increase initiation and series completion among low income women across Southeast Texas | Berenson, Abbey B | The University of Texas Medical Branch at Galveston | \$1,496,111 | 2.1 | 5 | |
| PP160075 | EBP | Implementation an Evidence-Based Colorectal Cancer Screening Outreach Program among Socioeconomically Disadvantaged Patients in a Safety Net | Singal, Amit | The University of Texas Southwestern Medical Center | \$1,499,826 | 2.3 | 6 | recommended out of rank order due to ROI and type of program |
| PP160110 | PN | Use of Genetic Patient Navigators to Help Mutation Carriers Comply with the NCCN Guidelines and to Enable Healthy Behaviors | Ross, Theodora S | The University of Texas Southwestern Medical Center | \$399,954 | 2.5 | 7-tie | recommended out of rank order due to ROI, geography, and type of service |
| PP160080 | EBP | Promoting HPV vaccination among Hispanic adolescents and young adults using Health Care System-Based Interventions and Community Outreach | Morales-Campos, Daisy Y | The University of Texas Health Science Center at San Antonio | \$1,302,955 | 2.5 | 7-tie | recommended out of rank order due to geography, population served, and type of program |
| PP160122 | EBP | Reducing Racial/Ethnic Disparities in CRC Screening: A Comprehensive EMR-Based Patient Navigation Program Including Technology-Driven CRC Outreach and Education | Rustveld, Luis | Baylor College of Medicine | \$1,477,698 | 2.5 | 7-tie | recommended out of rank order due to ROI and type of program |
| PP160105 | STT | Implementing a See, Test & Treat Program in Sunnyside Health Center to Provide Free Cervical and Breast Cancer Screening and Medical Home for Underserved Women | Coffey, Donna M | Houston Methodist | \$24,522 | 2.7 | 10 | recommended out of rank order due to ROI |
| PP160121 | EBP | Promoting Activity in Cancer Survivors (PACES): An active living intervention for breast cancer survivors | Trivedi, Madhukar H | The University of Texas Southwestern Medical Center | \$1,365,226 | 2.9 | 11 | recommended out of rank order due to type of program and population served |
| PP160097 | EBP | School-Based Human Papillomavirus Vaccination Program in the Lower Rio Grande Valley | Rodriguez, Ana M | The University of Texas Medical Branch at Galveston | \$747,727 | 3.5 | 12 | recommended out of rank order due to geography and type of program |
| PP160089 | EBP | PREVENT HCC – through Screening, Vaccination and Treatment of Viral Hepatitis | Mittal, Sahil | Baylor College of Medicine | \$1,492,052 | 3.7 | 13 | recommended out of rank order due to cancer type |
| PP160103 | CRC | Detecting Unaffected Individuals for Lynch Syndrome (DUAL): Screening, Diagnosis and NavigationNavigation | Ross, Theodora S | The University of Texas Southwestern Medical Center | \$2,100,000 | 2.3 | 14 | recommended out of rank order due to geographyand type of program |
| TOTAL RECOMMENDED | | | | | \$ 13,690,454 | | | |



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO Affidavit Supporting Information

FY 2016—Cycle 2

***Dissemination of CPRIT-Funded Cancer Control
Interventions***

Request for Applications



CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

REQUEST FOR APPLICATIONS RFA P-16-DI-2

Dissemination of CPRIT-Funded Cancer Control Interventions

**Please also refer to the “Instructions for Applicants” document, which will be
posted September 24, 2015**

Application Receipt Opening Date: September 24, 2015

Application Receipt Closing Date: January 7, 2016

FY 2016

Fiscal Year Award Period

September 1, 2015-August 31, 2016

TABLE OF CONTENTS

| | |
|--|-----------|
| 1. ABOUT CPRIT | 4 |
| 1.1. PREVENTION PROGRAM PRIORITIES | 4 |
| 2. FUNDING OPPORTUNITY DESCRIPTION | 5 |
| 2.1. SUMMARY | 5 |
| 2.2. PROJECT OBJECTIVES | 5 |
| 2.3. AWARD DESCRIPTION | 6 |
| 2.3.1. <i>Priorities</i> | 8 |
| 2.3.2. <i>Specific Areas of Emphasis</i> | 9 |
| 2.3.3. <i>Outcome Metrics</i> | 11 |
| 2.4. ELIGIBILITY | 12 |
| 2.4.1. <i>Resubmission Policy</i> | 13 |
| 2.5. FUNDING INFORMATION..... | 13 |
| 3. KEY DATES..... | 14 |
| 4. APPLICATION SUBMISSION GUIDELINES | 14 |
| 4.1. <i>INSTRUCTIONS FOR APPLICANTS</i> DOCUMENT | 14 |
| 4.2. ONLINE APPLICATION RECEIPT SYSTEM | 14 |
| 4.3. SUBMISSION DEADLINE EXTENSION | 15 |
| 4.4. APPLICATION COMPONENTS | 15 |
| 4.4.1. <i>Abstract and Significance (5,000 characters)</i> | 15 |
| 4.4.2. <i>Goals and Objectives (1,200 characters each)</i> | 15 |
| 4.4.3. <i>Project Timeline (2 pages)</i> | 16 |
| 4.4.4. <i>Project Plan (15 pages; fewer pages permissible)</i> | 16 |
| 4.4.5. <i>References</i> | 17 |
| 4.4.6. <i>CPRIT Grants Summary</i> | 17 |
| 4.4.7. <i>Budget and Justification</i> | 17 |
| 4.4.8. <i>Current and Pending Support and Sources of Funding</i> | 18 |
| 4.4.9. <i>Biographical Sketches</i> | 18 |
| 4.4.10. <i>Collaborating Organizations</i> | 18 |
| 4.4.11. <i>Letters of Commitment (10 pages)</i> | 19 |
| 5. APPLICATION REVIEW..... | 19 |
| 5.1. REVIEW PROCESS OVERVIEW | 19 |
| 5.2. REVIEW CRITERIA..... | 20 |
| 5.2.1. <i>Primary Evaluation Criteria</i> | 21 |
| 5.2.2. <i>Secondary Evaluation Criteria</i> | 22 |
| 6. AWARD ADMINISTRATION..... | 22 |
| 7. CONTACT INFORMATION..... | 23 |
| 7.1. HELPDESK | 23 |
| 7.2. PROGRAM QUESTIONS | 24 |
| 8. CONFERENCE CALLS TO ANSWER APPLICANT QUESTIONS | 24 |
| 9. RESOURCES | 24 |
| 10. REFERENCES..... | 25 |

RFA VERSION HISTORY

Rev 09/10/15 RFA release

1. ABOUT CPRIT

The state of Texas has established the Cancer Prevention and Research Institute of Texas (CPRIT), which may issue up to \$3 billion in general obligation bonds to fund grants for cancer research and prevention.

CPRIT is charged by the Texas Legislature to do the following:

- Create and expedite innovation in the area of cancer research and in enhancing the potential for a medical or scientific breakthrough in the prevention of or cures for cancer;
- Attract, create, or expand research capabilities of public or private institutions of higher education and other public or private entities that will promote a substantial increase in cancer research and in the creation of high-quality new jobs in the state of Texas; and
- Develop and implement the Texas Cancer Plan.

1.1. Prevention Program Priorities

Legislation from the 83rd Texas Legislature requires that CPRIT's Oversight Committee establish program priorities on an annual basis. The priorities are intended to provide transparency in how the Oversight Committee directs the orientation of the agency's funding portfolio. The Prevention Program's principles and priorities will also guide CPRIT staff and the Prevention Review Council on the development and issuance of program-specific Requests for Applications (RFAs) and the evaluation of applications submitted in response to those RFAs.

Established Principles

- Fund evidence-based interventions and their dissemination
- Support the prevention continuum of primary, secondary, and tertiary (includes survivorship) prevention interventions

Prevention Program Priorities

- Prioritize populations and geographic areas of greatest need, greatest potential for impact
- Focus on underserved populations
- Increase targeting of preventive efforts to areas where significant disparities in cancer incidence or mortality in the state exist

2. FUNDING OPPORTUNITY DESCRIPTION

2.1. Summary

The ultimate goals of the CPRIT Prevention Program are to reduce overall cancer incidence and mortality and to improve the lives of individuals who have survived or are living with cancer. The ability to reduce cancer death rates depends in part on the application of currently available evidence-based technologies and strategies. CPRIT will foster the primary, secondary, and tertiary prevention of cancer in Texas by providing financial support for a wide variety of evidence-based risk reduction, early detection, and survivorship interventions.

The **Dissemination of CPRIT-Funded Cancer Control Interventions (DI)** award mechanism seeks to fund programs that facilitate the dissemination and implementation of successful CPRIT-funded, evidence-based cancer prevention and control interventions across Texas. **This award mechanism is open only to previously or currently funded CPRIT projects.**

The proposed program should describe and package strategies or approaches to introduce, modify, and implement previously funded CPRIT evidence-based cancer prevention and control interventions for dissemination to other settings and populations in the state. To be eligible, the applicant should be in a position to develop 1 or more “products” based on the results of the CPRIT-funded intervention. The proposed projects should also identify and assist others prepare to implement the intervention and/or prepare to apply for grant funding.

2.2. Project Objectives

CPRIT seeks to fund projects that will provide 1 or more of the following:

- Dissemination of tools or models to public health professionals, health care practitioners, health planners, policymakers, and advocacy groups;
- Dissemination of materials or information about an intervention to broader settings/systems; and
- Dissemination or scaling up of best practices (infrastructure and tools) and evidence-based interventions for implementation (ie, implementation guides).

2.3. Award Description

The **Dissemination of CPRIT-funded Cancer Control Interventions** RFA solicits applications from currently or previously funded CPRIT projects that have demonstrated exemplary success and have materials, policies, and other resources that have been successfully implemented and evaluated and could be scaled up and/or applied to other systems and settings.

The Center for Research in Implementation Science and Prevention website

(<http://www.dissemination-implementation.org/measures.aspx>) defines active and passive dissemination strategies as follows: “Dissemination strategies describe mechanisms and approaches that are used to communicate and spread information about interventions to targeted users. Dissemination strategies are concerned with the packaging of the information about the intervention and the communication channels that are used to reach potential adopters and target audience. Passive dissemination strategies include mass mailings, publication of information including practice guidelines, and untargeted presentations to heterogeneous groups. Active dissemination strategies include hands on technical assistance, replication guides, point-of-decision prompts for use, and mass media campaigns. It is consistently stated in the literature that dissemination strategies are necessary but not sufficient to ensure wide-spread use of an intervention.”

Adopters will need to employ implementation strategies to replicate or adapt projects to their settings or populations. Implementation strategies are described as the systematic processes, activities, and resources that are used to integrate interventions into usual settings. Core implementation components or implementation drivers can be staff selection, preservice and in-service training, ongoing consultation and coaching, staff and program evaluation, facilitative administrative support, and systems interventions. (See <http://www.dissemination-implementation.org/measures.aspx>)

This award will support both passive and active dissemination strategies but must include 2 or more active dissemination strategies. This award will also support implementation strategies in the form of technical assistance, coaching, and consultation within the time period of the grant. CPRIT recognizes that there are limits to the amount of technical assistance or coaching that can be accomplished within the grant period; however, priority will be given to those projects that identify and assist potential adopters prepare to implement the intervention and/or prepare to

apply for grant funding. Examples of active dissemination strategies and implementation strategies follow.

Tools/models

- Toolkits with materials, sample policies, and procedures for implementation of CPRIT funded programs
- Interactive websites that provide future adopters with key information on how to implement CPRIT-related interventions
- Approaches for dissemination of findings via nontraditional channels (eg, social media);
- User-friendly summaries—short issue or policy briefs that tell a story for decision makers based on CPRIT findings
- Brief, user-friendly case studies from program developers and recipients to illustrate key issues

Implementation guides

- Targeted communication materials emphasizing how to apply them to different populations, systems, settings
- Step-by-step implementation guides on how to translate an evidence-based intervention/program to broader settings, including guidelines for retaining core elements of the interventions or programs while offering suggested adaptations for the elements that would enhance the adoption and sustainability of the programs in different populations, settings, or circumstances (See Partnership for Prevention examples: <https://www.prevent.org/Action-Guides/The-Community-Health-Promotion-Handbook.aspx>)

Training/Technical assistance

- Provision of training and technical assistance to guide adopters in developing their plans to adapt, refine, and implement their projects

In addition, proposed materials should include a discussion of barriers to dissemination; a description of personnel and necessary resources to overcome barriers to implementation; a description of expected outcomes, evaluation strategies with a sample evaluation plan, and tools

(if applicable); and suggestions or plan for project sustainability, capacity building, or integration.

Under this RFA, CPRIT **will not** consider the following:

- Proposals to disseminate projects not previously or currently funded by CPRIT or
- **Projects involving prevention/intervention research.**

Applicants interested in prevention research should review CPRIT's Research RFAs (available at <http://www.cpritchest.org>).

2.3.1. Priorities

Priority will be given to proposals to disseminate and replicate projects that when implemented can address the following program priorities set by the CPRIT Oversight Committee:

- Prioritize populations and geographic areas of greatest need, greatest potential for impact;
- Focus on underserved populations (see priority populations);
- Increase targeting of preventive efforts to areas where significant disparities in cancer incidence and mortality in the state exist (see [section 2.3.2](#)).

Priority Populations:

Priority populations are subgroups that are disproportionately affected by cancer.

- Underinsured and uninsured individuals
- Geographically or culturally isolated populations
- Medically unserved or underserved populations
- Populations with low health literacy skills
- Geographic regions or populations of the state with higher prevalence of cancer risk factors (eg, obesity, tobacco use, alcohol misuse, unhealthy eating, sedentary lifestyle)
- Racial, ethnic, and cultural minority populations
- Other populations with low screening rates, high incidence rates, and high mortality rates, focusing on individuals never before screened or who are significantly out of compliance with nationally recommended screening guidelines

2.3.2. Specific Areas of Emphasis

CPRIT is interested in applications focused on the areas listed below.

A. Primary Prevention

Tobacco Prevention and Control

- Decreasing tobacco use in areas of the state that have higher smoking rates per capita than other areas of the state
 - Health Service Regions (HSRs) 2, 4, and 5 have significantly higher tobacco use among adults than in other regions of the state. For more information about maps of Health Service Regions, please visit <http://www.dshs.state.tx.us/regions/state.shtm>.
- Decreasing tobacco use in vulnerable and high-risk populations, including people with mental illness, history of substance abuse, youth, and pregnant women, that have higher tobacco usage rates than the general population

HPV Vaccination

- Increasing access to, delivery of, and completion of the HPV vaccine regimen to males and females through evidence-based intervention efforts
 - HPV vaccine completion rates are low (15% for males and 39% for females) across the state compared to the CDC goals of 75% completion rates.¹

Liver Cancer

- Decreasing disparities in incidence and mortality rates for hepatocellular cancer (HCC)
 - HCC incidence is significantly higher in Texas Hispanics, blacks, and Asian/Pacific Islanders than in non-Hispanic whites.²
 - Significantly higher HCC rates in Texas Hispanics versus the United States are driven by very high rates among Hispanics in South Texas.²
 - Males have significantly higher incidence and mortality rates than females.²
 - Age at diagnosis is shifting toward younger patients, both in Texas and the United States.²

B. Secondary Prevention - Screening and Early Detection Services

Colorectal Cancer

- Increasing screening/detection rates in HSRs 1 through 6 and HSR 9. For more information about maps of Health Service Regions, please visit <http://www.dshs.state.tx.us/regions/state.shtm>.
 - The highest rates of cancer incidence mortality are found in these regions of Texas.²
- Decreasing disparities in incidence and mortality rates of colorectal cancer for racial/ethnic populations and rural communities
 - African Americans have the highest incidence and mortality rates, followed by non-Hispanic whites and Hispanics.²
- Decreasing incidence and mortality rates in rural counties
 - Incidence and mortality rates are higher in rural counties compared to urban counties.²

Cervical Cancer

- Increasing screening/detection rates for women in Texas-Mexico border counties
 - Women in these counties have a 30% higher cervical cancer mortality rate than women in nonborder counties.²
- Decreasing disparities in racial/ethnic populations
 - Hispanics have the highest incidence rates, while African Americans have the highest mortality rate.²
- Reaching women never before screened

Breast Cancer

- Increasing screening/detection rates in rural and medically underserved areas of the state
- Reaching women never before screened

Data on cancer incidence and mortality are provided by the Texas Cancer Registry.² For more information about cancer in Texas, visit CPRIT's website at

<http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control> or visit the Texas Cancer Registry site at <http://www.dshs.state.tx.us/tcr/>.

C. Tertiary Prevention - Survivorship Services

- Preventing secondary cancers and recurrence of cancer
- Managing the aftereffects of cancer and treatment to maximize quality of life and number of years of healthy life
- Minimizing preventable pain, disability, and psychosocial distress

Applicants proposing survivorship projects may address people with any type of cancer.

2.3.3. Outcome Metrics

The applicant is required to describe how the goals and objectives for each year of the project as well as the final outcomes will be measured. The applicant should provide a clear and appropriate plan for data collection and interpretation of results to report against goals and objectives.

Reporting Requirements

Funded projects are required to report quantitative output and outcome metrics (as appropriate for each project) through the submission of quarterly progress reports, annual reports, and a final report.

- Quarterly progress report sections include, but are not limited to the following:
 - Narrative on project progress, including the number and description of all active and passive dissemination and implementation activities undertaken.
- Annual and Final progress report sections include, but are not limited to the following:
 - Key accomplishments, including discussion of barriers to dissemination,
 - Progress against goals and objectives,
 - Materials produced,
 - Presentations, publications, etc.

2.4. Eligibility

- The applicant must be a Texas-based entity, such as a community-based organization, health institution, government organization, public or private company, college or university, or academic health institution.
- The designated Program Director (PD) will be responsible for the overall performance of the funded project. The PD must have relevant education and management experience and must reside in Texas during the project performance time.
- The applicant is eligible solely for the grant mechanism specified by the RFA under which the grant application was submitted.
- An applicant is not eligible to receive a CPRIT grant award if the applicant PD, any senior member or key personnel listed on the grant application, or any officer or director of the grant applicant's organization or institution is related to a CPRIT Oversight Committee member.
- The applicant may submit more than 1 application, but each application must be for distinctly different projects without overlap in the projects. Applicants who do not meet this criterion will have all applications administratively withdrawn without peer review.
- Collaborations are permitted and encouraged, and collaborators may or may not reside in Texas. However, collaborators who do not reside in Texas are not eligible to receive CPRIT funds. Subcontracting and collaborating organizations may include public, not-for-profit, and for-profit entities. Such entities may be located outside of the state of Texas, but non-Texas-based organizations are not eligible to receive CPRIT funds.
- An applicant organization is eligible to receive a grant award only if the applicant certifies that the applicant organization, including the PD, any senior member or key personnel listed on the grant application, or any officer or director of the grant applicant's organization (or any person related to 1 or more of these individuals within the second degree of consanguinity or affinity), has not made and will not make a contribution to CPRIT or to any foundation created to benefit CPRIT.
- The applicant must report whether the applicant organization, the PD, or other individuals who contribute to the execution of the proposed project in a substantive, measurable way, (whether slated to receive salary or compensation under the grant award or not), are

currently ineligible to receive federal grant funds because of scientific misconduct or fraud or have had a grant terminated for cause within 5 years prior to the submission date of the grant application.

- CPRIT grants will be awarded by contract to successful applicants. CPRIT grants are funded on a reimbursement-only basis. Certain contractual requirements are mandated by Texas law or by administrative rules. Although applicants need not demonstrate the ability to comply with these contractual requirements at the time the application is submitted, applicants should make themselves aware of these standards before submitting a grant application. Significant issues addressed by the CPRIT contract are listed in [section 6](#). All statutory provisions and relevant administrative rules can be found at <http://www.cprit.state.tx.us>.

2.4.1. Resubmission Policy

Two **resubmissions** are permitted. An application is considered a resubmission if the proposed project is the same project as presented in the original submission. A change in the identity of the PD for a project or a change of title for a project that was previously submitted to CPRIT does not constitute a new application; the application would be considered a resubmission.

2.5. Funding Information

Applicants may request any amount of funding up to a maximum of \$300,000 in total funding over a maximum of 24 months. Grant funds may be used to pay for salary and benefits, project supplies, equipment, costs for outreach and education, and travel of project personnel to project site(s). Requests for funds to support construction, renovation, or any other infrastructure needs or requests to support lobbying will not be approved under this mechanism. Grantees may request funds for travel for 2 project staff to attend CPRIT's conference.

The budget should be well justified. In addition, CPRIT seeks to fill gaps in funding rather than replace existing funding, supplant funds that would normally be expended by the applicant's organization, or make up for funding reductions from other sources.

3. KEY DATES

RFA

RFA release September 10, 2015

Application

Online application opens September 24, 2015, 7 AM central time

Application due January 7, 2016, 3 PM central time

Application review March 2016

Award

Award notification May 2016

Anticipated start date June 2016

Applicants will be notified of peer review panel assignment prior to the peer review meeting dates.

4. APPLICATION SUBMISSION GUIDELINES

4.1. *Instructions for Applicants* document

It is imperative that applicants read the accompanying instructions document for this RFA (<https://CPRITGrants.org>). Requirements may have changed from previous versions.

4.2. Online Application Receipt System

Applications must be submitted via the CPRIT Application Receipt System (CARS) (<https://CPRITGrants.org>). **Only applications submitted through this portal will be considered eligible for evaluation.** The PD must create a user account in the system to start and submit an application. The Co-PD, if applicable, must also create a user account to participate in the application. Furthermore, the Authorized Signing Official (a person authorized to sign and submit the application for the organization) and the Grants Contract/Office of Sponsored Projects Official (the individual who will manage the grant contract if an award is made) also must create a user account in CARS. Applications will be accepted beginning at 7 AM central time on September 24, 2015, and must be submitted by 3 PM central time on January 7, 2016. Detailed instructions for submitting an application are in the *Instructions for Applicants* document, posted

on CARS. **Submission of an application is considered an acceptance of the terms and conditions of the RFA.**

4.3. Submission Deadline Extension

The submission deadline may be extended for 1 or more grant applications upon a showing of good cause. All requests for extension of the submission deadline must be submitted via email to the CPRIT [HelpDesk](#). Submission deadline extensions, including the reason for the extension, will be documented as part of the grant review process records.

4.4. Application Components

Applicants are advised to follow all instructions to ensure accurate and complete submission of all components of the application. Refer to the *Instructions for Applicants* document for details.

Submissions that are missing 1 or more components or do not meet the eligibility requirements will be administratively withdrawn without review.

4.4.1. Abstract and Significance (5,000 characters)

Clearly explain the problem(s) to be addressed, the approach(es) to the solution, and how the application is responsive to this RFA. In the event that the project is funded, the abstract will be made public; therefore, no proprietary information should be included in this statement. Initial compliance decisions are based in part upon review of this statement.

The required abstract format is as follows (use headings as outlined below):

- **Need:** Include a description of need for the proposed project.
- **Overall Project Strategy:** Describe the project and how it will address the identified need.
- **Specific Goals:** State specifically the overall goals of the proposed project.
- **Innovation:** Describe the creative components of the proposed project.
- **Significance and Impact:** Explain how the proposed project, if successful, will have a unique and major impact on cancer prevention and control and for the state of Texas.

4.4.2. Goals and Objectives (1,200 characters each)

List specific goals and **measurable** objectives for each year of the project. A baseline and method(s) of measurement are required for each objective.

4.4.3. Project Timeline (2 pages)

Provide a project timeline for project activities that includes deliverables and dates. Use Years 1, 2, 3, and Months 1, 2, 3, etc, as applicable instead of specific months or years (eg, Year 1, Months 3-5, not 2017, March-May).

4.4.4. Project Plan (15 pages; fewer pages permissible)

The required project plan format follows. Applicants must use the headings outlined below. Applications not following the required format will be administratively withdrawn.

Background: Describe the project to be disseminated and how and why it lends itself to replication and scalability. Describe the effectiveness of the intervention that is being proposed for replication/dissemination and the expected short- and long-term impacts of the project. Describe why this project is needed, creative, or unique.

Goals and Objectives (optional): Goals and Objectives will be entered in separate fields in CARS and need not be provided in the project plan. However, if desired, goals and objectives may be fully repeated or briefly summarized here.

Components of the Project: Clearly describe the data demonstrating success of the CPRIT-funded project that justifies dissemination. Describe components of the proposed dissemination project and the dissemination approach, strategy (eg, passive and active dissemination and implementation strategies), and the products being designed or packaged. Clearly describe the established theory and practice that support the proposed approach or strategy. Describe parameters of the CPRIT-funded project that may affect its dissemination and replication such as target audience for which it was designed, specialized resources that may be needed, or geographic considerations.

Evaluation Strategy: Describe the evaluation plan and methodology to assess dissemination effectiveness (eg, include short and intermediate impact of dissemination activities, knowledge and behavior change among the audience likely to adopt the project). Describe a clear and appropriate plan for data collection and interpretation of results to report against goals and objectives. If needed, applicants may want to consider seeking expertise at Texas-based academic cancer centers, schools/programs of public health, prevention research centers,

or the like. Applicants should budget accordingly for the evaluation activity and should ensure, among other things, that the evaluation plan is linked to the proposed goals and objectives.

Organizational Qualifications and Capabilities: Describe the organization and its qualifications and capabilities to deliver the proposed project. Describe the role and qualifications of key collaborating organizations/partners (if applicable) and how they add value to the project and demonstrate commitment to working together to implement the project. Describe the key personnel who are in place or will be recruited to implement, evaluate, and complete the project.

4.4.5. References

Provide a concise and relevant list of references cited for the application. The successful applicant will provide referenced evidence and literature support for the proposed project.

4.4.6. CPRIT Grants Summary

Please use the template provided on the CARS (<https://CPRITGrants.org>). Provide a description of the progress or final results of **all** CPRIT-funded projects of the PD or Co-PD, regardless of their connection to this application. Indicate how the current application builds on the previous work or addresses new areas of cancer prevention and control services. Applications that are missing this document and for which CPRIT records show a PD and/or Co-PD with previous or current CPRIT funds will be administratively withdrawn.

4.4.7. Budget and Justification

Provide a brief outline and detailed justification of the budget for the entire proposed period of support, including salaries and benefits, travel, equipment, supplies, contractual expenses, and other expenses. CPRIT funds will be distributed on a reimbursement basis. Applications requesting more than the maximum allowed cost (total costs) as specified in [section 2.5](#) will be administratively withdrawn.

- **Personnel:** The individual salary cap for CPRIT awards is \$200,000 per year. Describe the source of funding for all project personnel where CPRIT funds are not requested.
- **Travel:** PDs and related project staff are expected to attend CPRIT's conference. CPRIT funds may be used to send up to 2 people to the conference.

- **Equipment:** Equipment having a useful life of more than 1 year and an acquisition cost of \$5,000 or more per unit must be specifically approved by CPRIT. An applicant does not need to seek this approval prior to submitting the application. Justification must be provided for why funding for this equipment cannot be found elsewhere; CPRIT funding should not supplant existing funds. Cost sharing of equipment purchases is strongly encouraged.
- **Other Expenses**
 - **Indirect/Shared Costs:** It is CPRIT’s policy not to allow recovery of indirect or shared costs for prevention programs.

4.4.8. Current and Pending Support and Sources of Funding

Please use the template provided on the CARS (<https://CPRITGrants.org>). Describe the funding source and duration of all current and pending support for the proposed project, including a capitalization table that reflects private investors, if any. Information for the initial funded project need not be included.

4.4.9. Biographical Sketches

The designated PD will be responsible for the overall performance of the funded project and must have relevant education and management experience. The PD/Co-PD(s) must provide a biographical sketch that describes his or her education and training, professional experience, awards and honors, and publications and/or involvement in programs relevant to cancer prevention and/or service delivery.

The evaluation professional biographical sketch is optional. Up to 3 additional biographical sketches for key personnel may be provided. Each biographical sketch must not exceed 2 pages and must use the “Prevention Programs: Biographical Sketch” template.

Only biographical sketches will be accepted; do not submit resumes and/or CVs.

4.4.10. Collaborating Organizations

List all key participating organizations that will partner with the applicant organization to provide 1 or more components essential to the success of the program (eg, evaluation).

4.4.11. Letters of Commitment (10 pages)

Applicants may provide optional letters of commitment and/or memoranda of understanding from community organizations, key faculty, or any other component essential to the success of the program.

Applications that are missing 1 or more of these components; exceed the specified page, word, or budget limits; or that do not meet the eligibility requirements listed above will be administratively withdrawn without review.

5. APPLICATION REVIEW

5.1. Review Process Overview

All eligible applications will be reviewed using a 2-stage peer review process: (1) evaluation of applications by peer review panels and (2) prioritization of grant applications by the Prevention Review Council. In the first stage, applications will be evaluated by an independent review panel using the criteria listed below. In the second stage, applications judged to be meritorious by review panels will be evaluated by the Prevention Review Council and recommended for funding based on comparisons with applications from all of the review panels and programmatic priorities. Programmatic considerations may include, but are not limited to, geographic distribution, cancer type, population served, and type of program or service. The scores are only 1 factor considered during programmatic review. At the programmatic level of review, priority will be given to proposed projects that target geographic regions of the state or population subgroups that are not well represented in the current CPRIT Prevention project portfolio.

Applications approved by Review Council will be forwarded to the CPRIT Program Integration Committee (PIC) for review. The PIC will consider factors including program priorities set by the Oversight Committee, portfolio balance across programs, and available funding. The CPRIT Oversight Committee will vote to approve each grant award recommendation made by the PIC. The grant award recommendations will be presented at an open meeting of the Oversight Committee and must be approved by two-thirds of the Oversight Committee members present and eligible to vote. The review process is described more fully in CPRIT's Administrative Rules, chapter 703, sections 703.6 through 703.8.

Each stage of application review is conducted confidentially, and all CPRIT Peer Review Panel members, Review Council members, PIC members, CPRIT employees, and Oversight Committee members with access to grant application information are required to sign nondisclosure statements regarding the contents of the applications. All technological and scientific information included in the application is protected from public disclosure pursuant to Health and Safety Code §102.262(b).

Individuals directly involved with the review process operate under strict conflict-of-interest prohibitions. All CPRIT Peer Review Panel members and Review Council members are non-Texas residents.

An applicant will be notified regarding the peer review panel assigned to review the grant application. Peer Review Panel members are listed by panel on CPRIT's website. **By submitting a grant application, the applicant agrees and understands that the only basis for reconsideration of a grant application is limited to an undisclosed Conflict of Interest as set forth in CPRIT's Administrative Rules, chapter 703, section 703.9.**

Communication regarding the substance of a pending application is prohibited between the grant applicant (or someone on the grant applicant's behalf) and the following individuals: an Oversight Committee Member, a PIC Member, a Review Panel member, or a Review Council member. Applicants should note that the CPRIT PIC comprises the CPRIT Chief Executive Officer, the Chief Scientific Officer, the Chief Prevention and Communications Officer, the Chief Product Development Officer, and the Commissioner of State Health Services. The prohibition on communication begins on the first day that grant applications for the particular grant mechanism are accepted by CPRIT and extends until the grant applicant receives notice regarding a final decision on the grant application. The prohibition on communication does not apply to the time period when preapplications or letters of interest are accepted. Intentional, serious, or frequent violations of this rule may result in the disqualification of the grant application from further consideration for a grant award.

5.2. Review Criteria

Peer review of applications will be based on primary scored criteria and secondary unscored criteria, identified below. Review panels consisting of experts in the field and advocates will evaluate and score each primary criterion and subsequently assign an overall score that reflects

an overall assessment of the application. The overall evaluation score will not be an average of the scores of individual criteria; rather, it will reflect the reviewers' overall impression of the application and responsiveness to the RFA priorities.

5.2.1. Primary Evaluation Criteria

Impact and Innovation

- Does the proposed project demonstrate creativity, ingenuity, resourcefulness, or imagination?
- Does the applicant describe the project to be disseminated and how and why it lends itself to replication and scalability?
- Does the applicant outline the target metrics established for the CPRIT-funded project and describe the effectiveness of the intervention that is being proposed for replication/dissemination?
- Do the data (results) demonstrate success of the CPRIT-funded project and justify dissemination?
- Has the applicant convincingly demonstrated the short- and long-term impacts of the project?

Project Strategy and Feasibility

- Does the proposed project address requirements of the RFA?
- Is the overall project dissemination approach, strategy, and design clearly described and supported by established theory and practice and likely to result in successful dissemination and adoption? Are 2 or more active dissemination strategies described?
- Does the proposal clearly describe an approach and demonstrate the capacity of the applicant to develop the proposed dissemination project?
- Are the proposed objectives and activities feasible within the duration of the award?
- Are possible barriers addressed and approaches for overcoming them proposed?
- If the CPRIT-funded project is to be adapted for different populations and settings, are specific adaptations and evaluation strategies clearly outlined as a part of the project?
- Does the project identify and assist potential adopters prepare to implement the intervention and/or prepare to apply for grant funding?

Evaluation

- Are specific goals and measurable objectives for each year of the project provided?
- Are the proposed measures appropriate for the project (eg, include short and intermediate impact of dissemination activities and knowledge or behavior change among audience likely to adopt the intervention)?
- Does the application provide a clear and appropriate plan for data collection and interpretation of results to report against goals and objectives?

Organizational Qualifications and Capabilities

- Do the organization and its collaborators/partners (if applicable) demonstrate the ability to deliver the proposed project?
- Does the described role of each collaborating organization/partner (if applicable) add value to the project and demonstrate commitment to working together to implement the project?
- Are the appropriate personnel in place or have they been recruited to implement, evaluate, and complete the project?

5.2.2. Secondary Evaluation Criteria

Budget

- Is the budget appropriate and reasonable for the scope of the proposed work?
- Are all costs well justified?
- Is the project a good investment of Texas public funds?

6. AWARD ADMINISTRATION

Texas law requires that CPRIT grant awards be made by contract between the applicant and CPRIT. CPRIT grant awards are made to institutions or organizations, not to individuals. Award contract negotiation and execution will commence once the CPRIT Oversight Committee has approved an application for a grant award. CPRIT may require, as a condition of receiving a grant award, that the grant recipient use CPRIT's electronic Grant Management System to exchange, execute, and verify legally binding grant contract documents and grant award reports.

Such use shall be in accordance with CPRIT's electronic signature policy as set forth in chapter 701, section 701.25.

Texas law specifies several components that must be addressed by the award contract, including needed compliance and assurance documentation, budgetary review, progress and fiscal monitoring, and terms relating to revenue sharing and intellectual property rights. These contract provisions are specified in CPRIT's Administrative Rules, which are available at www.cprit.state.tx.us. Applicants are advised to review CPRIT's administrative rules related to contractual requirements associated with CPRIT grant awards and limitations related to the use of CPRIT grant awards as set forth in chapter 703, sections 703.10, 703.12.

Prior to disbursement of grant award funds, the grant recipient organization must demonstrate that it has adopted and enforces a tobacco-free workplace policy consistent with the requirements set forth in CPRIT's Administrative Rules, chapter 703, section 703.20.

CPRIT requires the PD of the award to submit quarterly, annual, and final progress reports. These reports summarize the progress made toward project goals and address plans for the upcoming year and performance during the previous year(s). In addition, quarterly fiscal reporting and reporting on selected metrics will be required per the instructions to award recipients. Continuation of funding is contingent upon the timely receipt of these reports. Failure to provide timely and complete reports may waive reimbursement of grant award costs and may result in the termination of the award contract.

7. CONTACT INFORMATION

7.1. HelpDesk

HelpDesk support is available for questions regarding user registration and online submission of applications. Queries submitted via email will be answered within 1 business day. HelpDesk staff are not in a position to answer questions regarding the scope and focus of applications. Before contacting the HelpDesk, please refer to the *Instructions for Applicants* document (posted by September 24, 2015), which provides a step-by-step guide to using CARS.

Hours of operation: Monday, Tuesday, Thursday, Friday, 7 AM to 4 PM central time
Wednesday, 8 AM to 4 PM central time

Tel: 866-941-7146

Email: Help@CPRITGrants.org

7.2. Program Questions

Questions regarding the CPRIT Prevention program, including questions regarding this or any other funding opportunity, should be directed to the CPRIT Prevention Program Office.

Tel: 512-305-8422

Email: Help@CPRITGrants.org

Website: www.cprit.state.tx.us

8. CONFERENCE CALLS TO ANSWER APPLICANT QUESTIONS

CPRIT will host a webinar to provide an overview of this RFA and a demonstration of CARS. A programmatic and technical question-and-answer session will be included. Applicants should sign up for CPRIT's electronic mailing list at <http://www.cprit.state.tx.us> to ensure that they receive notification of this webinar.

9. RESOURCES

- The Texas Cancer Registry. <http://www.dshs.state.tx.us/tcr>
- The Community Guide. <http://www.thecommunityguide.org/index.html>
- Cancer Control P.L.A.N.E.T. <http://cancercontrolplanet.cancer.gov>
- Guide to Clinical Preventive Services: Recommendations of the U.S. Preventive Services Task Force. <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/>
- Brownson, R.C., Colditz G.A., and Proctor, E.K. (Editors). *Dissemination and Implementation Research in Health: Translating Science to Practice*. Oxford University Press, March 2012

- Centers for Disease Control and Prevention: The Program Sustainability Assessment Tool: A New Instrument for Public Health Programs
http://www.cdc.gov/pcd/issues/2014/13_0184.htm
- Centers for Disease Control and Prevention: Using the Program Sustainability Tool to Assess and Plan for Sustainability. http://www.cdc.gov/pcd/issues/2014/13_0185.htm

10. REFERENCES

1. <http://www.cdc.gov/vaccines/vpd-vac/hpv/vac-faqs.htm>
2. Texas Cancer Registry, Cancer Epidemiology and Surveillance Branch, Texas Department of State Health Services. <http://www.dshs.state.tx.us/tcr/default.shtm>
3. Brownson, R.C., Colditz G.A., and Proctor, E.K. (Editors). *Dissemination and Implementation Research in Health: Translating Science to Practice*. Oxford University Press, March 2012
4. Cancer Prevention and Control Research Network: Putting Public Health Evidence in Action Training Workshop. <http://cpcrn.org/pub/evidence-in-action/>

Third Party Observer Reports

CPRIT Prevention Peer Review Observation Report

Report #2016-05-23/24-PRE

Program Name: Prevention

Panel Name: FY16.2 Prevention Peer Review Panel - 1

Panel Date: May 23, 2016 to May 24, 2016

Report Date: June 3, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Prevention Peer Review Panel-1 peer review of applications for FY16 funding. The meeting was chaired by Ross Brownson and held at the Dallas Marriott in Dallas TX on May 23 through May 24, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Prevention Peer Review Panel-1 panel meeting held in-person. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Ross Brownson on May 23 through May 24, 2016.

The independent observer noted the following during our observation:

- Sixteen applications were discussed within the Prevention Peer Review Meeting Panel to determine which applications would be recommended for funding.
- Ten peer review panelists, two advocate reviewers, two CPRIT staff members, one other attendee and five SRA employees were present on May 23, 2016 and May 24, 2016.
 - One of the ten peer review panelists participated via teleconference on both days. On May 24, this panelist only participated in the review of one application.
 - The other attendee was present via teleconference on both days.
- One conflict of interest was identified prior to or during the meeting. Applications for one conflict was discussed during the peer review panel. The reviewer with the conflict of interest either left the room or did not participate telephonically and did not participate in the review of the conflicted application.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

CPRIT Prevention Peer Review Observation Report

Report #2016-05-24/25-PRE

Program Name: Prevention

Panel Name: FY16.2 Prevention Peer Review Panel - 2

Panel Date: May 24, 2016 to May 25, 2016

Report Date: June 3, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Prevention Peer Review Panel-2 peer review of applications for FY16 funding. The meeting was chaired by Nancy Lee and held at the Dallas Marriott in Dallas TX on May 24 through May 25, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Prevention Peer Review Panel-2 panel meeting held in-person. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Nancy Lee on May 24 through May 25, 2016.

The independent observer noted the following during our observation:

- Fifteen applications were discussed within the Prevention Peer Review Meeting Panel to determine which applications would be recommended for funding.
- Ten peer review panelists, two advocate reviewers, two CPRIT staff members, one other attendee and five SRA employees were present on May 24, 2016. Eleven peer review panelists, two advocate reviewers, two CPRIT staff members, one non-participating attendee and five SRA employees were present on May 25, 2016.
 - On May 24, one of the ten peer review panelists participated via teleconference.
 - On May 25, two of the eleven peer review panelists participated via teleconference. One of these two panelists only participated in the review of two applications.
 - The other attendee was present via teleconference on both days.
- No conflicts of interest were identified prior to or during the meeting.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

CPRIT Prevention Review Council Meeting Observation Report

Report #2016-07-01-PREV

Program Name: Prevention

Panel Name: FY16.2 Prevention Review Council
Programmatic Review

Panel Date: July 1, 2016

Report Date: July 12, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Prevention Review Council Programmatic Review peer review of applications for FY16 funding. The meeting was chaired by Stephen Wyatt and held via teleconference on July 1, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Prevention Review Council Programmatic Review held via teleconference. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Stephen Wyatt on July 1, 2016.

The independent observer noted the following during our observation:

- Twenty applications were discussed within the Prevention Review Council Meeting to determine which applications would be recommended for funding.
- Three peer review panelists, two CPRIT staff members, and four SRA employees were present for the meeting.
- No conflicts of interest were identified prior to or during the meeting.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical, or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

Noted Conflicts of Interest

Conflict of Interest Disclosure
Prevention Cycle 16.2 Applications
(Prevention Cycle 16.2 Awards Announced at August 17, 2016, Oversight Committee Meeting)

The table below lists the conflicts of interest (COIs) identified by peer reviewers, Program Integration Committee (PIC) members, and Oversight Committee members on an application-by-application basis. Applications reviewed in Prevention Cycle 16.2 include *Cancer Prevention Promotion and Navigation to Clinical Services*, *Competitive Continuation/Expansion - Evidence-Based Cancer Prevention Services*, *Dissemination of CPRIT-Funded Cancer Control Interventions*, *Evidence-Based Cancer Prevention Services*, *Evidence-Based Cancer Prevention Services - See, Test & Treat® Program*, and *Evidence-Based Cancer Prevention Services - Colorectal Cancer Prevention Coalition*. All applications with at least one identified COI are listed below; applications with no COIs are not included. It should be noted that an individual is asked to identify COIs for only those applications that are to be considered by the individual at that particular stage in the review process. For example, Oversight Committee members identify COIs, if any, with only those applications that have been recommended for the grant awards by the PIC. COI information used for this table was collected by SRA International, CPRIT's third party grant administrator, and by CPRIT.

| Application ID | Applicant | Institution | Conflict Noted |
|---|----------------------|---|------------------------------|
| Applications considered by the PIC and Oversight Committee | | | |
| PP160075 | Singal, Amit | The University of Texas Southwestern Medical Center | Nguyen, Mindie; Willson, Jim |
| PP160079 | Jibaja-Weiss, Maria | Baylor College of Medicine | Nguyen, Mindie |
| PP160097 | Rodriguez, Ana | The University of Texas Medical Branch at Galveston | Nguyen, Mindie |
| PP160103 | Ross, Theodora S. | The University of Texas Southwestern Medical Center | Nguyen, Mindie; Willson, Jim |
| PP160110 | Ross, Theodora S. | The University of Texas Southwestern Medical Center | Nguyen, Mindie; Willson, Jim |
| PP160121 | Trivedi, Madhukar H. | The University of Texas Southwestern Medical Center | Willson, Jim |
| PP160122 | Rustveld, Luis | Baylor College of Medicine | Nguyen, Mindie |
| Applications not considered by the PIC or Oversight Committee | | | |
| PP160060 | Gardner, Julie | Texas AgriLife Extension Service | Nguyen, Mindie |

| Application ID | Applicant | Institution | Conflict Noted |
|----------------|---------------------|---|----------------|
| PP160076 | Lucci, Joseph | The University of Texas Health Science Center at Houston | Nguyen, Mindie |
| PP160092 | Poplack, David | Baylor College of Medicine | Nguyen, Mindie |
| PP160094 | McNeill, Lorna | The University of Texas M.D. Anderson Cancer Center | Nguyen, Mindie |
| PP160096 | McGaha, Paul | The University of Texas Health Center at Tyler | Nguyen, Mindie |
| PP160098 | Tomlinson, Gail | The University of Texas Health Science Center at San Antonio | Nguyen, Mindie |
| PP160099 | Crocker, Andrew | Texas AgriLife Extension Service | Nguyen, Mindie |
| PP160102 | Argenbright, Keith | The University of Texas Southwestern Medical Center | Nguyen, Mindie |
| PP160109 | Villarreal, Roberto | University Health System | Nguyen, Mindie |
| PP160112 | Felini, Martha | University of North Texas Health Science Center at Fort Worth | Nguyen, Mindie |
| PP160117 | Misra, Subhasis | Texas Tech University Health Sciences Center | Nguyen, Mindie |
| PP160124 | Handal, Gilbert | Texas Tech University Health Sciences Center at El Paso | Bright, Frank |
| PP160126 | Singh, Hitesh | Scott & White Healthcare | Nguyen, Mindie |
| PP160133 | Garcia, Fernandina | Mercy Ministries of Laredo | Nguyen, Mindie |
| PP160135 | Benedict, Deb | Rio Grande Cancer Foundation | Nguyen, Mindie |

De-Identified Overall Evaluation Scores

Dissemination of CPRIT-Funded Cancer Control Interventions

Prevention Cycle 16.2

| Application ID | Final Overall Evaluation Score |
|----------------|--------------------------------|
| PP160081* | 1.6 |
| PP160093* | 1.9 |
| ma | 4.1 |

*=Recommended for funding

Final Overall Evaluation Scores and Rank Order Scores

Pete Geren
Oversight Committee Presiding Officer
Cancer Prevention and Research Institute of Texas
Via email to pgcpnit@sidrichardson.org

Wayne R. Roberts
Chief Executive Officer
Cancer Prevention and Research Institute of Texas
Via email to wroberts@cprnit.texas.gov

Dear Mr. Geren and Mr. Roberts,

On behalf of the Prevention Review Council (PRC), I am pleased to provide the PRC's recommendations for CPRIT Prevention grant awards. The applicants on the attached list of submitted proposals responded to CPRIT requests for applications (RFA) released for the second review cycle of FY2016. These recommendations reflect 50+ hours of work by individual reviewers and include panel discussion of the applicants' proposals, in addition to the PRC's programmatic review.

The projects are numerically ranked in the order the PRC recommends the applications be funded. Recommended funding amounts and the overall evaluation score are provided for each grant application. The PRC did not make changes to the goals, timelines, or project objectives requested by the applicants. When the PRC did not follow the rank ordered scores in developing its recommended funding order, justification was provided and was based upon established programmatic priorities outlined in the RFAs.

The projected funding available for this fiscal year is \$13,793,613. The PRC recommends that the budget of one application, PP160103, be reduced from the requested \$3,155,337 to \$2,100,000 due to the overlap with the infrastructure of this applicant's other funded projects. The total recommended by the PRC is \$13,690,454.

All of the recommended grants address one or more of the Prevention Program priorities. Our recommendations meet the PRC's standards for grant award funding of projects that are evidence-based, deliver programs or services to underserved populations, and focus on primary, secondary or tertiary prevention. In making these recommendations the PRC also considered the available funding, the composition of the current portfolio, and the programmatic priorities in the RFA which include potential for impact and return on investment, geographic distribution, cancer type and type of program.

Sincerely,

Stephen W. Wyatt, DMD, MPH
Chair, CPRIT Prevention Review Council

Pete Geren
Oversight Committee Presiding Officer
Cancer Prevention and Research Institute of Texas
Via email to pgcprit@sidrichardson.org

Wayne R. Roberts
Chief Executive Officer
Cancer Prevention and Research Institute of Texas
Via email to wroberts@cprit.texas.gov

Dear Mr. Geren and Mr. Roberts,

On July 8, 2016 I forward a transmittal letter and spreadsheet with the PRC's recommendations for FY 16.2 CPRIT Prevention grant awards. The projects were numerically ranked in the order the PRC recommends the applications be funded. When the PRC did not follow the rank ordered scores in developing its recommended funding order, justification was provided in the spreadsheet for the projects that were taken out of score order and not being recommended. However, it has come to my attention that we should have provided justification for the projects that are being recommended instead of justification for those not recommended.

The revised spreadsheet includes our justification for the projects being proposed and the projects not recommended have been removed from the list. The recommendations and rank order remain the same.

Please let me know if you have any questions. I apologize for any confusion.

Sincerely,

Stephen W. Wyatt, DMD, MPH
Chair, CPRIT Prevention Review Council

| Application ID | Mech | Application Title | Applicant Name | Organization | Total Funding Requested | Average Overall Score | Rank Order | PRC Recommendation Justifications |
|-------------------|------|--|----------------------------|---|-------------------------|-----------------------|------------|--|
| PP160081 | DI | Statewide Dissemination of the "Taking Texas Tobacco Free" Workplace Program | Reitzel, Lorraine R | University of Houston | \$299,981 | 1.6 | 1 | |
| PP160116 | STT | Lone Star Community Health Center, Inc. 2016 See, Test & Treat Program | McKernan, Stephen | Lone Star Community Health Center, Inc. dba Lone Star Family Health | \$23,602 | 1.7 | 2 | |
| PP160079 | EBP | Leveraging a Community Network for Cancer Prevention to Increase HPV Vaccine Uptake and Completion among Pediatric Patients in a Safety Net Healthcare Setting | Jibaja-Weiss, Maria L | Baylor College of Medicine | \$1,161,015 | 1.8 | 3 | |
| PP160093 | DI | Access for Breast Care for West Texas (ABC4WT)Development of a Replication Model for Dissemination and Implementation | Layeequr Rahman, Rakshanda | Texas Tech University Health Sciences Center | \$299,785 | 1.9 | 4 | |
| PP160058 | CCE | Postpartum administration of HPV vaccine: Strategies to increase initiation and series completion among low income women across Southeast Texas | Berenson, Abbey B | The University of Texas Medical Branch at Galveston | \$1,496,111 | 2.1 | 5 | |
| PP160075 | EBP | Implementation an Evidence-Based Colorectal Cancer Screening Outreach Program among Socioeconomically Disadvantaged Patients in a Safety Net | Singal, Amit | The University of Texas Southwestern Medical Center | \$1,499,826 | 2.3 | 6 | recommended out of rank order due to ROI and type of program |
| PP160110 | PN | Use of Genetic Patient Navigators to Help Mutation Carriers Comply with the NCCN Guidelines and to Enable Healthy Behaviors | Ross, Theodora S | The University of Texas Southwestern Medical Center | \$399,954 | 2.5 | 7-tie | recommended out of rank order due to ROI, geography, and type of service |
| PP160080 | EBP | Promoting HPV vaccination among Hispanic adolescents and young adults using Health Care System-Based Interventions and Community Outreach | Morales-Campos, Daisy Y | The University of Texas Health Science Center at San Antonio | \$1,302,955 | 2.5 | 7-tie | recommended out of rank order due to geography, population served, and type of program |
| PP160122 | EBP | Reducing Racial/Ethnic Disparities in CRC Screening: A Comprehensive EMR-Based Patient Navigation Program Including Technology-Driven CRC Outreach and Education | Rustveld, Luis | Baylor College of Medicine | \$1,477,698 | 2.5 | 7-tie | recommended out of rank order due to ROI and type of program |
| PP160105 | STT | Implementing a See, Test & Treat Program in Sunnyside Health Center to Provide Free Cervical and Breast Cancer Screening and Medical Home for Underserved Women | Coffey, Donna M | Houston Methodist | \$24,522 | 2.7 | 10 | recommended out of rank order due to ROI |
| PP160121 | EBP | Promoting Activity in Cancer Survivors (PACES): An active living intervention for breast cancer survivors | Trivedi, Madhukar H | The University of Texas Southwestern Medical Center | \$1,365,226 | 2.9 | 11 | recommended out of rank order due to type of program and population served |
| PP160097 | EBP | School-Based Human Papillomavirus Vaccination Program in the Lower Rio Grande Valley | Rodriguez, Ana M | The University of Texas Medical Branch at Galveston | \$747,727 | 3.5 | 12 | recommended out of rank order due to geography and type of program |
| PP160089 | EBP | PREVENT HCC – through Screening, Vaccination and Treatment of Viral Hepatitis | Mittal, Sahil | Baylor College of Medicine | \$1,492,052 | 3.7 | 13 | recommended out of rank order due to cancer type |
| PP160103 | CRC | Detecting Unaffected Individuals for Lynch Syndrome (DUAL): Screening, Diagnosis and NavigationNavigation | Ross, Theodora S | The University of Texas Southwestern Medical Center | \$2,100,000 | 2.3 | 14 | recommended out of rank order due to geographyand type of program |
| TOTAL RECOMMENDED | | | | | \$ 13,690,454 | | | |



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO Affidavit Supporting Information

FY 2016—Cycle 2

Evidence-Based Cancer Prevention Services

Request for Applications



CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

REQUEST FOR APPLICATIONS RFA P-16-EBP-2

Evidence-Based Cancer Prevention Services

**Please also refer to the “Instructions for Applicants” document, which will be
posted September 24, 2015**

Application Receipt Opening Date: September 24, 2015

Application Receipt Closing Date: January 7, 2016

FY 2016

Fiscal Year Award Period

September 1, 2015-August 31, 2016

TABLE OF CONTENTS

| | |
|---|-----------|
| 1. ABOUT CPRIT | 4 |
| 1.1. PREVENTION PROGRAM PRIORITIES | 4 |
| 2. FUNDING OPPORTUNITY DESCRIPTION | 5 |
| 2.1. SUMMARY | 5 |
| 2.2. PROJECT OBJECTIVES | 5 |
| 2.3. AWARD DESCRIPTION | 6 |
| 2.3.1. <i>Priorities</i> | 8 |
| 2.3.2. <i>Specific Areas of Emphasis</i> | 9 |
| 2.3.3. <i>Outcome Metrics</i> | 11 |
| 2.4. ELIGIBILITY | 13 |
| 2.4.1. <i>Resubmission Policy</i> | 14 |
| 2.5. FUNDING INFORMATION..... | 15 |
| 3. KEY DATES..... | 15 |
| 4. APPLICATION SUBMISSION GUIDELINES | 16 |
| 4.1. <i>INSTRUCTIONS FOR APPLICANTS</i> DOCUMENT | 16 |
| 4.2. ONLINE APPLICATION RECEIPT SYSTEM | 16 |
| 4.2.1. <i>Submission Deadline Extension</i> | 16 |
| 4.3. APPLICATION COMPONENTS | 16 |
| 4.3.1. <i>Abstract and Significance (5,000 characters)</i> | 17 |
| 4.3.2. <i>Goals and Objectives (1,200 characters each)</i> | 17 |
| 4.3.3. <i>Project Timeline (2 pages)</i> | 18 |
| 4.3.4. <i>Project Plan (15 pages; fewer pages permissible)</i> | 18 |
| 4.3.5. <i>People Reached</i> | 20 |
| 4.3.6. <i>People Served</i> | 20 |
| 4.3.7. <i>References</i> | 20 |
| 4.3.8. <i>Resubmission Summary</i> | 21 |
| 4.3.9. <i>CPRIT Grants Summary</i> | 21 |
| 4.3.10. <i>Budget and Justification</i> | 21 |
| 4.3.11. <i>Current and Pending Support and Sources of Funding</i> | 22 |
| 4.3.12. <i>Biographical Sketches</i> | 22 |
| 4.3.13. <i>Collaborating Organizations</i> | 23 |
| 4.3.14. <i>Letters of Commitment</i> | 23 |
| 5. APPLICATION REVIEW | 23 |
| 5.1. REVIEW PROCESS OVERVIEW | 23 |
| 5.2. REVIEW CRITERIA..... | 25 |
| 5.2.1. <i>Primary Evaluation Criteria</i> | 25 |
| 5.2.2. <i>Secondary Evaluation Criteria</i> | 27 |
| 6. AWARD ADMINISTRATION..... | 28 |
| 7. CONTACT INFORMATION..... | 29 |
| 7.1. HELPDESK | 29 |
| 7.2. PROGRAM QUESTIONS | 29 |
| 8. CONFERENCE CALLS TO ANSWER APPLICANT QUESTIONS | 29 |
| 9. RESOURCES | 29 |
| 10. REFERENCES..... | 30 |
| 11. APPENDIX: KEY TERMS..... | 30 |

RFA VERSION HISTORY

Rev 09/10/15 RFA release

Rev 09/24/15 Changed the Application Receipt Closing Date on the cover page from January 7, 2015 to January 7, 2016.

1. ABOUT CPRIT

The state of Texas has established the Cancer Prevention and Research Institute of Texas (CPRIT), which may issue up to \$3 billion in general obligation bonds to fund grants for cancer research and prevention.

CPRIT is charged by the Texas Legislature to do the following:

- Create and expedite innovation in the area of cancer research and in enhancing the potential for a medical or scientific breakthrough in the prevention of or cures for cancer;
- Attract, create, or expand research capabilities of public or private institutions of higher education and other public or private entities that will promote a substantial increase in cancer research and in the creation of high-quality new jobs in the state of Texas; and
- Develop and implement the Texas Cancer Plan.

1.1. Prevention Program Priorities

Legislation from the 83rd Texas Legislature requires that CPRIT's Oversight Committee establish program priorities on an annual basis. The priorities are intended to provide transparency in how the Oversight Committee directs the orientation of the agency's funding portfolio. The Prevention Program's principles and priorities will also guide CPRIT staff and the Prevention Review Council on the development and issuance of program-specific Requests for Applications (RFAs) and the evaluation of applications submitted in response to those RFAs.

Established Principles:

- Fund evidence-based interventions and their dissemination
- Support the prevention continuum of primary, secondary, and tertiary (includes survivorship) prevention interventions

Prevention Program Priorities

- Prioritize populations and areas of greatest need, greatest potential for impact
- Focus on underserved populations
- Increase targeting of preventive efforts to areas where significant disparities in cancer incidence or mortality in the state exist

2. FUNDING OPPORTUNITY DESCRIPTION

2.1. Summary

The ultimate goals of the CPRIT Prevention Program are to reduce overall cancer incidence and mortality and to improve the lives of individuals who have survived or are living with cancer. The ability to reduce cancer death rates depends in part on the application of currently available evidence-based technologies and strategies. CPRIT will foster the primary, secondary, and tertiary prevention of cancer in Texas by providing financial support for a wide variety of evidence-based risk reduction, early detection, and survivorship interventions.

The **Evidence-Based Cancer Prevention Services (EBP)** award mechanism seeks to fund programs that greatly challenge the status quo in cancer prevention and control services. The proposed program should be designed to reach and serve as many people as possible.

Partnerships with other organizations that can support and leverage resources are strongly encouraged. A coordinated submission of a collaborative partnership program in which all partners have a substantial role in the proposed project is preferred.

2.2. Project Objectives

CPRIT seeks to fund projects that will do the following:

- Address multiple components of the cancer prevention and control continuum (eg, provision of screening and navigation services in conjunction with outreach and education of the priority population as well as health care provider education);
- Offer effective and efficient systems of delivery of prevention services based on the existing body of knowledge about and evidence for cancer prevention in ways that far exceed current performance in a given service area;
- Offer systems and/or policy changes that are sustainable over time;
- Provide tailored, culturally appropriate outreach and accurate information on early detection and prevention to the public and health care professionals that results in a health impact that can be measured; and
- Deliver evidence-based survivorship services aimed at reducing the morbidity associated with cancer diagnosis and treatment.

2.3. Award Description

The Evidence-Based Cancer Prevention Services RFA solicits applications for projects up to 36 months in duration that will deliver evidence-based services in at least 1 of the following cancer prevention and control areas. For this cycle, CPRIT is accepting new applications **limited to the following:**

- Delivery of vaccines that reduce the risk of cancer,
- Tobacco cessation interventions,
- Screening and early detection services (see [Areas of Emphasis](#)), or
- Survivorship services.

In addition to other primary prevention and screening/early detection services, CPRIT considers counseling services (eg, tobacco cessation, survivorship, exercise, and nutrition) when done on a one-on-one basis or in small groups as clinical services.

This mechanism will fund case management/patient navigation if it is paired with the delivery of a clinical service (eg, human papillomavirus [HPV] vaccination/screening). Applicants offering screening services must ensure that there is access to treatment services for patients with cancers that are detected as a result of the program and must describe access to treatment services in their application. In the case of screening for hepatitis C, applicants must provide navigation to ensure access to viral treatments and must describe the process for ensuring access to treatment services.

CPRIT's services grants are intended to fund prevention interventions that have a demonstrated evidence base and are culturally appropriate for the priority population.

CPRIT recognizes that evidence-based services have been developed but not implemented or tested in all populations or service settings. In such cases, other forms of evidence (eg, preliminary evaluation or pilot project data) that the proposed service is appropriate for the population and has a high likelihood of success must be provided. The applicant must fully describe the base of evidence and any plans to adapt and evaluate the implementation of the program for the specific audience or situation.

Comprehensive projects are required. Comprehensive projects include a continuum of services and systems and/or policy changes and comprise all or some of the following: Public

and/or professional education and training, patient support of behavior modification, outreach, delivery of clinical services, and follow-up navigation.

This RFA encourages traditional and nontraditional partnerships as well as leveraging of existing resources and dollars from other sources. The applicant should coordinate and describe a collaborative partnership program in which all partners have a substantial role in the proposed project. Letters of commitment describing their role in the partnership are required from all partners.

CPRIT expects measurable outcomes of supported activities, such as a significant increase over baseline (for the proposed service area) in the provision of evidence-based services, changes in provider practice, systems changes, and cost-effectiveness. Applicants must demonstrate how these outcomes will ultimately impact incidence, mortality, morbidity, or quality of life.

Under this RFA, CPRIT **will not** consider the following:

- **Projects focusing solely on systems and/or policy change or solely on education and/or outreach** that do not include the delivery of services
- **Projects focusing solely on case management/patient navigation services** (Case management/patient navigation services must be paired with the delivery of a clinical service. Furthermore, while navigation to the point of treatment of cancer is required when cancer is discovered through a CPRIT-funded project, applications seeking funds to provide coordination of care while an individual is in treatment are not allowed under this RFA.)
- **Projects for continuation/expansion of a currently or previously funded project** (Applications for continuation/expansion should be submitted in response to the Competitive Continuation/Expansion RFA.)
- **Projects requesting CPRIT funding for Quitline services** (Applicants proposing the utilization of Quitline services should communicate with the Tobacco Prevention and Control program prior to submitting a CPRIT grant application to discuss the services currently offered by the Texas Department of State Health Services [DSHS].)
- **Projects focusing on computerized tomography screening for lung cancer**

- **Projects involving prevention/intervention research** (Applicants interested in prevention research should review CPRIT's Research RFAs [available at <http://www.cprit.state.tx.us>].)
- Resources for the treatment of cancer or viral treatment for hepatitis.

2.3.1. Priorities

Types of Cancer: Applications addressing any cancer type(s) that are responsive to this RFA will be considered for funding.

Priority Populations: The age of the priority population and frequency of screening plans for provision of clinical services described in the application must comply with established and current national guidelines (eg, US Preventive Services Task Force [USPSTF], American Cancer Society).

Priority populations are subgroups that are disproportionately affected by cancer. CPRIT-funded efforts must address 1 or more of these priority populations:

- Underinsured and uninsured individuals;
- Geographically or culturally isolated populations;
- Medically unserved or underserved populations;
- Populations with low health literacy skills;
- Geographic regions or populations of the state with higher prevalence of cancer risk factors (eg, obesity, tobacco use, alcohol misuse, unhealthy eating, sedentary lifestyle);
- Racial, ethnic, and cultural minority populations; or
- Other populations with low screening rates, high incidence rates, and high mortality rates, focusing on individuals never before screened or who are significantly out of compliance with nationally recommended screening guidelines.

Geographic and Population Priority: For applications submitted in response to this announcement, at the programmatic level of review conducted by Prevention Review Council (see [section 5.1](#)), priority will be given to projects that target geographic regions of the state and population subgroups that are not adequately covered by the current CPRIT Prevention project portfolio (see <http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control/> and <http://www.cprit.state.tx.us/funded-grants/>).

2.3.2. Specific Areas of Emphasis

Applications addressing any type of education and outreach programs that include navigation to services and that are responsive to this RFA will be considered. However, CPRIT has identified the following areas of emphasis for this cycle of awards.

CPRIT is interested in applications focused on the following:

A. Primary Prevention

Priority will be given to projects that, through evidence-based efforts, address and can positively influence **local policy or systems change** that can lead to **sustainable change in desired health behaviors**.

Tobacco Prevention and Control

- Decreasing tobacco use in areas of the state that have higher smoking rates per capita than other areas of the state
 - Health Service Regions (HSRs) 2, 4, and 5 have significantly higher tobacco use among adults than in other regions of the state. For more information about maps of HSRs, please visit <http://www.dshs.state.tx.us/regions/state.shtm>.
- Decreasing tobacco use in vulnerable and high-risk populations, including people with mental illness, history of substance abuse, youth, and pregnant women, that have higher tobacco usage rates than the general population

HPV Vaccination

- Increasing access to, delivery of, and completion of the HPV vaccine regimen to males and females through evidence-based intervention efforts
 - HPV vaccine completion rates are low (15% for males and 39% for females) across the state compared to the CDC goals of 75% completion rates.¹

Liver Cancer

- Decreasing disparities in incidence and mortality rates for hepatocellular cancer (HCC) by increasing the provision of vaccination and screening for hepatitis B virus and screening for hepatitis C virus (following USPSTF guidelines), diagnostic testing,

navigation that ensures access to viral treatment, and education on risk factors and on reducing transmission of hepatitis

- HCC incidence is significantly higher in Texas Hispanics, blacks, and Asian/Pacific Islanders than in non-Hispanic whites.²
- Significantly higher HCC rates in Texas Hispanics versus the United States are driven by very high rates among Hispanics in South Texas.²
- Males have significantly higher incidence and mortality rates than females.²
- Age at diagnosis is shifting toward younger patients, both in Texas and the United States.²

B. Secondary Prevention - Screening and Early Detection Services

Applicants should select preventive services using current evidence-based national clinical guidelines (eg, USPSTF, American Cancer Society).

Colorectal Cancer

- Increasing screening/detection rates in HSR 1 through 6 and HSR 9. For more information about maps of HSRs, please visit <http://www.dshs.state.tx.us/regions/state.shtm>
 - The highest rates of cancer incidence and mortality are found in these regions of Texas.²
- Decreasing disparities in incidence and mortality rates of colorectal cancer for racial/ethnic populations and rural communities
 - African Americans have the highest incidence and mortality rates, followed by non-Hispanic whites and Hispanics.²
- Decreasing incidence and mortality rates in rural counties
 - Incidence and mortality rates are higher in rural counties compared to urban counties.²

Cervical Cancer

- Increasing screening/detection rates for women in Texas-Mexico border counties
 - Women in these counties have a 30% higher cervical cancer mortality rate than women in nonborder counties.²

- Decreasing disparities in racial/ethnic populations
 - Hispanics have the highest incidence rates, while African Americans have the highest mortality rates.²
- Reaching women never before screened or who have not been screened

Breast Cancer

- Increasing screening/detection rates in rural and medically underserved areas of the state
- Reaching women never before screened

Data on cancer incidence and mortality is provided by the Texas Cancer Registry.² For more information about cancer in Texas, visit CPRIT's website at

<http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control> or visit the Texas Cancer Registry site at <http://www.dshs.state.tx.us/tcr/>.

C. Tertiary Prevention - Survivorship Services

Priority for funding will be given to survivorship projects that demonstrate a likelihood of success based on available evidence and that can demonstrate and measure an improvement in quality of life in 1 of more of the following areas:

- Preventing secondary cancers and recurrence of cancer,
- Managing the aftereffects of cancer and treatment to maximize quality of life and number of years of healthy life,
- Minimizing preventable pain, disability, and psychosocial distress.

Applicants proposing survivorship projects may address people with any type of cancer.

2.3.3. Outcome Metrics

The applicant is required to describe final outcome measures for the project. Interim or output measures that are associated with the final outcome measures should be identified and will serve as a measure of program effectiveness and public health impact. Applicants are required to clearly describe their assessment and evaluation methodology. **Baseline data for each measure proposed are required.** In addition, applicants should describe how funds from the CPRIT grant will improve outcomes over baseline. If the applicant is not providing baseline data for a

measure, the applicant must provide a well-justified explanation and describe clear plans and method(s) of measurement to collect the data necessary to establish a baseline.

Reporting Requirements

Funded projects are required to report quantitative output and outcome metrics (as appropriate for each project) through the submission of quarterly progress reports, annual reports, and a final report.

- Quarterly progress report sections include, but are not limited to, the following:
 - Narrative on project progress (required);
 - People reached activities;
 - Services, other than clinical services, provided to the public/professionals;
 - Actions taken by people/professionals as a result of education or training, including percentage of people reporting sustained behavior change;
 - Clinical services provided; and
 - Abnormal results and precursors or cancers detected.
- Annual and Final progress report sections include, but are not limited to, the following:
 - Key accomplishments, including qualitative analysis of policy change and/or lasting systems change;
 - Progress against goals and objectives, including percentage increase over baseline in provision of age- and risk-appropriate comprehensive preventive services to eligible men and women in a defined service area; for example:
 - Percentage increase over baseline in number of people served
 - Percentage increase over baseline in number of services provided
 - Completion of all required doses of vaccine
 - Number of people quitting tobacco use and sustaining healthy behavior
 - Percentage increase over baseline in cancers detected
 - Percentage increase in early-stage cancer diagnoses in a defined service area
 - Materials produced and publications;
 - Economic impact of the project.

2.4. Eligibility

- The applicant must be a Texas-based entity, such as a community-based organization, health institution, government organization, public or private company, college or university, or academic health institution.
- The designated Program Director (PD) will be responsible for the overall performance of the funded project. The PD must have relevant education and management experience and must reside in Texas during the project performance time.
- The evaluation of the project must be headed by a professional who has demonstrated expertise in the field and who resides in Texas during the time that the project is conducted.
- The applicant is eligible solely for the grant mechanism specified by the RFA under which the grant application was submitted.
- An applicant is not eligible to receive a CPRIT grant award if the applicant PD, any senior member or key personnel listed on the grant application, or any officer or director of the grant applicant's organization or institution is related to a CPRIT Oversight Committee member.
- The applicant may submit more than 1 application, but each application must be for distinctly different services without overlap in the services provided. Applicants who do not meet this criterion will have all applications administratively withdrawn without peer review.
- If the applicant or a partner is an existing DSHS contractor, CPRIT funds may not be used as a match, and the application must explain how this grant complements or leverages existing state and federal funds. DSHS contractors who also receive CPRIT funds must be in compliance with and fulfill all contractual obligations within CPRIT. CPRIT and DSHS reserve the right to discuss the contractual standing of any contractor receiving funds from both entities.
- Collaborations are permitted and encouraged, and collaborators may or may not reside in Texas. However, collaborators who do not reside in Texas are not eligible to receive CPRIT funds. Subcontracting and collaborating organizations may include public, not-

for-profit, and for-profit entities. Such entities may be located outside of the state of Texas, but non-Texas-based organizations are not eligible to receive CPRIT funds.

- An applicant organization is eligible to receive a grant award only if the applicant certifies that the applicant organization, including the PD, any senior member or key personnel listed on the grant application, or any officer or director of the grant applicant's organization (or any person related to 1 or more of these individuals within the second degree of consanguinity or affinity), has not made and will not make a contribution to CPRIT or to any foundation created to benefit CPRIT.
- The applicant must report whether the applicant organization, the PD, or other individuals who contribute to the execution of the proposed project in a substantive, measurable way, (whether slated to receive salary or compensation under the grant award or not), are currently ineligible to receive federal grant funds because of scientific misconduct or fraud or have had a grant terminated for cause within 5 years prior to the submission date of the grant application.
- CPRIT grants will be awarded by contract to successful applicants. CPRIT grants are funded on a reimbursement-only basis. Certain contractual requirements are mandated by Texas law or by administrative rules. Although applicants need not demonstrate the ability to comply with these contractual requirements at the time the application is submitted, applicants should make themselves aware of these standards before submitting a grant application. Significant issues addressed by the CPRIT contract are listed in [section 6](#). All statutory provisions and relevant administrative rules can be found at <http://www.cprit.state.tx.us>.

2.4.1. Resubmission Policy

Two **resubmissions** are permitted. An application is considered a resubmission if the proposed project is the same project as presented in the original submission. A change in the identity of the PD for a project or a change of title for a project that was previously submitted to CPRIT does not constitute a new application; the application would be considered a resubmission.

2.5. Funding Information

Applicants may request any amount of funding up to a maximum of \$1.5 million in total funding over a maximum of 36 months. Grant funds may be used to pay for clinical services, navigation services, salary and benefits, project supplies, equipment, costs for outreach and education of populations, and travel of project personnel to project site(s). Requests for funds to support construction, renovation, or any other infrastructure needs or requests to support lobbying will not be approved under this mechanism. Grantees may request funds for travel for 2 project staff to attend CPRIT's conference.

The budget should be proportional to the number of individuals receiving programs and services, and a significant proportion of funds is expected to be used for program delivery as opposed to program development. In addition, CPRIT seeks to fill gaps in funding rather than replace existing funding, supplant funds that would normally be expended by the applicant's organization, or make up for funding reductions from other sources.

3. KEY DATES

RFA

RFA release September 10, 2015

Application

Online application opens September 24, 2015, 7 AM central time

Application due January 7, 2016, 3 PM central time

Application review March 2016

Award

Award notification May 2016

| | |
|------------------------|-----------|
| Anticipated start date | June 2016 |
|------------------------|-----------|

Applicants will be notified of peer review panel assignment prior to the peer review meeting dates.

4. APPLICATION SUBMISSION GUIDELINES

4.1. *Instructions for Applicants* document

It is imperative that applicants read the accompanying instructions document for this RFA (<https://CPRITGrants.org>). Requirements may have changed from previous versions.

4.2. Online Application Receipt System

Applications must be submitted via the CPRIT Application Receipt System (CARS) (<https://CPRITGrants.org>). **Only applications submitted through this portal will be considered eligible for evaluation.** The PD must create a user account in the system to start and submit an application. The Co-PD, if applicable, must also create a user account to participate in the application. Furthermore, the Authorized Signing Official (a person authorized to sign and submit the application for the organization) and the Grants Contract/Office of Sponsored Projects Official (the individual who will manage the grant contract if an award is made) also must create a user account in CARS. Applications will be accepted beginning at 7 AM central time on September 24, 2015, and must be submitted by 3 PM central time on January 7, 2015. Detailed instructions for submitting an application are in the *Instructions for Applicants* document, posted on CARS. **Submission of an application is considered an acceptance of the terms and conditions of the RFA.**

4.2.1. Submission Deadline Extension

The submission deadline may be extended for 1 or more grant applications upon a showing of good cause. All requests for extension of the submission deadline must be submitted via email to the CPRIT HelpDesk. Submission deadline extensions, including the reason for the extension, will be documented as part of the grant review process records.

4.3. Application Components

Applicants are advised to follow all instructions to ensure accurate and complete submission of all components of the application. Refer to the *Instructions for Applicants* document for details. **Submissions that are missing 1 or more components or do not meet the eligibility requirements will be administratively withdrawn without review.**

4.3.1. Abstract and Significance (5,000 characters)

Clearly explain the problem(s) to be addressed, the approach(es) to the solution, and how the application is responsive to this RFA. In the event that the project is funded, the abstract will be made public; therefore, no proprietary information should be included in this statement. Initial compliance decisions are based in part upon review of this statement.

The required abstract format is as follows (use headings as outlined below):

- **Need:** Include a description of need in the specific service area. Include rates of incidence, mortality, and screening in the service area compared to overall Texas rates. Describe barriers, plans to overcome these barriers, and the priority population to be served.
- **Overall Project Strategy:** Describe the project and how it will address the identified need. Clearly explain what the project is and what it will specifically do, including the services to be provided and the process/system for delivery of services and outreach to the priority population.
- **Specific Goals:** State specifically the overall goals of the proposed project; include the estimated overall numbers of people (public and/or professionals) reached and people (public and/or professionals) served.
- **Innovation:** Describe the creative components of the proposed project and how it differs from current programs or services being provided.
- **Significance and Impact:** Explain how the proposed project, if successful, will have a unique and major impact on cancer prevention and control for the population proposed to be served and for the state of Texas.

4.3.2. Goals and Objectives (1,200 characters each)

List specific goals and **measurable** objectives for each year of the project. A baseline and method(s) of measurement are required for each objective. Provide both raw numbers and percent changes for the baseline and target. Applicants must explain plans to establish baseline and describe method(s) of measurement in cases where a baseline has not been defined.

4.3.3. Project Timeline (2 pages)

Provide a project timeline for project activities that includes deliverables and dates. Use Years 1, 2, 3, and Months 1, 2, 3, etc., as applicable instead of specific months or years (eg, Year 1, Months 3-5, not 2017, March-May).

4.3.4. Project Plan (15 pages; fewer pages permissible)

The required project plan format follows. Applicants must use the headings outlined below. Applications not following the required format will be administratively withdrawn.

Background: Briefly present the rationale behind the proposed service, emphasizing the critical barriers to current service delivery that will be addressed. Identify the evidence-based service to be implemented for the priority population. If evidence-based strategies have not been implemented or tested for the specific population or service setting proposed, provide evidence that the proposed service is appropriate for the population and has a high likelihood of success. Baseline data for the priority population and target service area are required where applicable. Reviewers will be aware of national and state statistics, and these should be used only to compare rates for the proposed service area. Describe the geographic region of the state that the project will serve; maps are appreciated.

Goals and Objectives (optional): Goals and Objectives will be entered in separate fields in CARS and need not be provided in the project plan. However, if desired, goals and objectives may be fully repeated or briefly summarized here.

Components of the Project: Clearly describe the need, delivery method, and evidence base (provide references) for the services as well as anticipated results. Be explicit about the base of evidence and any necessary adaptations for the proposed project. Describe why this project is nonduplicative, creative, or unique. Clearly demonstrate the ability to provide the proposed service, describe how results will be improved over baseline and the ability to reach the priority population. Applicants must also clearly describe plans to ensure access to treatment services should cancer be detected.

Evaluation Strategy: A strong commitment to evaluation of the project is required. Describe the impact on outcome measures and interim output measures as outlined in [section 2.3.3](#). Describe the plan for outcome and output measurements, including data collection and management

methods, data analyses, and anticipated results. Evaluation and reporting of results should be headed by a professional who has demonstrated expertise in the field. If needed, applicants may want to consider seeking expertise at Texas-based academic cancer centers, schools/programs of public health, prevention research centers, or the like. Applicants should budget accordingly for the evaluation activity and should involve that professional during grant application preparation to ensure, among other things, that the evaluation plan is linked to the proposed goals and objectives.

Organizational Qualifications and Capabilities: Describe the organization and its track record and success in providing programs and services. Describe the role and qualifications of the key collaborators/partners in the project. Include information on the organization's financial stability and viability. To ensure access to preventive services and reporting of services outcomes, applicants should demonstrate that they have provider partnerships and agreements (via memoranda of understanding) or commitments (via letters of commitment) in place.

Integration and Capacity Building: CPRIT funds projects that target the unmet needs not sufficiently covered by other funding sources, and full maintenance of the project may not be feasible. This is especially the case when the project involves the delivery of clinical services. Educational and other less costly interventions may be more readily sustained. Full maintenance of a project, the ability of the grantee's setting or community to continue to deliver the health benefits of the intervention as funded, is not required; however, efforts toward maintenance should be described.

It is expected that steps toward integration and capacity building for components of the project will be taken and plans for such be fully described in the application. *Integration* is defined as the extent the evidence-based intervention is integrated within the culture of the grantee's setting or community through policies and practice. *Capacity building* is any activity (eg, training, identification of alternative resources, building internal assets) that builds durable resources and enables the grantee's setting or community to continue the delivery of some or all components of the evidence-based intervention.

Elements of integration and capacity building may include, but are not limited to, the following:

- Developing ownership, administrative networks, and formal engagements with stakeholders;

- Developing processes for each practice/location to incorporate services into its structure beyond project funding;
- Identifying and training of diverse resources (human, financial, material, and technological);
- Implementing policies to improve effectiveness and efficiency (including cost-effectiveness) of systems.

Dissemination and Scalability (Expansion): Describe how the project lends itself to dissemination to or application by other communities and/or organizations in the state or expansion in the same communities. Describe plans for dissemination of positive and negative project results and outcomes. Dissemination of project results and outcomes, including barriers encountered and successes achieved, is critical to building the evidence base for cancer prevention and control efforts in the state. Dissemination methods may include, but are not limited to, presentations, publications, abstract submissions, and professional journal articles, etc.

4.3.5. People Reached

Provide the estimated overall number of people (members of the public and professionals) to be reached by the funded project. The applicant is required to itemize separately the types of noninteractive education and outreach activities, with estimates, that led to the calculation of the overall estimates provided. Refer to the [appendix](#) for definitions.

4.3.6. People Served

Provide the estimated overall number of people (members of the public and professionals) to be served by the funded project. The applicant is required to itemize separately the education, navigation, and clinical activities/services, with estimates, that led to the calculation of the overall estimates provided. Refer to the [appendix](#) for definitions.

4.3.7. References

Provide a concise and relevant list of references cited for the application. The successful applicant will provide referenced evidence and literature support for the proposed services.

4.3.8. Resubmission Summary

Please use the template provided on the CARS (<https://CPRITGrants.org>). Describe the approach to the resubmission and how reviewers' comments were addressed. The summary statement of the original application review, if previously prepared, will be automatically appended to the resubmission; the applicant is not responsible for providing this document.

4.3.9. CPRIT Grants Summary

Please use the template provided on the CARS (<https://CPRITGrants.org>). Provide a description of the progress or final results of **all** CPRIT-funded projects of the PD or Co-PD, regardless of their connection to this application. Indicate how the current application builds on the previous work or addresses new areas of cancer prevention and control services. Applications that are missing this document and for which CPRIT records show a PD and/or Co-PD with previous or current CPRIT funds will be administratively withdrawn.

4.3.10. Budget and Justification

Provide a brief outline and detailed justification of the budget for the entire proposed period of support, including salaries and benefits, travel, equipment, supplies, contractual expenses, services delivery, and other expenses. CPRIT funds will be distributed on a reimbursement basis. Applications requesting more than the maximum allowed cost (total costs) as specified in [section 2.5](#) will be administratively withdrawn.

- **Cost Per Person Served:** The cost per person served will be automatically calculated from the total cost of the project divided by the total number of people (both public and professionals) served (refer to [appendix](#)). A significant proportion of funds is expected to be used for program delivery as opposed to program development and organizational infrastructure.
- **Personnel:** The individual salary cap for CPRIT awards is \$200,000 per year. Describe the source of funding for all project personnel where CPRIT funds are not requested.
- **Travel:** PDs and related project staff are expected to attend CPRIT's conference. CPRIT funds may be used to send up to 2 people to the conference.
- **Equipment:** Equipment having a useful life of more than 1 year and an acquisition cost of \$5,000 or more per unit must be specifically approved by CPRIT. An applicant does

not need to seek this approval prior to submitting the application. Justification must be provided for why funding for this equipment cannot be found elsewhere; CPRIT funding should not supplant existing funds. Cost sharing of equipment purchases is strongly encouraged.

- **Services Costs:** CPRIT reimburses for services using Medicare reimbursement rates. Describe the source of funding for all services where CPRIT funds are not requested.
- **Other Expenses:**
 - **Incentives:** Use of incentives or positive rewards to change or elicit behavior is allowed; however, incentives may only be used based on strong evidence of their effectiveness for the purpose and in the priority population identified by the applicant. CPRIT will not fund cash incentives. The maximum dollar value allowed for an incentive per person, per activity or session, is \$25.
 - **Indirect/Shared Costs:** It is CPRIT's policy not to allow recovery of indirect or shared costs for prevention programs.
 - **Costs Not Related to Cancer Prevention and Control:** CPRIT does not allow recovery of any costs for services not related to cancer (eg, health physicals, HIV testing).

4.3.11. Current and Pending Support and Sources of Funding

Please use the template provided on the CARS (<https://CPRITGrants.org>). Describe the funding source and duration of all current and pending support for the proposed project, including a capitalization table that reflects private investors, if any. Information for the initial funded project need not be included.

4.3.12. Biographical Sketches

The designated PD will be responsible for the overall performance of the funded project and must have relevant education and management experience. The PD/Co-PD(s) must provide a biographical sketch that describes his or her education and training, professional experience, awards and honors, and publications and/or involvement in programs relevant to cancer prevention and/or service delivery.

The evaluation professional must provide a biographical sketch.

Up to 3 additional biographical sketches for key personnel may be provided. Each biographical sketch must not exceed 2 pages and must use the “Prevention Programs: Biographical Sketch” template.

Only biographical sketches will be accepted; do not submit resumes and/or CVs.

4.3.13. Collaborating Organizations

List all key participating organizations that will partner with the applicant organization to provide 1 or more components essential to the success of the program (eg, evaluation, clinical services, recruitment to screening, etc).

4.3.14. Letters of Commitment

Applicants should provide letters of commitment and/or memoranda of understanding from community organizations, key faculty, or any other component essential to the success of the program.

Applications that are missing 1 or more of these components, exceed the specified page, word, or budget limits, or that do not meet the eligibility requirements listed above will be administratively withdrawn without review.

5. APPLICATION REVIEW

5.1. Review Process Overview

All eligible applications will be reviewed using a 2-stage peer review process: (1) evaluation of applications by peer review panels and (2) prioritization of grant applications by the Prevention Review Council. In the first stage, applications will be evaluated by an independent review panel using the criteria listed below. In the second stage, applications judged to be meritorious by review panels will be evaluated by the Prevention Review Council and recommended for funding based on comparisons with applications from all of the review panels and programmatic priorities. Programmatic considerations may include, but are not limited to, geographic distribution, cancer type, population served, and type of program or service. The scores are only 1 factor considered during programmatic review. At the programmatic level of review, priority will be given to proposed projects that target geographic regions of the state or population subgroups that are not well represented in the current CPRIT Prevention project portfolio.

Applications approved by Review Council will be forwarded to the CPRIT Program Integration Committee (PIC) for review. The PIC will consider factors including program priorities set by the Oversight Committee, portfolio balance across programs, and available funding. The CPRIT Oversight Committee will vote to approve each grant award recommendation made by the PIC. The grant award recommendations will be presented at an open meeting of the Oversight Committee and must be approved by two-thirds of the Oversight Committee members present and eligible to vote. The review process is described more fully in CPRIT's Administrative Rules, chapter 703, sections 703.6 to 703.8.

Each stage of application review is conducted confidentially, and all CPRIT Peer Review Panel members, Review Council members, PIC members, CPRIT employees, and Oversight Committee members with access to grant application information are required to sign nondisclosure statements regarding the contents of the applications. All technological and scientific information included in the application is protected from public disclosure pursuant to Health and Safety Code §102.262(b).

Individuals directly involved with the review process operate under strict conflict-of-interest prohibitions. All CPRIT Peer Review Panel members and Review Council members are non-Texas residents.

An applicant will be notified regarding the peer review panel assigned to review the grant application. Peer Review Panel members are listed by panel on CPRIT's website. **By submitting a grant application, the applicant agrees and understands that the only basis for reconsideration of a grant application is limited to an undisclosed Conflict of Interest as set forth in CPRIT's Administrative Rules, chapter 703, section 703.9.**

Communication regarding the substance of a pending application is prohibited between the grant applicant (or someone on the grant applicant's behalf) and the following individuals: an Oversight Committee Member, a PIC Member, a Review Panel member, or a Review Council member. Applicants should note that the CPRIT PIC comprises the CPRIT Chief Executive Officer, the Chief Scientific Officer, the Chief Prevention and Communications Officer, the Chief Product Development Officer, and the Commissioner of State Health Services. The prohibition on communication begins on the first day that grant applications for the particular grant mechanism are accepted by CPRIT and extends until the grant applicant receives notice

regarding a final decision on the grant application. The prohibition on communication does not apply to the time period when preapplications or letters of interest are accepted. Intentional, serious, or frequent violations of this rule may result in the disqualification of the grant application from further consideration for a grant award.

5.2. Review Criteria

Peer review of applications will be based on primary scored criteria and secondary unscored criteria, identified below. Review panels consisting of experts in the field and advocates will evaluate and score each primary criterion and subsequently assign an overall score that reflects an overall assessment of the application. The overall evaluation score will not be an average of the scores of individual criteria; rather, it will reflect the reviewers' overall impression of the application and responsiveness to the RFA priorities.

5.2.1. Primary Evaluation Criteria

Impact and Innovation

- Do the proposed services address an important problem or need in cancer prevention and control? Do the proposed project strategies support desired outcomes in cancer incidence, morbidity, and/or mortality? Does the proposed project demonstrate creativity, ingenuity, resourcefulness, or imagination? Does it take evidence-based interventions and apply them in innovative ways to explore new partnerships, new audiences, or improvements to systems?
- Does the program address adaptation, if applicable, of the evidence-based intervention to the priority population? Is the base of evidence clearly explained and referenced?
- Does the program address known gaps in prevention services and avoid duplication of effort?
- If applicable, have collaborative partners demonstrated that the collaborative effort will provide a greater impact on cancer prevention and control than the applicant organization's effort separately?
- Will the project reach and serve an appropriate number of people based on the budget allocated to providing services and the cost of providing services?

Project Strategy and Feasibility

- Does the proposed project provide services specified in the RFA?
- Are the overall program approach, strategy, and design clearly described and supported by established theory and practice? Are the proposed objectives and activities feasible within the duration of the award? Has the applicant convincingly demonstrated the short- and long-term impacts of the project?
- Are possible barriers addressed and approaches for overcoming them proposed?
- Are the priority population and culturally appropriate methods to reach the priority population clearly described?
- If applicable, does the application demonstrate the availability of resources and expertise to provide case management, including followup for abnormal results and access to treatment?
- Does the program leverage partners and resources to maximize the reach of the services proposed? Does the program leverage and complement other state, federal, and nonprofit grants?

Outcomes Evaluation

- Are specific goals and measurable objectives for each year of the project provided?
- Are the proposed outcome measures appropriate for the services provided, and are the expected changes clinically significant?
- Does the application provide a clear and appropriate plan for data collection and management and data analyses?
- Are clear baseline data provided for the priority population, or are clear plans included to collect baseline data?
- If an evidence-based intervention is being adapted in a population where it has not been implemented or tested, are plans for evaluation of barriers, effectiveness, and fidelity to the model described?
- Is the qualitative analysis of planned policy or system changes described?

Organizational Qualifications and Capabilities

- Do the organization and its collaborators/partners demonstrate the ability to provide the proposed preventive services? Does the described role of each collaborating organization make it clear that each organization adds value to the project and is committed to working together to implement the project?
- Have the appropriate personnel been recruited to implement, evaluate, and complete the project?
- Is the organization structurally and financially stable and viable?

Integration and Capacity Building

- Does the applicant describe steps that will be taken and components of the project that will be integrated into the organization through policies and practices?
- Does the applicant describe steps that will be taken or components of the project that will remain (eg, trained personnel, identification of alternative resources, building internal assets) to continue the delivery of some or all components of the evidence-based intervention once CPRIT funding ends?

5.2.2. Secondary Evaluation Criteria

Budget

- Is the budget appropriate and reasonable for the scope and services of the proposed work?
- Is the cost per person served appropriate and reasonable?
- Is the proportion of the funds allocated for direct services reasonable?
- Is the project a good investment of Texas public funds?

Dissemination and Scalability

- Are plans for dissemination of the project's results and outcomes, including barriers encountered and successes achieved, clearly described?
- Does the project or do some components of the project lend themselves to scalability/expansion by others in the state? If so, does the application describe a plan for doing so?

6. AWARD ADMINISTRATION

Texas law requires that CPRIT grant awards be made by contract between the applicant and CPRIT. CPRIT grant awards are made to institutions or organizations, not to individuals. Award contract negotiation and execution will commence once the CPRIT Oversight Committee has approved an application for a grant award. CPRIT may require, as a condition of receiving a grant award, that the grant recipient use CPRIT's electronic Grant Management System to exchange, execute, and verify legally binding grant contract documents and grant award reports. Such use shall be in accordance with CPRIT's electronic signature policy as set forth in chapter 701, section 701.25.

Texas law specifies several components that must be addressed by the award contract, including needed compliance and assurance documentation, budgetary review, progress and fiscal monitoring, and terms relating to revenue sharing and intellectual property rights. These contract provisions are specified in CPRIT's Administrative Rules, which are available at www.cprit.state.tx.us. Applicants are advised to review CPRIT's administrative rules related to contractual requirements associated with CPRIT grant awards and limitations related to the use of CPRIT grant awards as set forth in chapter 703, sections 703.10, 703.12.

Prior to disbursement of grant award funds, the grant recipient organization must demonstrate that it has adopted and enforces a tobacco-free workplace policy consistent with the requirements set forth in CPRIT's Administrative Rules, chapter 703, section 703.20.

CPRIT requires the PD of the award to submit quarterly, annual, and final progress reports. These reports summarize the progress made toward project goals and address plans for the upcoming year and performance during the previous year(s). In addition, quarterly fiscal reporting and reporting on selected metrics will be required per the instructions to award recipients. Continuation of funding is contingent upon the timely receipt of these reports. Failure to provide timely and complete reports may waive reimbursement of grant award costs and may result in the termination of the award contract.

7. CONTACT INFORMATION

7.1. HelpDesk

HelpDesk support is available for questions regarding user registration and online submission of applications. Queries submitted via email will be answered within 1 business day. HelpDesk staff are not in a position to answer questions regarding the scope and focus of applications. Before contacting the HelpDesk, please refer to the *Instructions for Applicants* document (posted by September 24, 2015), which provides a step-by-step guide to using CARS.

Dates of operation: September 24, 2015, to January 7, 2016 (excluding public holidays)

Hours of operation: Monday, Tuesday, Thursday, Friday, 7 AM to 4 PM central time
Wednesday, 8 AM to 4 PM central time

Tel: 866-941-7146

Email: Help@CPRITGrants.org

7.2. Program Questions

Questions regarding the CPRIT Prevention program, including questions regarding this or any other funding opportunity, should be directed to the CPRIT Prevention Program Office.

Tel: 512-305-8422

Email: Help@CPRITGrants.org

Website: www.cprit.state.tx.us

8. CONFERENCE CALLS TO ANSWER APPLICANT QUESTIONS

CPRIT will host a webinar to provide an overview of this RFA and a demonstration of CARS. A programmatic and technical question-and-answer session will be included. Applicants should sign up for CPRIT's electronic mailing list at <http://www.cprit.state.tx.us> to ensure that they receive notification of this webinar.

9. RESOURCES

- The Texas Cancer Registry. <http://www.dshs.state.tx.us/tcr>

- The Community Guide. <http://www.thecommunityguide.org/index.html>
- Cancer Control P.L.A.N.E.T. <http://cancercontrolplanet.cancer.gov>
- Guide to Clinical Preventive Services: Recommendations of the U.S. Preventive Services Task Force. <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/>
- Brownson, R.C., Colditz G.A., and Proctor, E.K. (Editors). *Dissemination and Implementation Research in Health: Translating Science to Practice*. Oxford University Press, March 2012
- Centers for Disease Control and Prevention: The Program Sustainability Assessment Tool: A New Instrument for Public Health Programs. http://www.cdc.gov/pcd/issues/2014/13_0184.htm
- Centers for Disease Control and Prevention: Using the Program Sustainability Tool to Assess and Plan for Sustainability. http://www.cdc.gov/pcd/issues/2014/13_0185.htm
- Cancer Prevention and Control Research Network: Putting Public Health Evidence in Action Training Workshop. <http://cpcrn.org/pub/evidence-in-action/>

10. REFERENCES

1. <http://www.cdc.gov/vaccines/vpd-vac/hpv/vac-faqs.htm>
2. Texas Cancer Registry, Cancer Epidemiology and Surveillance Branch, Texas Department of State Health Services. <http://www.dshs.state.tx.us/tcr/default.shtm>

11. APPENDIX: KEY TERMS

- **Activities:** A listing of the “who, what, when, where, and how” for each objective that will be accomplished
- **Capacity Building:** Any activity (eg, training, identification of alternative resources, building internal assets) that builds durable resources and enables the grantee’s setting or community to continue the delivery of some or all components of the evidence-based intervention
- **Clinical Services:** Number of clinical services such as screenings, diagnostic tests, vaccinations, counseling sessions, or other evidence-based preventive services delivered

by a health care practitioner in an office, clinic, or health care system (Other examples include genetic testing or assessments, physical rehabilitation, tobacco cessation counseling or nicotine replacement therapy, case management, primary prevention clinical assessments, and family history screening.)

- **Education Services:** Number of evidence-based, culturally appropriate cancer prevention and control education and outreach services delivered to the public and to health care professionals (Examples include education or training sessions (group or individual), focus groups, and knowledge assessments.)
- **Evidence-Based Program:** A program that is validated by some form of documented research or applied evidence (CPRIT’s website provides links to resources for evidence-based strategies, programs, and clinical recommendations for cancer prevention and control. To access this information, visit <http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control>.)
- **Goals:** Broad statements of general purpose to guide planning (Goals should be few in number and focus on aspects of highest importance to the project.)
- **Integration:** The extent the evidence-based intervention is integrated within the culture of the grantee’s setting or community through policies and practice
- **Navigation Services:** Number of unique activities/services that offer assistance to help overcome health care system barriers in a timely and informative manner and facilitate cancer screening and diagnosis to improve health care access and outcomes (Examples include patient reminders, transportation assistance, and appointment scheduling assistance.)
- **Objectives:** Specific, **measurable**, actionable, realistic, and timely projections for outputs and outcomes; example: “Increase screening service provision in X population from Y% to Z% by 20xx” (Baseline data for the priority population must be included as part of each objective.)
- **People Reached:** Number of members of the public and/or professionals reached via noninteractive public or professional education and outreach activities, such as mass media efforts, brochure distribution, public service announcements, newsletters, and journals (This category includes individuals who would be reached through activities that are directly funded by CPRIT as well as individuals who would be reached through

activities that occur as a direct consequence of the CPRIT-funded project's leveraging of other resources/funding to implement the CPRIT-funded project.)

- **People Served:** Number of members of the public and/or professionals served via direct, interactive public or professional education, outreach, training, navigation service delivery, or clinical service delivery, such as live educational and/or training sessions, vaccine administration, screening, diagnostics, case management/navigation services, and physician consults (This category includes individuals who would be served through activities that are directly funded by CPRIT as well as individuals who would be served through activities that occur as a direct consequence of the CPRIT-funded project's leveraging of other resources/funding to implement the CPRIT-funded project [eg, X people screened for cervical cancer after referral to Y indigent care program as a result of CPRIT-funded navigation services performed by the project]).

Third Party Observer Reports

CPRIT Prevention Peer Review Observation Report

Report #2016-05-23/24-PRE

Program Name: Prevention

Panel Name: FY16.2 Prevention Peer Review Panel - 1

Panel Date: May 23, 2016 to May 24, 2016

Report Date: June 3, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Prevention Peer Review Panel-1 peer review of applications for FY16 funding. The meeting was chaired by Ross Brownson and held at the Dallas Marriott in Dallas TX on May 23 through May 24, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Prevention Peer Review Panel-1 panel meeting held in-person. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Ross Brownson on May 23 through May 24, 2016.

The independent observer noted the following during our observation:

- Sixteen applications were discussed within the Prevention Peer Review Meeting Panel to determine which applications would be recommended for funding.
- Ten peer review panelists, two advocate reviewers, two CPRIT staff members, one other attendee and five SRA employees were present on May 23, 2016 and May 24, 2016.
 - One of the ten peer review panelists participated via teleconference on both days. On May 24, this panelist only participated in the review of one application.
 - The other attendee was present via teleconference on both days.
- One conflict of interest was identified prior to or during the meeting. Applications for one conflict was discussed during the peer review panel. The reviewer with the conflict of interest either left the room or did not participate telephonically and did not participate in the review of the conflicted application.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

CPRIT Prevention Peer Review Observation Report

Report #2016-05-24/25-PRE

Program Name: Prevention

Panel Name: FY16.2 Prevention Peer Review Panel - 2

Panel Date: May 24, 2016 to May 25, 2016

Report Date: June 3, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Prevention Peer Review Panel-2 peer review of applications for FY16 funding. The meeting was chaired by Nancy Lee and held at the Dallas Marriott in Dallas TX on May 24 through May 25, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Prevention Peer Review Panel-2 panel meeting held in-person. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Nancy Lee on May 24 through May 25, 2016.

The independent observer noted the following during our observation:

- Fifteen applications were discussed within the Prevention Peer Review Meeting Panel to determine which applications would be recommended for funding.
- Ten peer review panelists, two advocate reviewers, two CPRIT staff members, one other attendee and five SRA employees were present on May 24, 2016. Eleven peer review panelists, two advocate reviewers, two CPRIT staff members, one non-participating attendee and five SRA employees were present on May 25, 2016.
 - On May 24, one of the ten peer review panelists participated via teleconference.
 - On May 25, two of the eleven peer review panelists participated via teleconference. One of these two panelists only participated in the review of two applications.
 - The other attendee was present via teleconference on both days.
- No conflicts of interest were identified prior to or during the meeting.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

CPRIT Prevention Review Council Meeting Observation Report

Report #2016-07-01-PREV

Program Name: Prevention

Panel Name: FY16.2 Prevention Review Council
Programmatic Review

Panel Date: July 1, 2016

Report Date: July 12, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Prevention Review Council Programmatic Review peer review of applications for FY16 funding. The meeting was chaired by Stephen Wyatt and held via teleconference on July 1, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Prevention Review Council Programmatic Review held via teleconference. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Stephen Wyatt on July 1, 2016.

The independent observer noted the following during our observation:

- Twenty applications were discussed within the Prevention Review Council Meeting to determine which applications would be recommended for funding.
- Three peer review panelists, two CPRIT staff members, and four SRA employees were present for the meeting.
- No conflicts of interest were identified prior to or during the meeting.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical, or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

Noted Conflicts of Interest

Conflict of Interest Disclosure
Prevention Cycle 16.2 Applications
(Prevention Cycle 16.2 Awards Announced at August 17, 2016, Oversight Committee Meeting)

The table below lists the conflicts of interest (COIs) identified by peer reviewers, Program Integration Committee (PIC) members, and Oversight Committee members on an application-by-application basis. Applications reviewed in Prevention Cycle 16.2 include *Cancer Prevention Promotion and Navigation to Clinical Services*, *Competitive Continuation/Expansion - Evidence-Based Cancer Prevention Services*, *Dissemination of CPRIT-Funded Cancer Control Interventions*, *Evidence-Based Cancer Prevention Services*, *Evidence-Based Cancer Prevention Services - See, Test & Treat® Program*, and *Evidence-Based Cancer Prevention Services - Colorectal Cancer Prevention Coalition*. All applications with at least one identified COI are listed below; applications with no COIs are not included. It should be noted that an individual is asked to identify COIs for only those applications that are to be considered by the individual at that particular stage in the review process. For example, Oversight Committee members identify COIs, if any, with only those applications that have been recommended for the grant awards by the PIC. COI information used for this table was collected by SRA International, CPRIT's third party grant administrator, and by CPRIT.

| Application ID | Applicant | Institution | Conflict Noted |
|---|----------------------|---|------------------------------|
| Applications considered by the PIC and Oversight Committee | | | |
| PP160075 | Singal, Amit | The University of Texas Southwestern Medical Center | Nguyen, Mindie; Willson, Jim |
| PP160079 | Jibaja-Weiss, Maria | Baylor College of Medicine | Nguyen, Mindie |
| PP160097 | Rodriguez, Ana | The University of Texas Medical Branch at Galveston | Nguyen, Mindie |
| PP160103 | Ross, Theodora S. | The University of Texas Southwestern Medical Center | Nguyen, Mindie; Willson, Jim |
| PP160110 | Ross, Theodora S. | The University of Texas Southwestern Medical Center | Nguyen, Mindie; Willson, Jim |
| PP160121 | Trivedi, Madhukar H. | The University of Texas Southwestern Medical Center | Willson, Jim |
| PP160122 | Rustveld, Luis | Baylor College of Medicine | Nguyen, Mindie |
| Applications not considered by the PIC or Oversight Committee | | | |
| PP160060 | Gardner, Julie | Texas AgriLife Extension Service | Nguyen, Mindie |

| Application ID | Applicant | Institution | Conflict Noted |
|-----------------------|---------------------|---|-----------------------|
| PP160076 | Lucci, Joseph | The University of Texas Health Science Center at Houston | Nguyen, Mindie |
| PP160092 | Poplack, David | Baylor College of Medicine | Nguyen, Mindie |
| PP160094 | McNeill, Lorna | The University of Texas M.D. Anderson Cancer Center | Nguyen, Mindie |
| PP160096 | McGaha, Paul | The University of Texas Health Center at Tyler | Nguyen, Mindie |
| PP160098 | Tomlinson, Gail | The University of Texas Health Science Center at San Antonio | Nguyen, Mindie |
| PP160099 | Crocker, Andrew | Texas AgriLife Extension Service | Nguyen, Mindie |
| PP160102 | Argenbright, Keith | The University of Texas Southwestern Medical Center | Nguyen, Mindie |
| PP160109 | Villarreal, Roberto | University Health System | Nguyen, Mindie |
| PP160112 | Felini, Martha | University of North Texas Health Science Center at Fort Worth | Nguyen, Mindie |
| PP160117 | Misra, Subhasis | Texas Tech University Health Sciences Center | Nguyen, Mindie |
| PP160124 | Handal, Gilbert | Texas Tech University Health Sciences Center at El Paso | Bright, Frank |
| PP160126 | Singh, Hitesh | Scott & White Healthcare | Nguyen, Mindie |
| PP160133 | Garcia, Fernandina | Mercy Ministries of Laredo | Nguyen, Mindie |
| PP160135 | Benedict, Deb | Rio Grande Cancer Foundation | Nguyen, Mindie |

De-Identified Overall Evaluation Scores

Evidence-Based Cancer Prevention Services

Prevention Cycle 16.2

| Application ID | Final Overall Evaluation Score |
|----------------|--------------------------------|
| PP160079* | 1.8 |
| PP160075* | 2.3 |
| PP160122* | 2.5 |
| PP160080* | 2.5 |
| ba | 2.9 |
| PP160121* | 2.9 |
| PP160097* | 3.5 |
| bb | 3.5 |
| PP160089* | 3.7 |
| bc | 3.7 |
| bd | 4.1 |
| be | 4.8 |
| bf | 4.8 |
| bg | 4.8 |
| bh | 4.9 |
| bi | 5.0 |
| bj | 5.1 |
| bk | 5.3 |
| bl | 5.4 |
| bm | 5.5 |

Three applications in response to this RFA with an equal or more favorable score than those recommended were not recommended by the Prevention Review Council (PRC). As allowed in 25 T.A.C § 703.6(d)(1), the PRC's numerical rank order is substantially based on the final overall evaluation score, but also takes into consideration how well the grant application achieves program priorities and the overall program portfolio. The letter and rank order list from the PRC Chair explains why some recommended grant applications were ranked ahead of an application with a more favorable score as required by 25 T.A.C. § 703.6(d)(2)(B). In not recommending the three applications noted here, the PRC cited concerns of potential for impact, cost, current Prevention portfolio, available funding, and lack of evidence-base for one of the applications.

For more information about recommendations by the PRC, refer to section "Final Overall Evaluation Scores and Rank Order Scores."

*=Recommended for funding

Final Overall Evaluation Scores and Rank Order Scores

Pete Geren
Oversight Committee Presiding Officer
Cancer Prevention and Research Institute of Texas
Via email to pgcpnit@sidrichardson.org

Wayne R. Roberts
Chief Executive Officer
Cancer Prevention and Research Institute of Texas
Via email to wroberts@cprnit.texas.gov

Dear Mr. Geren and Mr. Roberts,

On behalf of the Prevention Review Council (PRC), I am pleased to provide the PRC's recommendations for CPRIT Prevention grant awards. The applicants on the attached list of submitted proposals responded to CPRIT requests for applications (RFA) released for the second review cycle of FY2016. These recommendations reflect 50+ hours of work by individual reviewers and include panel discussion of the applicants' proposals, in addition to the PRC's programmatic review.

The projects are numerically ranked in the order the PRC recommends the applications be funded. Recommended funding amounts and the overall evaluation score are provided for each grant application. The PRC did not make changes to the goals, timelines, or project objectives requested by the applicants. When the PRC did not follow the rank ordered scores in developing its recommended funding order, justification was provided and was based upon established programmatic priorities outlined in the RFAs.

The projected funding available for this fiscal year is \$13,793,613. The PRC recommends that the budget of one application, PP160103, be reduced from the requested \$3,155,337 to \$2,100,000 due to the overlap with the infrastructure of this applicant's other funded projects. The total recommended by the PRC is \$13,690,454.

All of the recommended grants address one or more of the Prevention Program priorities. Our recommendations meet the PRC's standards for grant award funding of projects that are evidence-based, deliver programs or services to underserved populations, and focus on primary, secondary or tertiary prevention. In making these recommendations the PRC also considered the available funding, the composition of the current portfolio, and the programmatic priorities in the RFA which include potential for impact and return on investment, geographic distribution, cancer type and type of program.

Sincerely,

Stephen W. Wyatt, DMD, MPH
Chair, CPRIT Prevention Review Council

Pete Geren
Oversight Committee Presiding Officer
Cancer Prevention and Research Institute of Texas
Via email to pgcprit@sidrichardson.org

Wayne R. Roberts
Chief Executive Officer
Cancer Prevention and Research Institute of Texas
Via email to wroberts@cprit.texas.gov

Dear Mr. Geren and Mr. Roberts,

On July 8, 2016 I forward a transmittal letter and spreadsheet with the PRC's recommendations for FY 16.2 CPRIT Prevention grant awards. The projects were numerically ranked in the order the PRC recommends the applications be funded. When the PRC did not follow the rank ordered scores in developing its recommended funding order, justification was provided in the spreadsheet for the projects that were taken out of score order and not being recommended. However, it has come to my attention that we should have provided justification for the projects that are being recommended instead of justification for those not recommended.

The revised spreadsheet includes our justification for the projects being proposed and the projects not recommended have been removed from the list. The recommendations and rank order remain the same.

Please let me know if you have any questions. I apologize for any confusion.

Sincerely,

Stephen W. Wyatt, DMD, MPH
Chair, CPRIT Prevention Review Council

| Application ID | Mech | Application Title | Applicant Name | Organization | Total Funding Requested | Average Overall Score | Rank Order | PRC Recommendation Justifications |
|-------------------|------|--|-----------------------------|---|-------------------------|-----------------------|------------|--|
| PP160081 | DI | Statewide Dissemination of the "Taking Texas Tobacco Free" Workplace Program | Reitzel, Lorraine R | University of Houston | \$299,981 | 1.6 | 1 | |
| PP160116 | STT | Lone Star Community Health Center, Inc. 2016 See, Test & Treat Program | McKernan, Stephen | Lone Star Community Health Center, Inc. dba Lone Star Family Health | \$23,602 | 1.7 | 2 | |
| PP160079 | EBP | Leveraging a Community Network for Cancer Prevention to Increase HPV Vaccine Uptake and Completion among Pediatric Patients in a Safety Net Healthcare Setting | Jibaja-Weiss, Maria L | Baylor College of Medicine | \$1,161,015 | 1.8 | 3 | |
| PP160093 | DI | Access for Breast Care for West Texas (ABC4WT)Development of a Replication Model for Dissemination and Implementation | Layeequr Rahman, Rakhshanda | Texas Tech University Health Sciences Center | \$299,785 | 1.9 | 4 | |
| PP160058 | CCE | Postpartum administration of HPV vaccine: Strategies to increase initiation and series completion among low income women across Southeast Texas | Berenson, Abbey B | The University of Texas Medical Branch at Galveston | \$1,496,111 | 2.1 | 5 | |
| PP160075 | EBP | Implementation an Evidence-Based Colorectal Cancer Screening Outreach Program among Socioeconomically Disadvantaged Patients in a Safety Net | Singal, Amit | The University of Texas Southwestern Medical Center | \$1,499,826 | 2.3 | 6 | recommended out of rank order due to ROI and type of program |
| PP160110 | PN | Use of Genetic Patient Navigators to Help Mutation Carriers Comply with the NCCN Guidelines and to Enable Healthy Behaviors | Ross, Theodora S | The University of Texas Southwestern Medical Center | \$399,954 | 2.5 | 7-tie | recommended out of rank order due to ROI, geography, and type of service |
| PP160080 | EBP | Promoting HPV vaccination among Hispanic adolescents and young adults using Health Care System-Based Interventions and Community Outreach | Morales-Campos, Daisy Y | The University of Texas Health Science Center at San Antonio | \$1,302,955 | 2.5 | 7-tie | recommended out of rank order due to geography, population served, and type of program |
| PP160122 | EBP | Reducing Racial/Ethnic Disparities in CRC Screening: A Comprehensive EMR-Based Patient Navigation Program Including Technology-Driven CRC Outreach and Education | Rustveld, Luis | Baylor College of Medicine | \$1,477,698 | 2.5 | 7-tie | recommended out of rank order due to ROI and type of program |
| PP160105 | STT | Implementing a See, Test & Treat Program in Sunnyside Health Center to Provide Free Cervical and Breast Cancer Screening and Medical Home for Underserved Women | Coffey, Donna M | Houston Methodist | \$24,522 | 2.7 | 10 | recommended out of rank order due to ROI |
| PP160121 | EBP | Promoting Activity in Cancer Survivors (PACES): An active living intervention for breast cancer survivors | Trivedi, Madhukar H | The University of Texas Southwestern Medical Center | \$1,365,226 | 2.9 | 11 | recommended out of rank order due to type of program and population served |
| PP160097 | EBP | School-Based Human Papillomavirus Vaccination Program in the Lower Rio Grande Valley | Rodriguez, Ana M | The University of Texas Medical Branch at Galveston | \$747,727 | 3.5 | 12 | recommended out of rank order due to geography and type of program |
| PP160089 | EBP | PREVENT HCC – through Screening, Vaccination and Treatment of Viral Hepatitis | Mittal, Sahil | Baylor College of Medicine | \$1,492,052 | 3.7 | 13 | recommended out of rank order due to cancer type |
| PP160103 | CRC | Detecting Unaffected Individuals for Lynch Syndrome (DUAL): Screening, Diagnosis and NavigationNavigation | Ross, Theodora S | The University of Texas Southwestern Medical Center | \$2,100,000 | 2.3 | 14 | recommended out of rank order due to geographyand type of program |
| TOTAL RECOMMENDED | | | | | \$ 13,690,454 | | | |



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO Affidavit Supporting Information

FY 2016—Cycle 2

***Cancer Prevention Promotion and
Navigation to Clinical Services***

Request for Applications



CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

REQUEST FOR APPLICATIONS RFA P-16-PN-2

Cancer Prevention Promotion and Navigation to Clinical Services

**Please also refer to the “Instructions for Applicants” document, which will be
posted September 24, 2015**

Application Receipt Opening Date: September 24, 2015

Application Receipt Closing Date: January 7, 2016

FY 2016

Fiscal Year Award Period

September 1, 2015-August 31, 2016

TABLE OF CONTENTS

| | |
|---|-----------|
| 1. ABOUT CPRIT | 4 |
| 1.1. PREVENTION PROGRAM PRIORITIES | 4 |
| 2. FUNDING OPPORTUNITY DESCRIPTION | 5 |
| 2.1. SUMMARY | 5 |
| 2.2. PROJECT OBJECTIVES | 5 |
| 2.3. AWARD DESCRIPTION | 6 |
| 2.3.1. <i>Priorities</i> | 8 |
| 2.3.2. <i>Specific Areas of Emphasis</i> | 9 |
| 2.3.3. <i>Outcome Metrics</i> | 12 |
| 2.4. ELIGIBILITY | 13 |
| 2.4.1. <i>Resubmission Policy</i> | 15 |
| 2.5. FUNDING INFORMATION..... | 15 |
| 3. KEY DATES..... | 16 |
| 4. APPLICATION SUBMISSION GUIDELINES | 16 |
| 4.1. <i>INSTRUCTIONS FOR APPLICANTS</i> DOCUMENT | 16 |
| 4.2. ONLINE APPLICATION RECEIPT SYSTEM | 16 |
| 4.2.1. <i>Submission Deadline Extension</i> | 17 |
| 4.3. APPLICATION COMPONENTS | 17 |
| 4.3.1. <i>Abstract and Significance (5,000 characters)</i> | 17 |
| 4.3.2. <i>Goals and Objectives (1,200 characters each)</i> | 18 |
| 4.3.3. <i>Project Timeline (2 pages)</i> | 18 |
| 4.3.4. <i>Project Plan (15 pages; fewer pages permissible)</i> | 18 |
| 4.3.5. <i>People Reached</i> | 21 |
| 4.3.6. <i>People Served</i> | 21 |
| 4.3.7. <i>References</i> | 21 |
| 4.3.8. <i>Resubmission Summary</i> | 21 |
| 4.3.9. <i>CPRIT Grants Summary</i> | 21 |
| 4.3.10. <i>Budget and Justification</i> | 21 |
| 4.3.11. <i>Current and Pending Support and Sources of Funding</i> | 23 |
| 4.3.12. <i>Biographical Sketches</i> | 23 |
| 4.3.13. <i>Collaborating Organizations</i> | 23 |
| 4.3.14. <i>Letters of Commitment (10 pages)</i> | 23 |
| 5. APPLICATION REVIEW | 24 |
| 5.1. REVIEW PROCESS OVERVIEW | 24 |
| 5.2. REVIEW CRITERIA..... | 25 |
| 5.2.1. <i>Primary Evaluation Criteria</i> | 25 |
| 5.2.2. <i>Secondary Evaluation Criteria</i> | 28 |
| 6. AWARD ADMINISTRATION..... | 28 |
| 7. CONTACT INFORMATION..... | 29 |
| 7.1. HELPDESK | 29 |
| 7.2. PROGRAM QUESTIONS | 30 |
| 8. CONFERENCE CALLS TO ANSWER APPLICANT QUESTIONS | 30 |
| 9. RESOURCES | 30 |
| 10. REFERENCES..... | 31 |
| 11. APPENDIX: KEY TERMS..... | 31 |

RFA VERSION HISTORY

Rev 09/10/15 RFA release

1. ABOUT CPRIT

The state of Texas has established the Cancer Prevention and Research Institute of Texas (CPRIT), which may issue up to \$3 billion in general obligation bonds to fund grants for cancer research and prevention.

CPRIT is charged by the Texas Legislature to do the following:

- Create and expedite innovation in the area of cancer research and in enhancing the potential for a medical or scientific breakthrough in the prevention of or cures for cancer;
- Attract, create, or expand research capabilities of public or private institutions of higher education and other public or private entities that will promote a substantial increase in cancer research and in the creation of high-quality new jobs in the state of Texas; and
- Develop and implement the Texas Cancer Plan.

1.1. Prevention Program Priorities

Legislation from the 83rd Texas Legislature requires that CPRIT's Oversight Committee establish program priorities on an annual basis. The priorities are intended to provide transparency in how the Oversight Committee directs the orientation of the agency's funding portfolio. The Prevention Program's principles and priorities will also guide CPRIT staff and the Prevention Review Council on the development and issuance of program-specific Requests for Applications (RFAs) and the evaluation of applications submitted in response to those RFAs.

Established Principles:

- Fund evidence-based interventions and their dissemination
- Support the prevention continuum of primary, secondary, and tertiary (includes survivorship) prevention interventions

Prevention Program Priorities

- Prioritize populations and areas of greatest need, greatest potential for impact
- Focus on underserved populations
- Increase targeting of preventive efforts to areas where significant disparities in cancer incidence or mortality in the state exist

2. FUNDING OPPORTUNITY DESCRIPTION

2.1. Summary

The ultimate goals of the CPRIT Prevention Program are to reduce overall cancer incidence and mortality and to improve the lives of individuals who have survived or are living with cancer. The ability to reduce cancer death rates depends in part on the application of currently available evidence-based technologies and strategies. CPRIT will foster the primary, secondary, and tertiary prevention of cancer in Texas by providing financial support for a wide variety of evidence-based risk reduction, early detection, and survivorship interventions.

This **Cancer Prevention Promotion and Navigation to Clinical Services (PN)** award mechanism solicits applications for health promotion that focus on education and outreach for prevention, early detection, and survivorship of cancer for the public. In addition, this RFA requires that projects assist participants in taking action by navigating them to 1 or more prevention services being promoted. The target audiences are the general population/priority populations as defined in this RFA. CPRIT's prevention grants are intended to fund prevention interventions that have a demonstrated evidence base and are culturally appropriate for the priority population. Education and awareness are key to changing personal behaviors that lead to cancer prevention, risk reduction, and early detection, but they must be followed by strategies that motivate, initiate, and sustain behavior change. Addressing and positively influencing local policy or system change can also lead to sustainable change in desired health behaviors.

2.2. Project Objectives

CPRIT seeks to fund projects that will do the following:

- Increase the number of persons who improve their health behaviors related to the prevention of cancer, obtain recommended cancer screening tests or other preventive services, have cancers detected at earlier stages, and improve their quality of life if they are survivors of cancer;
- Reach and serve as many people as possible and assist them in obtaining access to preventive services;
- Seek to improve processes and systems for outreach, delivery of education, and timely referral to preventive services, including improving the cost-effectiveness of those systems; and

- Encourage traditional and nontraditional partnerships as well as leverage existing resources and dollars from other sources to address important knowledge gaps, increase access to services, and achieve desired behavior changes related to cancer prevention and control.

CPRIT expects measurable outcomes of supported activities, such as a significant and sustained change in public health behaviors (eg, getting vaccinated, quitting smoking, getting screened) and qualitative analysis of change/improvement to systems. Applicants must demonstrate how these outcomes will ultimately impact cancer incidence, mortality, morbidity, or quality of life.

2.3. Award Description

The Cancer Prevention Promotion and Navigation to Clinical Services RFA solicits applications for projects up to 36 months in duration that will deliver public education and outreach and navigation to cancer screening and preventive services in 1 or more of the following cancer prevention and control areas:

- Primary prevention (eg, delivery of vaccines that reduce the risk of cancer, evidence-based assessment and counseling services for behaviors established as increasing cancer risk);
- Secondary prevention (eg, risk-appropriate cancer screening guidelines for mammography, colonoscopy, Pap test);
- Tertiary prevention (eg, prevention and detection of new and recurrent cancer as well as interventions for the consequences of cancer and its treatment, such as physical rehabilitation/therapy, psychosocial interventions, survivor care plans, and palliative care services).

Priority will be given to applications that propose innovation in the delivery of evidence- and needs-based education and outreach efforts that have the potential to create demonstrable and sustainable change in behaviors that can prevent cancer or reduce the risk of cancer within a relatively short time, leverage existing resources, navigate participants to 1 or more of the preventive services being promoted, and can demonstrate the impact on public health behaviors by individuals taking preventive measures. CPRIT strongly encourages projects to include broad-based education on cancer risk reduction and health lifestyle as one component of the education curriculum.

It is anticipated that the development time for the proposed evidence-based program(s) would be minimal and that delivery of educational program(s) to public audiences would begin no later than 6 to 8 months after the contract effective date. In addition, sufficient time should be allowed for followup after completion of the educational program(s) and navigation to services to identify behavioral changes and participant outcomes.

The applicant should demonstrate knowledge of evidence-based education, outreach, and support strategies that include navigation to clinical services; however, CPRIT is seeking projects and partnerships that will apply evidence-based strategies in novel ways that support personal behavior change, thereby leading to cancer prevention, risk reduction, and early detection and to improvements in the quality of life for survivors.

Applicants should propose active, rather than passive, education and outreach strategies that are designed to reach, engage, and motivate people and that include plans for realistic action and sustainable behavior change. **Applicants must assist participants in obtaining the prevention interventions being promoted** by providing navigation services (assisting with scheduling screening, etc) and have a process for tracking participants to report on actions taken. For example, a breast cancer education project should include navigation to age- and risk-appropriate screening, followup with participants and/or professionals to confirm screening took place, and capture of the results of the screening test.

Under this RFA, CPRIT **will not** consider the following:

- **Professional Education and Training programs** (In this cycle, stand-alone professional education programs will not be considered. The proposed project must include a public education and navigation component. However, professional education and training to accomplish the goals of sustained behavior change may be proposed as one component of the project.)
- **Projects focused solely on public education** (Navigation to the clinical services being promoted and the subsequent followup after completion of navigation to services is a necessary component of this mechanism and must be fully addressed.)
- **Projects focusing solely on case management/patient navigation services** (Case management/patient navigation services must be paired with health promotion, education and outreach for prevention, early detection, and survivorship of cancer for the public. Furthermore, while navigation to the point of treatment of cancer is required when cancer

is discovered through a CPRIT-funded project, applications seeking funds to provide coordination of care while an individual is in treatment are not allowed under this RFA.)

- **Payment for the delivery of clinical preventive services (eg, cost of vaccines or screenings) to the public** (However, applicants must assist participants in securing access to any preventive services that are being promoted. Applicants interested in including payment for the delivery of evidence-based services should submit applications under the Evidence-Based Cancer Prevention Services RFA.)
- **Treatment of cancer** (While education on treatment options and access to treatment are important in reducing mortality from cancer, this award mechanism **will not address treatment of cancer**. However, applicants must ensure that public education and outreach programs provide information on available resources that address treatment.)
- **Prevention research** (Research will not be funded through this award mechanism. Applicants interested in research should review CPRIT's Research RFAs [available at <http://www.cprit.state.tx.us>].)

2.3.1. Priorities

Types of Cancer: CPRIT will support projects for cancers for which proven primary prevention, early detection, and tertiary prevention strategies exist. See [section 2.3.2](#) for specific areas of emphasis.

Priority Populations: Priority populations are subgroups that are disproportionately affected by cancer. CPRIT-funded public education and outreach efforts must address 1 or more of these priority populations.

Priority populations include, but are not limited to, the following:

- Underinsured and uninsured individuals;
- Geographically or culturally isolated populations;
- Medically unserved or underserved populations;
- Populations with low health literacy skills;
- Geographic regions of the state with higher prevalence of cancer risk factors (eg, obesity, tobacco use, alcohol misuse, unhealthy eating, and sedentary lifestyle);
- Racial, ethnic, and cultural minority populations;

- Other populations with low screening rates, high incidence rates, and high mortality rates, focusing on individuals who are significantly out of compliance with nationally recommended screening guidelines:
 - Individuals never before screened for colorectal cancer
 - Women never before screened for cervical cancer or who have not been screened in the past 5 years
 - Women never before screened for breast cancer or who have not been screened in the past 5 years

Geographic and Population Priority: For applications submitted in response to this announcement, at the programmatic level of review conducted by the Prevention Review Council (see [section 5.1](#)), priority will be given to projects that target geographic regions of the state and population subgroups that are not adequately covered by the current CPRIT Prevention project portfolio (see <http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control/> and <http://www.cprit.state.tx.us/funded-grants/>).

2.3.2. Specific Areas of Emphasis

Applications addressing any type of education and outreach programs that include navigation to services and that are responsive to this RFA will be considered. However, CPRIT has identified the following areas of emphasis for this cycle of awards.

CPRIT is interested in applications focused on the following:

A. Primary Prevention

Priority will be given to projects that, through evidence-based efforts, address and can positively influence **local policy or systems change** that can lead to **sustainable change in desired health behaviors**.

Tobacco Prevention and Control

- Decreasing tobacco use in areas of the state that have higher smoking rates per capita than other areas of the state
 - Health Service Regions (HSRs) 2, 4, and 5 have significantly higher tobacco use among adults than in other regions of the state. For more information about maps of HSRs, please visit <http://www.dshs.state.tx.us/regions/state.shtm>.

- Decreasing tobacco use in vulnerable and high-risk populations, including people with mental illness, history of substance abuse, youth, and pregnant women, that have higher tobacco usage rates than the general population

HPV Vaccination

- Increasing access to, delivery of, and completion of the HPV vaccine regimen to males and females through evidence-based intervention efforts
 - HPV vaccine completion rates are low (15% for males and 39% for females) across the state compared to the CDC goals of 75% completion rates.¹

Liver Cancer

- Decreasing disparities in incidence and mortality rates for hepatocellular cancer (HCC) by increasing the provision of vaccination and screening for hepatitis B virus and screening for hepatitis C virus (following US Preventive Services Task Force [USPSTF] guidelines), diagnostic testing, navigation that ensures access to viral treatment, and education on risk factors and on reducing transmission of hepatitis
 - HCC incidence is significantly higher in Texas Hispanics, blacks, and Asian/Pacific Islanders than in non-Hispanic whites.²
 - Significantly higher HCC rates in Texas Hispanics versus the United States are driven by very high rates among Hispanics in South Texas.²
 - Males have significantly higher incidence and mortality rates than females.²
 - Age at diagnosis is shifting toward younger patients, both in Texas and the United States.²

B. Secondary Prevention - Screening and Early Detection Services

Applicants should select preventive services using current evidence-based national clinical guidelines (eg, USPSTF, American Cancer Society).

Colorectal Cancer

- Increasing screening/detection rates in HSRs 1 through 6 and HSR 9. For more information about maps of Health Service Regions, please visit <http://www.dshs.state.tx.us/regions/state.shtm>.
 - The highest rates of cancer incidence mortality are found in these regions of Texas.²

- Decreasing disparities in incidence and mortality rates of colorectal cancer for racial/ethnic populations and rural communities
 - African Americans have the highest incidence and mortality rates, followed by non-Hispanic whites and Hispanics.²
- Decreasing incidence and mortality rates in rural counties
 - Incidence and mortality rates are higher in rural counties compared to urban counties.²

Cervical Cancer

- Increasing screening/detection rates for women in Texas-Mexico border counties
 - Women in these counties have a 30% higher cervical cancer mortality rate than women in nonborder counties.²
- Decreasing disparities in racial/ethnic populations
 - Hispanics have the highest incidence rates, while African Americans have the highest mortality rates.²
- Reaching women never before screened

Breast Cancer

- Increasing screening/detection rates in rural and medically underserved areas of the state
- Reaching women never before screened

Data on cancer incidence and mortality is provided by the Texas Cancer Registry.² For more information about cancer in Texas, visit CPRIT's website at

<http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control> or visit the Texas Cancer Registry site at <http://www.dshs.state.tx.us/tcr/>.

C. Tertiary Prevention - Survivorship Services

Priority for funding will be given to survivorship projects that demonstrate a likelihood of success based on available evidence and that can demonstrate and measure an improvement in quality of life in 1 of more of the following areas:

- Preventing secondary cancers and recurrence of cancer;
- Managing the aftereffects of cancer and treatment to maximize quality of life and number of years of healthy life;

- Minimizing preventable pain, disability, and psychosocial distress.

Applicants proposing survivorship projects may address people with any type of cancer.

2.3.3. Outcome Metrics

The applicant is required to describe final outcome measures for the project. **Applicants must evaluate changes in participants' knowledge and behavior/performance after the program.** Applicants are required to clearly describe their assessment and evaluation methodology and to provide baseline data describing how funds from the CPRIT grant will improve outcomes over baseline. In the case where no baseline data exist for the priority population, the applicant must present clear plans and describe method(s) of measurement used to collect the data necessary to establish a baseline at the beginning of the proposed project. Similarly, applicants with previously or currently funded CPRIT projects are required to provide a summary of the project results and how the current application builds on the previous work or addresses new areas of cancer prevention and control services. All projects are **required** to follow up and identify the effectiveness of the proposed intervention (eg, impact of system changes, adherence to screening guidelines, number of participants who took action and received primary prevention or screening services).

Reporting Requirements

Funded projects are required to report quantitative output and outcome metrics (as appropriate for each project) through the submission of quarterly progress reports, annual reports, and a final report.

Quarterly progress report sections include, but are not limited to, the following:

- Narrative on project progress (required);
- People reached activities;
- Services, other than clinical services, provided to the public/professionals;
- Actions taken by people/professionals as a result of education or training, including number of people reporting sustained behavior change;
- Clinical services provided; and
- Abnormal results and precursors or cancers detected.

Annual and Final progress report sections include, but are not limited to, the following:

- Key accomplishments, including qualitative analysis of policy change and/or lasting systems change and
- Progress against goals and objectives, including percentage increase over baseline in provision of age- and risk-appropriate education and navigation services to eligible men and women in a defined service area; for example:
 - Percentage increase over baseline in number of people served;
 - Percentage increase over baseline in number of education and navigation services provided;
 - Percentage increase over baseline in cancers and precancers detected, if applicable;
 - Percentage increase in early-stage cancer diagnoses in a defined service area, if applicable.

Outcome metrics may include, but are not limited to, the following:

- The increase over baseline in the number of persons in priority populations who take preventive actions (eg, change behavior, access services through navigation, receive counseling) as a result of participating in the educational program;
 - In addition, interim measures may include the increase over baseline in the number of persons who were assisted in securing access to the appropriate clinical services through navigation and were appropriately counseled about health behaviors and evidence-based screening guidelines.
- Materials produced and publications;
- Economic impact of the project.

2.4. Eligibility

- The applicant must be a Texas-based entity, such as a community-based organization, health institution, government organization, public or private company, college or university, or academic health institution.
- The designated Program Director (PD) will be responsible for the overall performance of the funded project. The PD must have relevant education and management experience and must reside in Texas during the project performance time.

- The evaluation of the project must be headed by a professional who has demonstrated expertise in the field and who resides in Texas during the time that the project is conducted.
- The applicant is eligible solely for the grant mechanism specified by the RFA under which the grant application was submitted.
- An applicant is not eligible to receive a CPRIT grant award if the applicant PD, any senior member or key personnel listed on the grant application, or any officer or director of the grant applicant's organization or institution is related to a CPRIT Oversight Committee member.
- The applicant may submit more than 1 application, but each application must be for distinctly different services without overlap in the services provided. Applicants who do not meet this criterion will have all applications administratively withdrawn without peer review.
- If the applicant or a partner is an existing DSHS contractor, CPRIT funds may not be used as a match, and the application must explain how this grant complements or leverages existing state and federal funds. DSHS contractors who also receive CPRIT funds must be in compliance with and fulfill all contractual obligations within CPRIT. CPRIT and DSHS reserve the right to discuss the contractual standing of any contractor receiving funds from both entities.
- Collaborations are permitted and encouraged, and collaborators may or may not reside in Texas. However, collaborators who do not reside in Texas are not eligible to receive CPRIT funds. Subcontracting and collaborating organizations may include public, not-for-profit, and for-profit entities. Such entities may be located outside of the state of Texas, but non-Texas-based organizations are not eligible to receive CPRIT funds.
- An applicant organization is eligible to receive a grant award only if the applicant certifies that the applicant organization, including the PD, any senior member or key personnel listed on the grant application, or any officer or director of the grant applicant's organization (or any person related to 1 or more of these individuals within the second degree of consanguinity or affinity), has not made and will not make a contribution to CPRIT or to any foundation created to benefit CPRIT.
- The applicant must report whether the applicant organization, the PD, or other individuals who contribute to the execution of the proposed project in a substantive, measurable way,

(whether slated to receive salary or compensation under the grant award or not), are currently ineligible to receive federal grant funds because of scientific misconduct or fraud or have had a grant terminated for cause within 5 years prior to the submission date of the grant application.

- CPRIT grants will be awarded by contract to successful applicants. CPRIT grants are funded on a reimbursement-only basis. Certain contractual requirements are mandated by Texas law or by administrative rules. Although applicants need not demonstrate the ability to comply with these contractual requirements at the time the application is submitted, applicants should make themselves aware of these standards before submitting a grant application. Significant issues addressed by the CPRIT contract are listed in [section 6](#). All statutory provisions and relevant administrative rules can be found at <http://www.cprit.state.tx.us>.

2.4.1. Resubmission Policy

Two **resubmissions** are permitted. An application is considered a resubmission if the proposed project is the same project as presented in the original submission. A change in the identity of the PD for a project or a change of title for a project that was previously submitted to CPRIT does not constitute a new application; the application would be considered a resubmission.

2.5. Funding Information

Applicants may request any amount of funding up to a maximum of \$400,000 in total funding over a maximum of 36 months. Budget requests for funding will vary depending on the project, and it is anticipated that the majority of projects will request significantly less than the maximum.

Grant funds may be used to pay for salary and benefits, project supplies, equipment, costs for outreach and education of populations, and travel of project personnel to project site(s).

Equipment requests (\$5,000 and above) will receive a case-by-case evaluation and be carefully scrutinized. Requests for funds to support construction, renovation, or any other infrastructure needs are not appropriate for this mechanism, nor are requests to support lobbying or to attend out-of-state professional meetings. Grantees may request funds for travel for 2 project staff to attend CPRIT's conference.

The budget should be proportional to the number of individuals receiving programs and services, and a significant proportion of funds is expected to be used for program and service delivery as opposed to program development. In addition, CPRIT seeks to fill gaps in funding rather than replace existing funding, supplant funds that would normally be expended by the applicant's organization, or make up for funding reductions from other sources. CPRIT does not provide support for projects when funds are readily available from other sources. Furthermore, CPRIT funds may not be used for any costs under this award that should be billed to any other funding source.

3. KEY DATES

RFA

RFA release September 10, 2015

Application

Online application opens September 24, 2015, 7 AM central time

Application due January 7, 2016, 3 PM central time

Application review March 2016

Award

Award notification May 2016

Anticipated start date June 2016

Applicants will be notified of peer review panel assignment prior to the peer review meeting dates.

4. APPLICATION SUBMISSION GUIDELINES

4.1. *Instructions for Applicants* document

It is imperative that applicants read the accompanying instructions document for this RFA (<https://CPRITGrants.org>). Requirements may have changed from previous versions.

4.2. Online Application Receipt System

Applications must be submitted via the CPRIT Application Receipt System (CARS) (<https://CPRITGrants.org>). **Only applications submitted through this portal will be considered eligible for review.** The PD must create a user account in the system to start and

submit an application. The Co-PD, if applicable, must also create a user account to participate in the application. Furthermore, the Application Signing Official (a person authorized to sign and submit the application for the organization) and the Grants Contract/Office of Sponsored Projects Official (the individual who will manage the grant contract if an award is made) also must create a user account in CARS. Applications will be accepted beginning at 7 AM central time on September 24, 2015, and must be submitted by 3 PM central time on January 7, 2016. Detailed instructions for submitting an application are in the *Instructions for Applicants* document, posted on CARS. **Submission of an application is considered an acceptance of the terms and conditions of the RFA.**

4.2.1. Submission Deadline Extension

The submission deadline may be extended for 1 or more grant applications upon a showing of good cause. All requests for extension of the submission deadline must be submitted via email to the CPRIT HelpDesk. Submission deadline extensions, including the reason for the extension, will be documented as part of the grant review process records.

4.3. Application Components

Applicants are advised to follow all instructions to ensure accurate and complete submission of all components of the application. Refer to the *Instructions for Applicants* document for details.

Submissions that are missing 1 or more components or do not meet the eligibility requirements will be administratively withdrawn without review.

4.3.1. Abstract and Significance (5,000 characters)

Clearly explain the problem(s) to be addressed, the approach(es) to the solution, and how the application is responsive to this RFA. In the event that the project is funded, the abstract will be made public; therefore, no proprietary information should be included in this statement. Initial compliance decisions are based in part upon review of this statement.

The required abstract format is as follows (use headings as outlined below):

- **Need:** Include a description of need in the specific service area. Include rates of incidence, mortality, and screening in the service area compared to overall Texas rates. Describe barriers, plans to overcome these barriers, and the priority population to be served.

- **Overall Project Strategy:** Describe the project and how it will address the identified need. Clearly explain what the project is and what it will specifically do, including the education, outreach, and navigation services to be provided, and the process/system for delivery of education, outreach, and navigation services to the priority population.
- **Specific Goals:** State specifically the overall goals of the proposed project; include the estimated overall numbers of people (public and/or professionals) reached and people (public and/or professionals) served.
- **Innovation:** Describe the creative components of the proposed project and how it differs from current programs or education, outreach, and navigation services being provided.
- **Significance and Impact:** Explain how the proposed project, if successful, will have a unique and major impact on cancer prevention and control for the population proposed to be served and for the state of Texas.

4.3.2. Goals and Objectives (1,200 characters each)

List specific goals and **measurable** objectives for each year of the project. A baseline and method(s) of measurement are required for each objective. Provide both raw numbers and percent changes for the baseline and target. Applicants must explain plans to establish baseline and describe method(s) of measurement in cases where a baseline has not been defined.

4.3.3. Project Timeline (2 pages)

Provide a project timeline for project activities that includes deliverables and dates. Use Years 1, 2, 3, and Months 1, 2, 3, etc, as applicable instead of specific months or years (eg, Year 1, Months 3-5, not 2017, March-May).

4.3.4. Project Plan (15 pages; fewer pages permissible)

The required project plan format follows. Applicants must use the headings outlined below. Applications not following the required format will be administratively withdrawn.

Background: Briefly present the rationale for the proposed project, emphasizing the pressing problem in cancer prevention that will be addressed and how the project will have a major impact on changing peoples' behaviors to prevent cancer, reduce the risk of cancer, or improve the quality of life for survivors within a relatively short time frame. Describe creative components of the proposed project. Clearly demonstrate the ability to complete the proposed

project and describe how results will be improved over baseline knowledge and personal behaviors. Clearly demonstrate the ability to reach the priority population. Describe the geographic region of the state that the project will serve; maps are appreciated.

Goals and Objectives (optional): Goals and Objectives will be entered in separate fields in CARS and need not be provided in the project plan. However, if desired, goals and objectives may be fully repeated or briefly summarized here.

Components of the Project: Clearly describe the need, education and outreach design and delivery methods, navigation to preventive services, and evidence base (provide references) for the project as well as instructors and anticipated results. Be explicit about the base of evidence and any necessary adaptations for the proposed project. Describe why this project is nonduplicative, creative, or unique. Clearly demonstrate the ability to provide the proposed education, outreach, and navigation services, and describe how results will be improved over baseline and the ability to reach the priority population. Applicants must also clearly describe plans to ensure access to treatment services should cancer be detected.

Evaluation Strategy: A strong commitment to evaluation of the project is required. Describe the impact on outcome measures and interim output measures as outlined in [section 2.3.3](#). Describe the plan for outcome and output measurements, including data collection and management methods, data analyses, and anticipated results. Evaluation and reporting of results should be headed by a professional who has demonstrated expertise in the field. If needed, applicants may want to consider seeking expertise at Texas-based academic cancer centers, schools/programs of public health, prevention research centers, or the like. Applicants should budget accordingly for the evaluation activity and should involve that professional during grant application preparation to ensure, among other things, that the evaluation plan is linked to the proposed goals and objectives.

Organizational Qualifications and Capabilities: Describe the organization and its track record and success in providing programs and services. Describe the role and qualifications of the key collaborators/partners in the project. Include information on the organization's financial stability and viability. To ensure access to preventive services and reporting of services outcomes, applicants should demonstrate that they have provider partnerships and agreements (via memoranda of understanding) or commitments (via letters of commitment) in place.

Integration and Capacity Building: CPRIT funds projects that target the unmet needs not sufficiently covered by other funding sources, and full maintenance of the project may not be feasible. This is especially the case when the project involves the delivery of clinical services. Educational and other less costly interventions may be more readily sustained. Full maintenance of a project, the ability of the grantee's setting or community to continue to deliver the health benefits of the intervention as funded is not required; however, efforts toward maintenance should be described.

It is expected that steps toward integration and capacity building for components of the project will be taken and plans for such be fully described in the application. *Integration* is defined as the extent the evidence-based intervention is integrated within the culture of the grantee's setting or community through policies and practice. *Capacity building* is any activity (eg, training, identification of alternative resources, building internal assets) that builds durable resources and enables the grantee's setting or community to continue the delivery of some or all components of the evidence-based intervention.

Elements of integration and capacity building may include, but are not limited to, the following:

- Developing ownership, administrative networks, and formal engagements with stakeholders;
- Developing processes for each practice/location to incorporate services into its structure beyond project funding;
- Identifying and training of diverse resources (human, financial, material, and technological);
- Implementing policies to improve effectiveness and efficiency (including cost-effectiveness) of systems.

Dissemination and Scalability (Expansion): Describe how the project lends itself to dissemination to or application by other communities and/or organizations in the state or expansion in the same communities. Describe plans for dissemination of positive and negative project results and outcomes. Dissemination of project results and outcomes, including barriers encountered and successes achieved, is critical to building the evidence base for cancer prevention and control efforts in the state. Dissemination methods may include, but are not limited to, presentations, publications, abstract submissions, and professional journal articles, etc.

4.3.5. People Reached

Provide the estimated overall number of people (members of the public and professionals) to be reached by the funded project. The applicant is required to itemize separately the noninteractive education and outreach activities, with estimates, that led to the calculation of the overall estimates provided. Refer to the [appendix](#) for definitions.

4.3.6. People Served

Provide the estimated overall number of people (members of the public and professionals) to be served by the funded project. The applicant is required to itemize separately the education, navigation, and clinical activities/services, with estimates, that led to the calculation of the overall estimates provided. Refer to the [appendix](#) for definitions.

4.3.7. References

Provide a concise and relevant list of references cited for the application. The successful applicant will provide referenced evidence of need and literature support for the proposed education and outreach methods.

4.3.8. Resubmission Summary

Please use the template provided on the CARS (<https://CPRITGrants.org>). Describe the approach to the resubmission and how reviewers' comments were addressed. The summary statement of the original application review, if previously prepared, will be automatically appended to the resubmission; the applicant is not responsible for providing this document.

4.3.9. CPRIT Grants Summary

Please use the template provided on the CARS (<https://CPRITGrants.org>). Provide a description of the progress or final results of **all** CPRIT-funded projects of the PD or Co-PD, regardless of their connection to this application. Indicate how the current application builds on the previous work or addresses new areas of cancer prevention and control services. Applications that are missing this document and for which CPRIT records show a PD and/or Co-PD with previous or current CPRIT funds will be administratively withdrawn.

4.3.10. Budget and Justification

Provide a brief outline and detailed justification of the budget for the entire proposed period of support, including salaries and benefits, travel, equipment, supplies, contractual expenses,

services delivery, and other expenses. CPRIT funds will be distributed on a reimbursement basis. Applications requesting more than the maximum allowed cost (total costs) as specified in [section 2.5](#) will be administratively withdrawn.

- **Cost Per Person Served:** The cost per person served will be automatically calculated from the total cost of the project divided by the total number of people (both public and professionals) served (refer to [appendix](#)). A significant proportion of funds is expected to be used for program delivery as opposed to program development and organizational infrastructure.
- **Personnel:** The individual salary cap for CPRIT awards is \$200,000 per year. Describe the source of funding for all project personnel where CPRIT funds are not requested.
- **Travel:** PDs and related project staff are expected to attend CPRIT's conference. CPRIT funds may be used to send up to 2 people to the conference.
- **Equipment:** Equipment having a useful life of more than 1 year and an acquisition cost of \$5,000 or more per unit must be specifically approved by CPRIT. An applicant does not need to seek this approval prior to submitting the application. Justification must be provided for why funding for this equipment cannot be found elsewhere; CPRIT funding should not supplant existing funds. Cost sharing of equipment purchases is strongly encouraged.
- **Services Costs:** CPRIT reimburses for services using Medicare reimbursement rates. Describe the source of funding for all services where CPRIT funds are not requested.
- **Other Expenses**
 - **Incentives:** Use of incentives or positive rewards to change or elicit behavior is allowed; however, incentives may only be used based on strong evidence of their effectiveness for the purpose and in the priority population identified by the applicant. CPRIT will not fund cash incentives. The maximum dollar value allowed for an incentive per person, per activity or session, is \$25.
 - **Indirect/Shared Costs:** It is CPRIT's policy not to allow recovery of indirect or shared costs for prevention programs.
 - **Costs Not Related to Cancer Prevention and Control:** CPRIT does not allow recovery of any costs for services not related to cancer (eg, health physicals, HIV testing).

4.3.11. Current and Pending Support and Sources of Funding

Please use the template provided on the CARS (<https://CPRITGrants.org>). Describe the funding source and duration of all current and pending support for the proposed project, including a capitalization table that reflects private investors, if any. Information for the initial funded project need not be included.

4.3.12. Biographical Sketches

The designated PD will be responsible for the overall performance of the funded project and must have relevant education and management experience. The PD/Co-PD(s) must provide a biographical sketch that describes his or her education and training, professional experience, awards and honors, and publications and/or involvement in programs relevant to cancer prevention and/or service delivery.

The evaluation professional must provide a biographical sketch.

Up to 3 additional biographical sketches for key personnel may be provided. Each biographical sketch must not exceed 2 pages and must use the “Prevention Programs: Biographical Sketch” template.

Only biographical sketches will be accepted; do not submit resumes and CVs.

4.3.13. Collaborating Organizations

List all key participating organizations that will partner with the applicant organization to provide 1 or more components essential to the success of the program (eg, evaluation, clinical services, recruitment to screening).

4.3.14. Letters of Commitment (10 pages)

Applicants should provide letters of commitment and/or memoranda of understanding from community organizations, key faculty, or any other component essential to the success of the program.

Applications that are missing 1 or more of these components, exceed the specified page, word, or budget limits, or that do not meet the eligibility requirements listed above will be administratively withdrawn without review.

5. APPLICATION REVIEW

5.1. Review Process Overview

All eligible applications will be reviewed using a 2-stage peer review process: (1) evaluation of applications by peer review panels and (2) prioritization of grant applications by the Prevention Review Council. In the first stage, applications will be evaluated by an independent review panel using the criteria listed below. In the second stage, applications judged to be meritorious by review panels will be evaluated by the Prevention Review Council and recommended for funding based on comparisons with applications from all of the review panels and programmatic priorities. Programmatic considerations may include, but are not limited to, geographic distribution, cancer type, population served, and type of program or service. The scores are only 1 factor considered during programmatic review. At the programmatic level of review, priority will be given to proposed projects that target geographic regions of the state or population subgroups that are not well represented in the current CPRIT Prevention project portfolio.

Applications approved by Review Council will be forwarded to the CPRIT Program Integration Committee (PIC) for review. The PIC will consider factors including program priorities set by the Oversight Committee, portfolio balance across programs, and available funding. The CPRIT Oversight Committee will vote to approve each grant award recommendation made by the PIC. The grant award recommendations will be presented at an open meeting of the Oversight Committee and must be approved by two-thirds of the Oversight Committee members present and eligible to vote. The review process is described more fully in CPRIT's Administrative Rules, chapter 703, sections 703.6 to 703.8.

Each stage of application review is conducted confidentially, and all CPRIT Peer Review Panel members, Review Council members, PIC members, CPRIT employees, and Oversight Committee members with access to grant application information are required to sign nondisclosure statements regarding the contents of the applications. All technological and scientific information included in the application is protected from public disclosure pursuant to Health and Safety Code §102.262(b).

Individuals directly involved with the review process operate under strict conflict-of-interest prohibitions. All CPRIT Peer Review Panel members and Review Council members are non-Texas residents.

An applicant will be notified regarding the peer review panel assigned to review the grant application. Peer Review Panel members are listed by panel on CPRIT's website. **By submitting a grant application, the applicant agrees and understands that the only basis for reconsideration of a grant application is limited to an undisclosed Conflict of Interest as set forth in CPRIT's Administrative Rules, chapter 703, section 703.9.**

Communication regarding the substance of a pending application is prohibited between the grant applicant (or someone on the grant applicant's behalf) and the following individuals: an Oversight Committee Member, a PIC Member, a Review Panel member, or a Review Council member. Applicants should note that the CPRIT PIC comprises the CPRIT Chief Executive Officer, the Chief Scientific Officer, the Chief Prevention and Communications Officer, the Chief Product Development Officer, and the Commissioner of State Health Services. The prohibition on communication begins on the first day that grant applications for the particular grant mechanism are accepted by CPRIT and extends until the grant applicant receives notice regarding a final decision on the grant application. The prohibition on communication does not apply to the time period when preapplications or letters of interest are accepted. Intentional, serious, or frequent violations of this rule may result in the disqualification of the grant application from further consideration for a grant award.

5.2. Review Criteria

Peer review of applications will be based on primary scored criteria and secondary unscored criteria, identified below. Review panels consisting of experts in the field and advocates will evaluate and score each primary criterion and subsequently assign an overall score that reflects an overall assessment of the application. The overall evaluation score will not be an average of the scores of individual criteria; rather, it will reflect the reviewers' overall impression of the application and responsiveness to the RFA priorities.

5.2.1. Primary Evaluation Criteria

Impact and Innovation

- Does clear evidence exist of an important need for this public education, and can that education effectively address the need? Are the goals and priorities of the project responsive to the RFA?

- Does the proposed project demonstrate creativity, ingenuity, resourcefulness, or imagination? Does it take evidence-based interventions and apply them in innovative ways, going beyond “doing what has always been done” to explore new partnerships, new audiences, or improvements to systems?
- Does the program address known gaps in cancer prevention education and access to preventive services and avoid duplication of effort?
- If applicable, have collaborative partners demonstrated that the collaborative effort will provide a greater impact on cancer prevention and control than each individual organization’s effort separately?
- Will the project reach and serve an appropriate number of people based on the budget submitted?

Project Strategy and Feasibility

- Does the proposed project provide education and outreach programs specified in the RFA?
- Does the project provide the required access or navigation to preventive services following educational activities? Are partnerships with service providers clearly and convincingly described?
- Are the overall program approach and strategy clearly described and supported by established theory and practice as well as evidence-based interventions? Are the base of evidence and any necessary adaptations clearly explained and referenced?
- Are the proposed objectives and activities feasible within the duration of the award? Has the applicant convincingly demonstrated the short- and long-term impacts of the project?
- Is the priority population as well as culturally appropriate methods to reach the priority population clearly described? Are barriers for the population clearly described, and are plans to provide culturally appropriate education to overcome these barriers clearly addressed?
- Does the program leverage partners and resources to maximize the reach of the program proposed? Does the program leverage and complement other state, federal, and nonprofit grants?

Outcomes Evaluation

- Are specific goals and measurable objectives for each year of the project provided?
- Are the proposed outcome measures appropriate for the project, and are the expected changes significant?
- Does the application provide a clear and appropriate plan for data collection and management and data analyses?
- Are clear baseline data provided for the priority population, or are clear plans and methods of measurements included to collect baseline data at the beginning of the proposed project?
- If an evidence-based intervention is being adapted in a population where it has not been tried/tested, are plans for evaluation of barriers, effectiveness, and fidelity to the model described?
- Is the qualitative analysis of planned policy or system changes described?

Organizational Qualifications and Capabilities

- Do the organization and its collaborators/partners demonstrate the ability to provide the proposed preventive services? Does the described role of each collaborating organization make it clear that each organization adds value to the project and is committed to working together to implement the project?
- Have the appropriate personnel been recruited to implement, evaluate, and complete the project?
- Is the organization structurally and financially stable and viable?

Integration and Capacity Building

- Does the applicant describe steps that will be taken and components of the project that will be integrated into the organization through policies and practices?
- Does the applicant describe steps that will be taken or components of the project that will remain (eg, trained personnel, identification of alternative resources, building internal assets) to continue the delivery of **some or all** components of the evidence-based intervention once CPRIT funding ends?

5.2.2. Secondary Evaluation Criteria

Secondary criteria contribute to the global score assigned to the application. Lack of information or clarity on these criteria may result in a lower global score. Included in the secondary evaluation criteria are the following:

Budget

- Is the budget appropriate and reasonable for the scope and services of the proposed work?
- Is the cost per person served appropriate and reasonable?
- Is the proportion of the funds allocated for direct services reasonable?
- Is the project a good investment of Texas public funds?

Dissemination and Scalability

Dissemination of positive and negative project results and outcomes, including barriers encountered and successes achieved, is critical to building the evidence base for cancer prevention and control efforts in the state. Dissemination methods can include, but are not limited to, presentations, publications, abstract submissions, and professional journal articles, etc.

- Are plans for dissemination of the project's results (both positive and negative) clearly described?

While scalability of programs is desirable, some programs may have unique resources and may not lend themselves to replication by others. However, some components of the project may lend themselves to modification and replication.

- Does the program lend itself to scalability/expansion by others in the state? If so, does the application describe a plan for doing so?

6. AWARD ADMINISTRATION

Texas law requires that CPRIT grant awards be made by contract between the applicant and CPRIT. CPRIT grant awards are made to institutions or organizations, not to individuals. Award contract negotiation and execution will commence once the CPRIT Oversight Committee has approved an application for a grant award. CPRIT may require, as a condition of receiving a grant award, that the grant recipient use CPRIT's electronic Grant Management System to exchange, execute, and verify legally binding grant contract documents and grant award reports.

Such use shall be in accordance with CPRIT's electronic signature policy as set forth in chapter 701, section 701.25.

Texas law specifies several components that must be addressed by the award contract, including needed compliance and assurance documentation, budgetary review, progress and fiscal monitoring, and terms relating to revenue sharing and intellectual property rights. These contract provisions are specified in CPRIT's administrative rules, which are available at <http://www.cpritis.state.tx.us>. Applicants are advised to review CPRIT's administrative rules related to contractual requirements associated with CPRIT grant awards and limitations related to the use of CPRIT grant awards as set forth in chapter 703, sections 703.10, 703.12.

Prior to disbursement of grant award funds, the grant recipient organization must demonstrate that it has adopted and enforces a tobacco-free workplace policy consistent with the requirements set forth in CPRIT's Administrative Rules, chapter 703, section 703.20.

CPRIT requires the PD of the award to submit quarterly, annual, and final progress reports. These reports summarize the progress made toward project goals and address plans for the upcoming year and performance during the previous year(s). In addition, quarterly fiscal reporting and reporting on selected metrics will be required per the instructions to award recipients. Failure to provide timely and complete reports may waive reimbursement of grant award costs and may result in the termination of the award contract.

7. CONTACT INFORMATION

7.1. HelpDesk

HelpDesk support is available for questions regarding user registration and online submission of applications. Queries submitted via email will be answered within 1 business day. HelpDesk staff are not in a position to answer questions regarding the scope and focus of applications. Before contacting the HelpDesk, please refer to the *Instructions for Applicants* document (posted by September 24, 2015), which provides a step-by-step guide to using CARS.

Hours of operation: Monday, Tuesday, Thursday, Friday, 7 AM to 4 PM central time
Wednesday, 8 AM to 4 PM central time

Tel: 866-941-7146

Email: Help@CPRITGrants.org

7.2. Program Questions

Questions regarding the CPRIT Prevention Program, including questions regarding this or any other funding opportunity, should be directed to the CPRIT Prevention Program Office.

Tel: 512-305-8422

Email: Help@CPRITGrants.org

Website: www.cprit.state.tx.us

8. CONFERENCE CALLS TO ANSWER APPLICANT QUESTIONS

CPRIT will host a webinar to provide an overview of this RFA and a demonstration of CARS. A programmatic and technical question-and-answer session will be included. Applicants should sign up for CPRIT's electronic mailing list at <http://www.cprit.state.tx.us> to ensure that they receive notification of this webinar.

9. RESOURCES

- The Texas Cancer Registry. <http://www.dshs.state.tx.us/tcr>
- The Community Guide. <http://www.thecommunityguide.org/index.html>
- Cancer Control P.L.A.N.E.T. <http://cancercontrolplanet.cancer.gov>
- Guide to Clinical Preventive Services: Recommendations of the U.S. Preventive Services Task Force. <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/>
- Brownson, R.C., Colditz, G.A., and Proctor, E.K. (Editors), *Dissemination and Implementation Research in Health: Translating Science to Practice*. Oxford University Press, March 2012
- Centers for Disease Control and Prevention: The Program Sustainability Assessment Tool: A New Instrument for Public Health Programs. http://www.cdc.gov/pcd/issues/2014/13_0184.htm
- Centers for Disease Control and Prevention: Using the Program Sustainability Tool to Assess and Plan for Sustainability. http://www.cdc.gov/pcd/issues/2014/13_0185.htm
- Centers for Disease Control and Prevention. Distinguishing Public Health Research and Public Health Nonresearch. <http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>

10. REFERENCES

1. <http://www.cdc.gov/vaccines/vpd-vac/hpv/vac-faqs.htm/>
2. Texas Cancer Registry, Cancer Epidemiology and Surveillance Branch, Texas Department of State Health Services. <http://www.dshs.state.tx.us/tcr/default.shtm>
3. Cancer Prevention and Control Research Network: Putting Public Health Evidence in Action Training Workshop. <http://cpcrn.org/pub/evidence-in-action/>
4. Centers for Disease Control and Prevention: The Program Sustainability Assessment Tool: A New Instrument for Public Health Programs. http://www.cdc.gov/pcd/issues/2014/13_0184.htm
5. The Community Guide. <http://www.thecommunityguide.org/index.html>
6. Cancer Control P.L.A.N.E.T. <http://cancercontrolplanet.cancer.gov>

11. APPENDIX: KEY TERMS

- **Activities:** A listing of the “who, what, when, where, and how” for each objective that will be accomplished
- **Capacity Building:** Any activity (eg, training, identification of alternative resources, building internal assets) that builds durable resources and enables the grantee’s setting or community to continue the delivery of some or all components of the evidence-based intervention
- **Clinical Services:** Number of clinical services such as screenings, diagnostic tests, vaccinations, counseling sessions, or other evidence-based preventive services delivered by a health care practitioner in an office, clinic, or health care system (Other examples include genetic testing or assessments, physical rehabilitation, tobacco cessation counseling or nicotine replacement therapy, case management, primary prevention clinical assessments, and family history screening.)
- **Education Services:** Number of evidence-based, culturally appropriate cancer prevention and control education and outreach services delivered to the public and to health care professionals (Examples include education or training sessions (group or individual), focus groups, and knowledge assessments.)

- **Evidence-Based Program:** A program that is validated by some form of documented research or applied evidence (CPRIT’s website provides links to resources for evidence-based strategies, programs, and clinical recommendations for cancer prevention and control. To access this information, visit <http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control.>)
- **Goals:** Broad statements of general purpose to guide planning (Goals should be few in number and focus on aspects of highest importance to the project.)
- **Integration:** The extent the evidence-based intervention is integrated within the culture of the grantee’s setting or community through policies and practice
- **Navigation Services:** Number of unique activities/services that offer assistance to help overcome health care system barriers in a timely and informative manner and facilitate cancer screening and diagnosis to improve health care access and outcomes (Examples include patient reminders, transportation assistance, and appointment scheduling assistance.)
- **Objectives:** Specific, **measurable**, actionable, realistic, and timely projections for outputs and outcomes, for example: “Increase screening service provision in X population from Y% to Z% by 20xx” (Baseline data for the priority population must be included as part of each objective.)
- **People Reached:** Number of members of the public and/or professionals reached via noninteractive public or professional education and outreach activities, such as mass media efforts, brochure distribution, public service announcements, newsletters, and journals. (This category includes individuals who would be reached through activities that are directly funded by CPRIT as well as individuals who would be reached through activities that occur as a direct consequence of the CPRIT-funded project’s leveraging of other resources/funding to implement the CPRIT-funded project.)
- **People Served:** Number of members of the public and/or professionals served via direct, interactive public or professional education, outreach, training, navigation service delivery, or clinical service delivery, such as live educational and/or training sessions, vaccine administration, screening, diagnostics, case management/navigation services, and physician consults (This category includes individuals who would be served through activities that are directly funded by CPRIT as well as individuals who would be served through activities that occur as a direct consequence of the CPRIT-funded project’s

leveraging of other resources/funding to implement the CPRIT-funded project [eg, X people screened for cervical cancer after referral to Y indigent care program as a result of CPRIT-funded navigation services performed by the project]).

Third Party Observer Reports

CPRIT Prevention Peer Review Observation Report

Report #2016-05-23/24-PRE

Program Name: Prevention

Panel Name: FY16.2 Prevention Peer Review Panel - 1

Panel Date: May 23, 2016 to May 24, 2016

Report Date: June 3, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Prevention Peer Review Panel-1 peer review of applications for FY16 funding. The meeting was chaired by Ross Brownson and held at the Dallas Marriott in Dallas TX on May 23 through May 24, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Prevention Peer Review Panel-1 panel meeting held in-person. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Ross Brownson on May 23 through May 24, 2016.

The independent observer noted the following during our observation:

- Sixteen applications were discussed within the Prevention Peer Review Meeting Panel to determine which applications would be recommended for funding.
- Ten peer review panelists, two advocate reviewers, two CPRIT staff members, one other attendee and five SRA employees were present on May 23, 2016 and May 24, 2016.
 - One of the ten peer review panelists participated via teleconference on both days. On May 24, this panelist only participated in the review of one application.
 - The other attendee was present via teleconference on both days.
- One conflict of interest was identified prior to or during the meeting. Applications for one conflict were discussed during the peer review panel. The reviewer with the conflict of interest either left the room or did not participate telephonically and did not participate in the review of the conflicted application.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

CPRIT Prevention Peer Review Observation Report

Report #2016-05-24/25-PRE

Program Name: Prevention

Panel Name: FY16.2 Prevention Peer Review Panel - 2

Panel Date: May 24, 2016 to May 25, 2016

Report Date: June 3, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Prevention Peer Review Panel-2 peer review of applications for FY16 funding. The meeting was chaired by Nancy Lee and held at the Dallas Marriott in Dallas TX on May 24 through May 25, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Prevention Peer Review Panel-2 panel meeting held in-person. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Nancy Lee on May 24 through May 25, 2016.

The independent observer noted the following during our observation:

- Fifteen applications were discussed within the Prevention Peer Review Meeting Panel to determine which applications would be recommended for funding.
- Ten peer review panelists, two advocate reviewers, two CPRIT staff members, one other attendee and five SRA employees were present on May 24, 2016. Eleven peer review panelists, two advocate reviewers, two CPRIT staff members, one non-participating attendee and five SRA employees were present on May 25, 2016.
 - On May 24, one of the ten peer review panelists participated via teleconference.
 - On May 25, two of the eleven peer review panelists participated via teleconference. One of these two panelists only participated in the review of two applications.
 - The other attendee was present via teleconference on both days.
- No conflicts of interest were identified prior to or during the meeting.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

CPRIT Prevention Review Council Meeting Observation Report

Report #2016-07-01-PREV

Program Name: Prevention

Panel Name: FY16.2 Prevention Review Council

Programmatic Review

Panel Date: July 1, 2016

Report Date: July 12, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Prevention Review Council Programmatic Review peer review of applications for FY16 funding. The meeting was chaired by Stephen Wyatt and held via teleconference on July 1, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Prevention Review Council Programmatic Review held via teleconference. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Stephen Wyatt on July 1, 2016.

The independent observer noted the following during our observation:

- Twenty applications were discussed within the Prevention Review Council Meeting to determine which applications would be recommended for funding.
- Three peer review panelists, two CPRIT staff members, and four SRA employees were present for the meeting.
- No conflicts of interest were identified prior to or during the meeting.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical, or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

Noted Conflicts of Interest

Conflict of Interest Disclosure
Prevention Cycle 16.2 Applications
(Prevention Cycle 16.2 Awards Announced at August 17, 2016, Oversight Committee Meeting)

The table below lists the conflicts of interest (COIs) identified by peer reviewers, Program Integration Committee (PIC) members, and Oversight Committee members on an application-by-application basis. Applications reviewed in Prevention Cycle 16.2 include *Cancer Prevention Promotion and Navigation to Clinical Services*, *Competitive Continuation/Expansion - Evidence-Based Cancer Prevention Services*, *Dissemination of CPRIT-Funded Cancer Control Interventions*, *Evidence-Based Cancer Prevention Services*, *Evidence-Based Cancer Prevention Services - See, Test & Treat® Program*, and *Evidence-Based Cancer Prevention Services - Colorectal Cancer Prevention Coalition*. All applications with at least one identified COI are listed below; applications with no COIs are not included. It should be noted that an individual is asked to identify COIs for only those applications that are to be considered by the individual at that particular stage in the review process. For example, Oversight Committee members identify COIs, if any, with only those applications that have been recommended for the grant awards by the PIC. COI information used for this table was collected by SRA International, CPRIT's third party grant administrator, and by CPRIT.

| Application ID | Applicant | Institution | Conflict Noted |
|---|----------------------|---|------------------------------|
| Applications considered by the PIC and Oversight Committee | | | |
| PP160075 | Singal, Amit | The University of Texas Southwestern Medical Center | Nguyen, Mindie; Willson, Jim |
| PP160079 | Jibaja-Weiss, Maria | Baylor College of Medicine | Nguyen, Mindie |
| PP160097 | Rodriguez, Ana | The University of Texas Medical Branch at Galveston | Nguyen, Mindie |
| PP160103 | Ross, Theodora S. | The University of Texas Southwestern Medical Center | Nguyen, Mindie; Willson, Jim |
| PP160110 | Ross, Theodora S. | The University of Texas Southwestern Medical Center | Nguyen, Mindie; Willson, Jim |
| PP160121 | Trivedi, Madhukar H. | The University of Texas Southwestern Medical Center | Willson, Jim |
| PP160122 | Rustveld, Luis | Baylor College of Medicine | Nguyen, Mindie |
| Applications not considered by the PIC or Oversight Committee | | | |
| PP160060 | Gardner, Julie | Texas AgriLife Extension Service | Nguyen, Mindie |

| Application ID | Applicant | Institution | Conflict Noted |
|-----------------------|---------------------|---|-----------------------|
| PP160076 | Lucci, Joseph | The University of Texas Health Science Center at Houston | Nguyen, Mindie |
| PP160092 | Poplack, David | Baylor College of Medicine | Nguyen, Mindie |
| PP160094 | McNeill, Lorna | The University of Texas M.D. Anderson Cancer Center | Nguyen, Mindie |
| PP160096 | McGaha, Paul | The University of Texas Health Center at Tyler | Nguyen, Mindie |
| PP160098 | Tomlinson, Gail | The University of Texas Health Science Center at San Antonio | Nguyen, Mindie |
| PP160099 | Crocker, Andrew | Texas AgriLife Extension Service | Nguyen, Mindie |
| PP160102 | Argenbright, Keith | The University of Texas Southwestern Medical Center | Nguyen, Mindie |
| PP160109 | Villarreal, Roberto | University Health System | Nguyen, Mindie |
| PP160112 | Felini, Martha | University of North Texas Health Science Center at Fort Worth | Nguyen, Mindie |
| PP160117 | Misra, Subhasis | Texas Tech University Health Sciences Center | Nguyen, Mindie |
| PP160124 | Handal, Gilbert | Texas Tech University Health Sciences Center at El Paso | Bright, Frank |
| PP160126 | Singh, Hitesh | Scott & White Healthcare | Nguyen, Mindie |
| PP160133 | Garcia, Fernandina | Mercy Ministries of Laredo | Nguyen, Mindie |
| PP160135 | Benedict, Deb | Rio Grande Cancer Foundation | Nguyen, Mindie |

De-Identified Overall Evaluation Scores

Cancer Prevention Promotion and Navigation to Clinical Services

Prevention Cycle 16.2

| Application ID | Final Overall Evaluation Score |
|----------------|--------------------------------|
| PP160110* | 2.5 |
| ea | 4.3 |
| eb | 4.8 |
| ec | 5.0 |
| ed | 5.6 |
| ee | 5.9 |
| ef | 7.3 |

*=Recommended for funding

Final Overall Evaluation Scores and Rank Order Scores

Pete Geren
Oversight Committee Presiding Officer
Cancer Prevention and Research Institute of Texas
Via email to pgcpnit@sidrichardson.org

Wayne R. Roberts
Chief Executive Officer
Cancer Prevention and Research Institute of Texas
Via email to wroberts@cprnit.texas.gov

Dear Mr. Geren and Mr. Roberts,

On behalf of the Prevention Review Council (PRC), I am pleased to provide the PRC's recommendations for CPRIT Prevention grant awards. The applicants on the attached list of submitted proposals responded to CPRIT requests for applications (RFA) released for the second review cycle of FY2016. These recommendations reflect 50+ hours of work by individual reviewers and include panel discussion of the applicants' proposals, in addition to the PRC's programmatic review.

The projects are numerically ranked in the order the PRC recommends the applications be funded. Recommended funding amounts and the overall evaluation score are provided for each grant application. The PRC did not make changes to the goals, timelines, or project objectives requested by the applicants. When the PRC did not follow the rank ordered scores in developing its recommended funding order, justification was provided and was based upon established programmatic priorities outlined in the RFAs.

The projected funding available for this fiscal year is \$13,793,613. The PRC recommends that the budget of one application, PP160103, be reduced from the requested \$3,155,337 to \$2,100,000 due to the overlap with the infrastructure of this applicant's other funded projects. The total recommended by the PRC is \$13,690,454.

All of the recommended grants address one or more of the Prevention Program priorities. Our recommendations meet the PRC's standards for grant award funding of projects that are evidence-based, deliver programs or services to underserved populations, and focus on primary, secondary or tertiary prevention. In making these recommendations the PRC also considered the available funding, the composition of the current portfolio, and the programmatic priorities in the RFA which include potential for impact and return on investment, geographic distribution, cancer type and type of program.

Sincerely,

Stephen W. Wyatt, DMD, MPH
Chair, CPRIT Prevention Review Council

Pete Geren
Oversight Committee Presiding Officer
Cancer Prevention and Research Institute of Texas
Via email to pgcprnit@sidrichardson.org

Wayne R. Roberts
Chief Executive Officer
Cancer Prevention and Research Institute of Texas
Via email to wroberts@cprnit.texas.gov

Dear Mr. Geren and Mr. Roberts,

On July 8, 2016 I forward a transmittal letter and spreadsheet with the PRC's recommendations for FY 16.2 CPRIT Prevention grant awards. The projects were numerically ranked in the order the PRC recommends the applications be funded. When the PRC did not follow the rank ordered scores in developing its recommended funding order, justification was provided in the spreadsheet for the projects that were taken out of score order and not being recommended. However, it has come to my attention that we should have provided justification for the projects that are being recommended instead of justification for those not recommended.

The revised spreadsheet includes our justification for the projects being proposed and the projects not recommended have been removed from the list. The recommendations and rank order remain the same.

Please let me know if you have any questions. I apologize for any confusion.

Sincerely,

Stephen W. Wyatt, DMD, MPH
Chair, CPRIT Prevention Review Council

| Application ID | Mech | Application Title | Applicant Name | Organization | Total Funding Requested | Average Overall Score | Rank Order | PRC Recommendation Justifications |
|-------------------|------|--|----------------------------|---|-------------------------|-----------------------|------------|--|
| PP160081 | DI | Statewide Dissemination of the "Taking Texas Tobacco Free" Workplace Program | Reitzel, Lorraine R | University of Houston | \$299,981 | 1.6 | 1 | |
| PP160116 | STT | Lone Star Community Health Center, Inc. 2016 See, Test & Treat Program | McKernan, Stephen | Lone Star Community Health Center, Inc. dba Lone Star Family Health | \$23,602 | 1.7 | 2 | |
| PP160079 | EBP | Leveraging a Community Network for Cancer Prevention to Increase HPV Vaccine Uptake and Completion among Pediatric Patients in a Safety Net Healthcare Setting | Jibaja-Weiss, Maria L | Baylor College of Medicine | \$1,161,015 | 1.8 | 3 | |
| PP160093 | DI | Access for Breast Care for West Texas (ABC4WT)Development of a Replication Model for Dissemination and Implementation | Layeequr Rahman, Rakshanda | Texas Tech University Health Sciences Center | \$299,785 | 1.9 | 4 | |
| PP160058 | CCE | Postpartum administration of HPV vaccine: Strategies to increase initiation and series completion among low income women across Southeast Texas | Berenson, Abbey B | The University of Texas Medical Branch at Galveston | \$1,496,111 | 2.1 | 5 | |
| PP160075 | EBP | Implementation an Evidence-Based Colorectal Cancer Screening Outreach Program among Socioeconomically Disadvantaged Patients in a Safety Net | Singal, Amit | The University of Texas Southwestern Medical Center | \$1,499,826 | 2.3 | 6 | recommended out of rank order due to ROI and type of program |
| PP160110 | PN | Use of Genetic Patient Navigators to Help Mutation Carriers Comply with the NCCN Guidelines and to Enable Healthy Behaviors | Ross, Theodora S | The University of Texas Southwestern Medical Center | \$399,954 | 2.5 | 7-tie | recommended out of rank order due to ROI, geography, and type of service |
| PP160080 | EBP | Promoting HPV vaccination among Hispanic adolescents and young adults using Health Care System-Based Interventions and Community Outreach | Morales-Campos, Daisy Y | The University of Texas Health Science Center at San Antonio | \$1,302,955 | 2.5 | 7-tie | recommended out of rank order due to geography, population served, and type of program |
| PP160122 | EBP | Reducing Racial/Ethnic Disparities in CRC Screening: A Comprehensive EMR-Based Patient Navigation Program Including Technology-Driven CRC Outreach and Education | Rustveld, Luis | Baylor College of Medicine | \$1,477,698 | 2.5 | 7-tie | recommended out of rank order due to ROI and type of program |
| PP160105 | STT | Implementing a See, Test & Treat Program in Sunnyside Health Center to Provide Free Cervical and Breast Cancer Screening and Medical Home for Underserved Women | Coffey, Donna M | Houston Methodist | \$24,522 | 2.7 | 10 | recommended out of rank order due to ROI |
| PP160121 | EBP | Promoting Activity in Cancer Survivors (PACES): An active living intervention for breast cancer survivors | Trivedi, Madhukar H | The University of Texas Southwestern Medical Center | \$1,365,226 | 2.9 | 11 | recommended out of rank order due to type of program and population served |
| PP160097 | EBP | School-Based Human Papillomavirus Vaccination Program in the Lower Rio Grande Valley | Rodriguez, Ana M | The University of Texas Medical Branch at Galveston | \$747,727 | 3.5 | 12 | recommended out of rank order due to geography and type of program |
| PP160089 | EBP | PREVENT HCC – through Screening, Vaccination and Treatment of Viral Hepatitis | Mittal, Sahil | Baylor College of Medicine | \$1,492,052 | 3.7 | 13 | recommended out of rank order due to cancer type |
| PP160103 | CRC | Detecting Unaffected Individuals for Lynch Syndrome (DUAL): Screening, Diagnosis and NavigationNavigation | Ross, Theodora S | The University of Texas Southwestern Medical Center | \$2,100,000 | 2.3 | 14 | recommended out of rank order due to geographyand type of program |
| TOTAL RECOMMENDED | | | | | \$ 13,690,454 | | | |



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO Affidavit Supporting Information

FY 2016—Cycle 10
*Recruitment of First-Time, Tenure-Track
Faculty Members*

Request for Applications



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

REQUEST FOR APPLICATIONS

RFA R-16-RFT-1

**Recruitment of First-Time
Tenure-Track Faculty Members**

**Please also refer to the Instructions for Applicants document,
which will be posted on June 22, 2015**

Application Receipt Dates:

June 22, 2015-June 20, 2016

FY 2016

Fiscal Year Award Period

September 1, 2015-August 31, 2016

TABLE OF CONTENTS

| | |
|--|-----------|
| 1. ABOUT CPRIT | 4 |
| 1.1. RESEARCH PROGRAM PRIORITIES | 4 |
| 2. RATIONALE | 5 |
| 3. RECRUITMENT OBJECTIVES..... | 5 |
| 4. FUNDING INFORMATION | 6 |
| 5. ELIGIBILITY | 7 |
| 6. RESUBMISSION POLICY | 9 |
| 7. RESPONDING TO THIS RFA | 9 |
| 7.1. APPLICATION SUBMISSION GUIDELINES | 9 |
| 7.2. APPLICATION COMPONENTS | 10 |
| 7.2.1. <i>Summary of Nomination (2,000 characters)</i> | 10 |
| 7.2.2. <i>Institutional Commitment (3 pages)</i> | 10 |
| 7.2.3. <i>Letter of Support from Department Chair (1 page)</i> | 11 |
| 7.2.4. <i>Curriculum Vitae (CV)</i> | 11 |
| 7.2.5. <i>Summary of Goals and Objectives</i> | 11 |
| 7.2.6. <i>Research (4 pages)</i> | 12 |
| 7.2.7. <i>Publications</i> | 12 |
| 7.2.8. <i>Timeline (1 page)</i> | 12 |
| 7.2.9. <i>Current and Pending Support</i> | 12 |
| 7.2.10. <i>Letters of Recommendation</i> | 13 |
| 7.2.11. <i>Research Environment (1 page)</i> | 13 |
| 7.2.12. <i>Descriptive Biography (Up to 2 pages)</i> | 13 |
| 8. APPLICATION REVIEW | 13 |
| 8.1. REVIEW PROCESS..... | 13 |
| 8.1.1. <i>Confidentiality of Review</i> | 14 |
| 8.2. REVIEW CRITERIA..... | 15 |
| 9. KEY DATES..... | 16 |
| 10. AWARD ADMINISTRATION..... | 16 |
| 11. REQUIREMENT TO DEMONSTRATE AVAILABLE FUNDS..... | 17 |
| 12. CONTACT INFORMATION..... | 18 |
| 12.1. HELPDESK | 18 |
| 12.2. SCIENTIFIC AND PROGRAMMATIC QUESTIONS | 18 |

RFA VERSION HISTORY

Rev 6/22/15 RFA release

Rev 9/11/15 Revised Section 5 – Eligibility

- Revised language to indicate that a candidate who has already accepted a position at the recruiting institution prior to the time that the Scientific Review Council recommends the candidate for a recruitment award is not eligible for a recruitment award. Also clarification was added indicating that “if a position is offered to the candidate during the period following the Scientific Review Council’s recommendation but prior to the Oversight Committee’s final approval, the institution does so at its own risk. There is no guarantee that the recruitment award will be approved by the Oversight Committee.”

1. ABOUT CPRIT

The state of Texas has established the Cancer Prevention and Research Institute of Texas (CPRIT), which may issue up to \$3 billion in general obligation bonds to fund grants for cancer research and prevention.

CPRIT is charged by the Texas Legislature to do the following:

- Create and expedite innovation in the area of cancer research and in enhancing the potential for a medical or scientific breakthrough in the prevention of or cures for cancer;
- Attract, create, or expand research capabilities of public or private institutions of higher education and other public or private entities that will promote a substantial increase in cancer research and in the creation of high-quality new jobs in the state of Texas; and
- Develop and implement the Texas Cancer Plan.

1.1. Research Program Priorities

The Texas Legislature has charged the CPRIT Oversight Committee with establishing program priorities on an annual basis. These priorities are intended to provide transparency in how the Oversight Committee directs the orientation of the agency's funding portfolio. The principles and priorities of the Scientific Research program will guide CPRIT staff, peer reviewers, and the Scientific Review Council on the development and issuance of program-specific Requests for Applications (RFAs) and the evaluation of applications submitted in response to those RFAs. The program priorities for research adopted by the Oversight Committee include funding projects that address:

- A broad range of innovative, investigator-initiated research projects;
- Prevention and early detection;
- Rare and intractable cancers, including childhood cancers;
- Cancers of importance in Texas;
- Computational biology and analytic methods; and
- Infrastructure Development

2. RATIONALE

The aim of this award mechanism is to bolster cancer research in Texas by providing financial support to attract very promising investigators who are pursuing their first faculty appointment at the level of assistant professor (first-time, tenure-track faculty members). These individuals must have demonstrated academic excellence, innovation during predoctoral and/or postdoctoral research training, commitment to pursuing cancer research, and exceptional potential for achieving future impact in basic, translational, population-based, or clinical research. Awards are intended to provide institutions with a competitive edge in recruiting the world's best talent in cancer research, thereby advancing cancer research efforts and promoting economic development in the state of Texas.

The recruitment of outstanding scientists will greatly enhance programs of scientific excellence in cancer research and will position Texas as a leader in the fight against cancer. Applications may address any research topic related to cancer biology, causation, prevention, detection or screening, or treatment. However, special consideration will be given to candidates with research programs addressing CPRIT's priority areas for research. These include Prevention and Early Detection; Computational Biology and Analytic Methods; Intractable Cancers (brain, lung, liver, pancreas) and Rare Cancers (<15,000 new cases per year), including Childhood, Adolescent and Young Adult Cancers; Population Disparities and Cancers of Particular Importance in Texas (e.g., liver, cervical and lung).

3. RECRUITMENT OBJECTIVES

The goal of this award mechanism is to recruit exceptional faculty to universities and/or cancer research institutions in the state of Texas. All candidates are expected to have completed their doctoral and fellowship training and to have clearly demonstrated truly superior ability as evidenced by their accomplishments during training, proposed research plan, publication record, and letters of recommendation. This CPRIT-supported initiative is designed to enhance innovative programs of excellence by providing research support for promising, early-stage investigators **seeking their first tenure-track position**. CPRIT will provide start-up funding for newly independent investigators, with the goal of augmenting and expanding the institution's efforts in cancer research. Candidates will be expected to develop research projects within the sponsoring institution. Projects should be appropriate for a newly independent investigator and

should foster the development of preliminary data that can be used to prepare applications for future independent research project grants to further both the investigator's research career and the CPRIT mission. The institution will be expected to work with each newly recruited research faculty member to design and execute a faculty career development plan consistent with his or her research emphasis. Relevance to cancer research and to CPRIT's priority areas are important evaluation criteria for CPRIT funding.

Unless prohibited by policy, the institution is also expected to bestow on the newly recruited faculty member the prestigious title of "CPRIT Scholar in Cancer Research," and the faculty member should be strongly encouraged to use this title on letterhead, business cards, and other appropriate documents. The title is to be retained as long as the individual remains in Texas.

4. FUNDING INFORMATION

This is a 4-year award and is not renewable, although individuals may apply for other future CPRIT funding as appropriate. Grant funds of up to \$2,000,000 (total costs) for the 4-year period may be requested. Funding is to be used by the candidate to support his or her research program. The award request may include indirect costs of up to 5% of the total award amount (5.263% of the direct costs). CPRIT will make every effort to be flexible in the timing for disbursement of funds; recipients will be asked at the beginning of each year for an estimate of their needs for the year. Funds may not be carried over beyond 4 years. In addition, funds for extraordinary equipment needs may be awarded in the first year of the grant if very well justified.

Grant funds may not be used for salary support of this candidate or to construct or renovate laboratory space. Consistent with the statutory mandate that the recipient institution demonstrate that it has funds equivalent to one-half of the total grant award amount dedicated to the individual recruited, a total institutional commitment of 50% of the total award will be required. The institutional commitment can be made on a year-by-year basis and may be fulfilled by demonstrating funds dedicated to salary support for the individual recruited as well as expenses for research support, laboratory renovation, and/or relocation to Texas. Grant funding from other sources that the recruited individual may bring with him or her to the institution may also be counted toward the amount necessary for the institutional commitment. No annual limit on the number of potential award recipients has been set.

Note: Depending on the availability of funds, nominations submitted in response to this RFA during the current receipt period may be announced and awarded either in the current fiscal year (prior to August 31) or in the first quarter of the next fiscal year (starting September 1).

5. ELIGIBILITY

- The applicant must be a Texas-based entity. Any not-for-profit institution that conducts research is eligible to apply for funding under this award mechanism. A public or private company is not eligible for funding under this award mechanism.
- Candidates must be nominated by the president, provost, vice president for research, or appropriate dean of a Texas-based public or private institution of higher education, including academic health institutions. The application must be submitted on behalf of a specific candidate.
- A candidate may be nominated by only 1 institution. If more than 1 institution is interested in a given candidate, negotiations as to which institution will nominate him or her must be concluded before the nomination is made. There is no limit to the number of applications that an institution may submit during a review cycle.
- A candidate who has already accepted a position as assistant professor tenure track at the recruiting institution prior to the time that the Scientific Review Council recommends the candidate for a recruitment award is not eligible for a recruitment award, as an investment by CPRIT is obviously not necessary. No award is final until approved by the Oversight Committee at a public meeting. However, in recognition of the timeline involved with recruiting highly sought-after candidates who are often considering multiple offers, CPRIT's academic research program staff will notify the nominating institution of the Scientific Review Council's recommendation following the Review Council meeting. If a position is offered to the candidate during the period following the Scientific Review Council's recommendation but prior to the Oversight Committee's final approval, the institution does so at its own risk. There is no guarantee that the recruitment award will be approved by the Oversight Committee.
- The candidate must have a doctoral degree, including MD, PhD, DDS, DMD, DrPH, DO, DVM, or equivalent, and reside in Texas for the duration of the appointment. The

candidate must devote at least 70% time to research activities. Candidates whose major responsibilities are clinical care, teaching, or administration are not eligible.

- At the time of the application, the candidate **must not** hold an appointment at the rank of assistant professor or above (or equivalent) at an accredited academic institution, research institution, industry, government agency, or private foundation not primarily based in Texas. Candidates holding non-tenure-track appointments at the rank of assistant professor are not eligible for this award. Examples of such appointments include Research Assistant Professor, Adjunct Research Assistant Professor, Assistant Professor (Non-Tenure Track), etc. The candidate may or may not reside in Texas at the time the application is submitted and may be nominated for a faculty position at the Texas institution where they are completing postdoctoral training.
- Successful candidates will be offered tenure-track academic positions at the rank of assistant professor.
- An applicant is eligible to receive a grant award only if the applicant certifies that the applicant institution or organization, including the nominator, any senior member or key personnel listed on the grant application, or any officer or director of the grant applicant's institution or organization (or any person related to 1 or more of these individuals within the second degree of consanguinity or affinity), has not made and will not make a contribution to CPRIT or to any foundation specifically created to benefit CPRIT. Prior to final approval of an award, the candidate must provide the same certification.
- An applicant is not eligible to receive a CPRIT grant award if the applicant nominator, any senior member or key personnel listed on the grant application, or any officer or director of the grant applicant's institution or organization is related to a CPRIT Oversight Committee member. Prior to final approval of an award, the candidate must provide the same certification.
- The applicant must report whether the applicant institution or organization, the nominator, or other individuals who contribute to the execution of the proposed project in a substantive, measurable way, whether or not the individuals will receive salary or compensation under the grant award, are currently ineligible to receive federal grant funds or have had a grant terminated for cause within 5 years prior to the submission date

of the grant application. Prior to final approval of an award, the candidate must provide the same certification.

CPRIT grants will be awarded by contract to successful applicants. Certain contractual requirements are mandated by Texas law or by administrative rules. Although applicants need not demonstrate the ability to comply with these contractual requirements at the time the application is submitted, applicants should make themselves aware of these standards before submitting a grant application. Significant issues addressed by the CPRIT contract are listed in [Section 10](#) and [Section 11](#). All statutory provisions and relevant administrative rules can be found at www.cprit.state.tx.us.

6. RESUBMISSION POLICY

Resubmissions will not be accepted for the Recruitment of First-Time, Tenure-Track Faculty Members award mechanism. Any nomination for the Recruitment of First-Time, Tenure-Track Faculty Members that was previously submitted to CPRIT and reviewed but was not recommended for funding may not be resubmitted. If a nomination was administratively rejected prior to review, it can be resubmitted in the following cycles.

7. RESPONDING TO THIS RFA

7.1. Application Submission Guidelines

Applications must be submitted via the CPRIT Application Receipt System (CARS) (<https://CPRITGrants.org>). **Only applications submitted through this portal will be considered eligible for evaluation.** The applicant is eligible solely for the grant mechanism specified by the RFA under which the grant application is submitted. Candidates must be nominated by the institution's president, provost, vice president for research, or appropriate dean. The individual submitting the application (nominator) must create a user account in the system to start and submit an application. Furthermore, the Authorized Signing Official (ASO), who is the person authorized to sign and submit the application for the organization, and the Grants Contract/Office of Sponsored Projects Official, who is the individual who will manage the grant contract if an award is made, also must create a user account in CARS.

Applications will be accepted on a continuous basis throughout the remainder of FY16. In order to manage the timely review of nominations, it is anticipated that applications submitted by 11:59 p.m. on the 20th day of each month will be reviewed by the 15th day of the following month. For an application to be considered for review during the monthly cycle, that application must be submitted on or before 11:59 p.m. CPRIT will not extend the submission deadline. During periods when CPRIT does not receive an adequate number of applications, the review may be extended into the following month. **Submission of an application is considered an acceptance of the terms and conditions of the RFA.**

7.2. Application Components

Applicants are advised to follow all instructions to ensure accurate and complete submission of all components of the application. Please refer to the *Instructions for Applicants* document for details that will be available when the application receipt system opens. Submissions that are missing 1 or more components or do not meet the eligibility requirements listed in [Section 5](#) will be administratively withdrawn without review.

7.2.1. Summary of Nomination (2,000 characters)

Provide a brief summary of the nomination. Include the candidate's name, organization from which the candidate is being recruited, and also the department and/or entity within the nominator's organization where the candidate will hold the faculty position.

7.2.2. Institutional Commitment (3 pages)

Describe the institutional commitment to the candidate, including total salary, institutional support of salary, endowment or other support, space, and all other agreements between the institution and the candidate. **The institutional commitment must state the total award amount requested.** Provide a brief job description for the candidate should recruitment be successful. This information should be supplied in the form of a letter signed by the applicant institution's president, provost, or appropriate dean. The letter of institutional commitment must demonstrate the organization's commitment to bringing the candidate to Texas. The following guidelines should be used when outlining the institutional match in the letter. This information may be provided as part of paragraph text or as a tabular summary that states the approximate amounts assigned to each item.

Start-up Package: Complete details including salary and fringe benefits, dedicated personnel, amounts for equipment and supplies, and/or infrastructure that will be offered to the candidate as part of the recruitment award.

Rent: Amount for recovery of occupying facility space (ie, “rent”) is not a permitted institutional commitment item.

7.2.3. Letter of Support from Department Chair (1 page)

Provide the letter of support from and signed by the chair of the department that the candidate is being recruited to. The following information should be included in the letter:

Recruitment Activities: The letter should provide a description of the recruitment activities, strategies, and priorities that have led to the nomination of this candidate.

Caliber of Candidate: The letter should include a description of the caliber of the candidate and justification of the nomination of the candidate by the institution.

Description of Candidate Duties and Certification of 70% Time Commitment to Research.

While scholars may engage in direct patient care activities and/or have some administrative or teaching duties, at least 70% of the candidate’s time must be available for research. Breach of this requirement will constitute grounds for discontinuation of funding. The certification that 70% time will be spent on research must be included.

The letter of support from the department chair must also do the following:

1. Describe how the candidate will be independent and autonomous in developing his or her research program at the institution;
2. Present a plan for mentoring that includes the design and execution of a faculty career development plan for the candidate.

7.2.4. Curriculum Vitae (CV)

Provide a complete CV and list of publications for the candidate.

7.2.5. Summary of Goals and Objectives

List very broad goals and objectives to be achieved during this award. **This section must be completed by the candidate.**

7.2.6. Research (4 pages)

Summarize the key elements of the candidate's research accomplishments and provide an overview of the proposed research by outlining the background and rationale, hypotheses and aims, strategies, goals, and projected impact of the focus of the research program. Highlight the innovative aspects of this effort and place it into context with regard to what pressing problem in cancer will be addressed. **This section of the application must be prepared by the candidate. References cited in this section must be included within the stated page limit. Any appropriate citation format is acceptable; official journal abbreviations should be used.**

Candidates for CPRIT Scholar Awards must include the following signed statement at the end of this section. **Applications that do not contain this signed statement will be returned without review.**

"I understand that I do not need to have made a commitment to <*nominating institution*> before this application has been submitted. However, I also understand that only 1 Texas institution may nominate me for a CPRIT Recruitment Award, and this is the nomination that I have endorsed. Requests to change the recruiting institution during the recruitment process are inappropriate."

7.2.7. Publications

Provide the 3 most significant publications that have resulted from the candidate's research efforts. Publications should be uploaded as PDFs of full-text articles. Only articles that have been published or that have been accepted for publication ("in press") should be submitted.

7.2.8. Timeline (1 page)

Provide a general outline of anticipated major award outcomes to be tracked. Timelines will be reviewed during the evaluation of annual progress reports. If the application is approved for funding, this section will be included in the award contract. Applicants are advised not to include information that they consider confidential or proprietary when preparing this section.

7.2.9. Current and Pending Support

State the funding source, duration, and title of all current and pending research support held by the candidate. If the candidate has no current or pending funding, a document stating this must be submitted.

7.2.10. Letters of Recommendation

Provide 3 letters of recommendation from individuals who are in a position to detail the candidate's academic and scientific research accomplishments, potential for high-impact research, and ability to make a significant contribution to the field of cancer research.

7.2.11. Research Environment (1 page)

Briefly describe the research environment available to support the candidate's research program, including core facilities, training programs, and collaborative opportunities.

7.2.12. Descriptive Biography (Up to 2 pages)

Provide a brief descriptive biography of the candidate, including his or her accomplishments, education and training, professional experience, awards and honors, publications relevant to cancer research, and a brief overview of the candidate's goals if selected to receive the award.

This section of the application must be prepared by the candidate. If the application is approved for funding, this section will be made publicly available on CPRIT's website.

Candidates are advised not to include information that they consider confidential or proprietary when preparing this section.

Applications that are missing 1 or more of these components, exceed the specified page, word, or budget limits, or do not meet the eligibility requirements listed above will be administratively withdrawn without review.

8. APPLICATION REVIEW

8.1. Review Process

All eligible applications will be evaluated and scored by the CPRIT Scientific Review Council using the criteria listed in this RFA. Applications may be submitted continuously in response to this RFA, but will generally be reviewed on a monthly basis by the CPRIT Scientific Review Council. Council members may seek additional ad hoc evaluations of candidates. Scientific Review Council members will discuss applications and provide an individual Overall Evaluation Score that conveys the members' recommendation related to the proposed recruitment. Applications approved by Council will be forwarded to the CPRIT Program Integration

Committee (PIC) for review, prioritization, and recommendation to the CPRIT Oversight Committee for approval and funding. Approval is based on an application receiving a positive vote from at least two-thirds of the members of the Oversight Committee. The review process is described more fully in CPRIT's Administrative Rules, Chapter 703, Sections 703.6–703.8.

The decision of the Scientific Review Council not to recommend an application is final, and such applications may not be resubmitted for a recruitment award. Notification of review decisions are sent to the nominator.

8.1.1. Confidentiality of Review

Each stage of application review is conducted confidentially, and all CPRIT Scientific Review Council members, Program Integration Committee members, CPRIT employees, and Oversight Committee members with access to grant application information are required to sign nondisclosure statements regarding the contents of the applications. All technological and scientific information included in the application is protected from public disclosure pursuant to Health and Safety Code §102.262(b).

Individuals directly involved with the review process operate under strict conflict-of-interest prohibitions. All CPRIT Scientific Review Council members are non-Texas residents.

By submitting a grant application, the applicant agrees and understands that the only basis for reconsideration of a grant application is limited to an undisclosed conflict of interest as set forth in CPRIT's Administrative Rules, Chapter 703, Section 703.9.

Communication regarding the substance of a pending application is prohibited between the grant applicant (or someone on the grant applicant's behalf) and the following individuals—an Oversight Committee member, a Program Integration Committee member, or a Scientific Review Council member. Applicants should note that the CPRIT Program Integration Committee comprises the CPRIT Chief Executive Officer, the Chief Scientific Officer, the Chief Prevention Officer, the Chief Product Development Officer, and the Commissioner of State Health Services. The prohibition on communication begins on the first day that grant applications for the particular grant mechanism are accepted by CPRIT and extends until the grant applicant receives notice regarding a final decision on the grant application. Intentional,

serious, or frequent violations of this rule may result in the disqualification of the grant applicant from further consideration for a grant award.

8.2. Review Criteria

Applications will be assessed based on evaluation of the quality of the candidate and his or her potential for continued superb performance as a cancer researcher. Also of critical importance is the strength of the institutional commitment to the candidate. Recruitment efforts are not likely to be successful unless there is a strong commitment from both CPRIT and the host institution.

It is not necessary that a candidate agree to accept the recruitment offer at the time an application is submitted. However, applicant institutions should have some reasonable expectation that recruitment will be successful if an award is granted by CPRIT.

Review criteria will focus on the overall impression of the candidate, his or her proposed research program, and his or her long-term contribution to and impact on the field of cancer research. Questions to be considered by the reviewers are as follows:

Quality of the Candidate: Has the candidate demonstrated academic excellence? Has the candidate received excellent predoctoral and postdoctoral training? Does the candidate show exceptional potential for achieving future impact on basic, translational, clinical, or population-based cancer research in the future? Has the candidate demonstrated a commitment to cancer research? Has the candidate demonstrated independence or the potential for independence?

Scientific Merit of Proposed Research: Is the research plan comprehensive and well thought out? Does the proposed research program demonstrate innovation, creativity, and feasibility? Will it have a significant impact on the field of cancer research? Will the proposed research generate preliminary data that can be used for the preparation of applications for future independent research project grants?

Relevance of Candidate's Research: Is the proposed research likely to have a significant impact on reducing the burden of cancer in the near term? Does the research contribute to basic, translational, clinical, or population-based cancer research?

Letters of Recommendation: Do the letters of recommendation detail the candidate's academic and clinical research accomplishments, potential for high-impact research, and ability to make a significant contribution to the field of cancer research?

Research Environment: Does the institution have the necessary facilities, expertise, and resources to support the candidate’s research? Is there evidence of strong institutional support? Will the candidate be free of major administrative/clinical responsibilities so that he or she can focus on growing his or her research? Has the institution identified a mentor who will design and execute a faculty career development plan for the candidate?

9. KEY DATES

RFA

RFA Release June 22, 2015

Application Receipt and Review Timeline

| Application Receipt System opens, 7 AM CT | Application Receipt | Anticipated Application Review | Application Closing Date |
|--|----------------------------|--|---------------------------------|
| June 22, 2015 | Continuous | Monthly by the 15 th day of the month | June 20, 2016 |

10. AWARD ADMINISTRATION

Texas law requires that CPRIT grant awards be made by contract between the applicant and CPRIT. CPRIT grant awards are made to institutions or organizations, not to individuals. Awards made under this RFA are not transferable to another institution. Award contract negotiation and execution will commence once the CPRIT Oversight Committee has approved an application for a grant award. CPRIT may require, as a condition of receiving a grant award, that the grant recipient use CPRIT’s electronic Grant Management System to exchange, execute, and verify legally binding grant contract documents and grant award reports. Such use shall be in accordance with CPRIT’s electronic signature policy as set forth in Chapter 701, Section 701.25.

Texas law specifies several components that must be addressed by the award contract, including needed compliance and assurance documentation, budgetary review, progress and fiscal monitoring, and terms relating to revenue sharing and intellectual property rights. These contract provisions are specified in CPRIT’s Administrative Rules, which are available at www.cprit.state.tx.us.

Applicants are advised to review CPRIT's Administrative Rules related to contractual requirements associated with CPRIT grant awards and limitations related to the use of CPRIT grant awards as set forth in Chapter 703, Sections 703.10, 703.12.

Prior to disbursement of grant award funds, the grant recipient organization must demonstrate that it has adopted and enforces a tobacco-free workplace policy consistent with the requirements set forth in CPRIT's Administrative Rules, Chapter 703, Section 703.20.

CPRIT requires award recipients to submit an annual progress report. These reports summarize the progress made toward the research goals and address plans for the upcoming year. In addition, fiscal reporting, human studies reporting, and vertebrate animal use reporting will be required as appropriate. Continuation of funding is contingent upon the timely receipt of these reports. Failure to provide timely and complete reports may waive reimbursement of grant award costs and may result in the termination of the award contract. Forms and instructions will be made available at www.cprit.state.tx.us.

11. REQUIREMENT TO DEMONSTRATE AVAILABLE FUNDS

Texas law requires that prior to disbursement of CPRIT grant funds, the award recipient must demonstrate that it has an amount of funds equal to one-half of the CPRIT funding dedicated to the research that is the subject of the award. The demonstration of available matching funds must be made at the time the award contract is executed and annually thereafter, not when the application is submitted. Grant applicants are advised to consult CPRIT's Administrative Rules, Chapter 703, Section 703.11 for specific requirements regarding the demonstration of available funding.

12. CONTACT INFORMATION

12.1. HelpDesk

HelpDesk support is available for questions regarding user registration and online submission of applications. Queries submitted via e-mail will be answered within 1 business day. HelpDesk staff members are not in a position to answer questions regarding scientific aspects of applications.

Dates of operation: June 22, 2015 onward (excluding public holidays)

Hours of operation: Monday, Tuesday, Thursday, Friday, 7 a.m. to 4 p.m. central time
Wednesday, 8 a.m. to 4 p.m. central time

Tel: 866-941-7146

E-mail: Help@CPRITGrants.org

12.2. Scientific and Programmatic Questions

Questions regarding the CPRIT Program, including questions regarding this or other funding opportunities, should be directed to the CPRIT Senior Program Manager for Research.

Tel: 512-305-8491

E-mail: Help@CPRITGrants.org

Website: www.cprit.state.tx.us

Third Party Observer Reports

CPRIT Recruitment Scientific Review Council Meeting Observation Report

Report #2016-05-26-RES

Program Name: Academic Research

Panel Name: FY16.10 Recruitment Review Panel

Panel Date: May 26, 2016

Report Date: June 3, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Recruitment Review Panel peer review of applications for FY16 funding. The meeting was chaired by Richard Kolodner and held via teleconference on May 26, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Recruitment Review Panel meeting held via teleconference. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Richard Kolodner on May 26, 2016.

The independent observer noted the following during our observation:

- Ten applications were discussed within the Recruitment Scientific Review Council Meeting to determine which applications would be recommended for funding.
- Six peer review panelists, two CPRIT staff members, and two SRA employees were present for the meeting.
- One conflict of interest were identified prior to or during the meeting. Applications for one conflict was discussed during the peer review panel. The reviewer with the conflict of interest either left the room or did not participate telephonically and did not participate in the review of the conflicted application.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

Noted Conflicts of Interest

Conflict of Interest Disclosure
Academic Research Recruitment Cycle 16.10
(Academic Research Recruitment Cycle 16.10
Awards Announced at August 17, 2016, Oversight Committee Meeting)

The table below lists the conflicts of interest (COIs) identified by peer reviewers, Program Integration Committee (PIC) members, and Oversight Committee members on an application-by-application basis. Applications reviewed in Academic Research Recruitment Cycle 16.10 include *Recruitment of Established Investigators*; *Recruitment of Rising Stars*; and *Recruitment of First-Time, Tenure-Track Faculty Members*. All applications with at least one identified COI are listed below; applications with no COIs are not included. It should be noted that an individual is asked to identify COIs for only those applications that are to be considered by the individual at that particular stage in the review process. For example, Oversight Committee members identify COIs, if any, with only those applications that have been recommended for the grant awards by the PIC. COI information used for this table was collected by SRA International, CPRIT's third party grant administrator, and by CPRIT.

| Application ID | Applicant | Institution | Conflict Noted |
|--|------------|---|-----------------|
| Applications considered by the PIC and Oversight Committee | | | |
| No conflicts reported. | | | |
| Applications not considered by the PIC or Oversight Committee | | | |
| RR160074 | Fitz, John | The University of Texas Southwestern Medical Center | Sellers, Thomas |

De-Identified Overall Evaluation Scores

Recruitment of First-Time, Tenure-Track Faculty Members

Academic Research Recruitment Cycle 16.10

| Application ID | Final Overall Evaluation Score |
|----------------|--------------------------------|
| RR160078* | 1.0 |
| RR160075* | 1.0 |
| RR160067* | 1.7 |
| RR160066* | 2.0 |
| RR160070* | 2.0 |
| na | 3.0 |
| nb | 3.0 |
| nc | 3.3 |
| nd | 4.0 |

*=Recommended for funding

Final Overall Evaluation Scores and Rank Order Scores

**Ludwig Institute for
Cancer Research Ltd**

**Richard D. Kolodner
Ph.D.**

Director, San Diego Branch

Head, Laboratory of
Cancer Genetics
San Diego Branch

Distinguished Professor of
Cellular & Molecular
Medicine, University of
California San Diego School
of Medicine

rkolodner@ucsd.edu

San Diego Branch
UC San Diego School of
Medicine
CMM-East / Rm 3058
9500 Gilman Dr - MC 0669
La Jolla, CA 92093-0669

**T 858 534 7804
F 858 534 7750**

May 26, 2016

Mr. Pete Geren
Oversight Committee Presiding Officer
Cancer Prevention and Research Institute of Texas
Via email to pgcpnit@sidrichardson.org

Mr. Wayne R. Roberts
Chief Executive Officer
Cancer Prevention and Research Institute of Texas
Via email to wroberts@cprnit.state.tx.us

Dear Mr. Geren and Mr. Roberts,

The Scientific Review Council (SRC) is pleased to submit this list of recruitment grant recommendations. The SRC met on Thursday, May 26, 2016 to consider the applications submitted to CPRIT under the Recruitment for First-Time Tenure Track Faculty Members, Recruitment of Rising Stars and Recruitment of Established Investigators requests for applications for Recruitment Cycle REC 16.10. Please note that the SRC has not made final award decisions for all grant applications in Cycle 16.10. The SRC is aware that there are limited grant funds available for the remainder of FY 2016 and have put forward only those grant award recommendations that will meet but not exceed the funds available for FY 2016.

The projects on the attached list are numerically ranked in the order the SRC recommends the applications be funded. Recommended funding amounts and the overall evaluation scores are stated for each grant applications. There were no recommended changes to funding amounts, goals, timelines, or project objectives requested. The total amount for the applications recommended for this cycle is \$10,000,000.

These recommendations meet the SRC's standards for grant award funding. These standards include selecting candidates at all career levels that have demonstrated academic excellence, innovation, excellent training, a commitment to cancer research and exceptional potential for achieving future impact in basic, translational, population based or clinical research.

Sincerely yours,



Richard D. Kolodner, Ph.D.
Chair, CPRIT Scientific Review Council

Attachment

| Rank | App ID | Candidate | Mechanism | Organization | Budget | Overall Score |
|------|-----------|-------------------|-----------|---|-------------|---------------|
| 1 | RR 160078 | Mazur, Pawel | RFTFM | The University of Texas M.D. Anderson Cancer Center | \$2,000,000 | 1.00 |
| 2 | RR160075 | Zang, Cheng-Zhong | RFTFM | The University of Texas Southwestern Medical Center | \$2,000,000 | 1.00 |
| 3 | RR160067 | Kapoor, Prabodh | RFTFM | The University of Texas Health Center at Tyler | \$2,000,000 | 1.70 |
| 4 | RR160070 | Chaumeil, Myriam | RFTFM | The University of Texas Southwestern Medical Center | \$2,000,000 | 2.00 |
| 5 | RR160066 | Nielsen, Alec | RFTFM | Rice University | \$2,000,000 | 2.00 |

*RFTFM: Recruitment of First-Time Tenure Track Faculty Members



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO Affidavit Supporting Information

FY 2016—Cycle 2

***Evidence-Based Cancer Prevention Services –
See, Test & Treat® Program***

Request for Applications



CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

REQUEST FOR APPLICATIONS RFA P-16-EBP-STT-2

Evidence-Based Cancer Prevention Services- See, Test & Treat[®] Program

**Please also refer to the “Instructions for Applicants” document, which will be
posted September 24, 2015**

Application Receipt Opening Date: September 24, 2015

Application Receipt Closing Date: January 7, 2016

FY 2016

Fiscal Year Award Period

September 1, 2015- August 31, 2016

TABLE OF CONTENTS

| | |
|--|-----------|
| 1. ABOUT CPRIT AND CAP | 4 |
| 1.1. ABOUT CPRIT | 4 |
| 1.1.1. Prevention Program Priorities..... | 4 |
| 1.2. ABOUT CAP | 5 |
| 2. FUNDING OPPORTUNITY DESCRIPTION | 6 |
| 2.1. SUMMARY | 6 |
| 2.2. PROGRAM OBJECTIVES | 7 |
| 2.3. AWARD DESCRIPTION | 7 |
| 2.3.1. Priority Areas..... | 8 |
| 2.3.2. Specific Areas of Emphasis | 9 |
| 2.3.3. Reporting Requirements..... | 10 |
| 2.4. ELIGIBILITY | 10 |
| 2.5. FUNDING INFORMATION..... | 11 |
| 3. KEY DATES..... | 12 |
| 4. APPLICATION SUBMISSION GUIDELINES | 12 |
| 4.1. INSTRUCTIONS FOR APPLICANTS DOCUMENT | 12 |
| 4.2. SUBMISSION DEADLINE EXTENSION | 13 |
| 4.3. APPLICATION COMPONENTS | 13 |
| 4.3.1. Abstract and Significance (5,000 character limit) | 13 |
| 4.3.2. Goals and Objectives (1,200 characters each) | 14 |
| 4.3.3. Project Timeline (2 pages)..... | 14 |
| 4.3.4. Project Plan (5 pages; fewer pages permissible)..... | 14 |
| 4.3.5. People Reached..... | 15 |
| 4.3.6. People Served..... | 15 |
| 4.3.7. Budget and Justification..... | 15 |
| 4.3.8. Current and Pending Support and Sources of Funding..... | 16 |
| 4.3.9. Biographical Sketches..... | 16 |
| 4.3.10. Collaborating Organizations | 16 |
| 4.3.11. Letters of Commitment and Support (10 pages)..... | 17 |
| 5. APPLICATION REVIEW..... | 17 |
| 5.1. REVIEW PROCESS OVERVIEW | 17 |
| 5.2. REVIEW CRITERIA..... | 19 |
| 5.2.1. Primary Evaluation Criteria | 19 |
| 5.2.2. Secondary Evaluation Criteria..... | 20 |
| 6. AWARD ADMINISTRATION..... | 20 |
| 7. CONTACT INFORMATION..... | 21 |
| 7.1. HELPDESK | 21 |
| 7.2. PROGRAM QUESTIONS | 22 |
| 8. CONFERENCE CALLS TO ANSWER APPLICANT QUESTIONS | 22 |
| 9. RESOURCES | 22 |
| 10. REFERENCES..... | 23 |
| 11. APPENDIX: KEY TERMS..... | 23 |

RFA VERSION HISTORY

Rev 09/10/15 RFA release

1. ABOUT CPRIT AND CAP

1.1. About CPRIT

The state of Texas has established the Cancer Prevention and Research Institute of Texas (CPRIT), which may issue up to \$3 billion in general obligation bonds to fund grants for cancer research and prevention.

CPRIT is charged by the Texas Legislature to do the following:

- Create and expedite innovation in the area of cancer research and in enhancing the potential for a medical or scientific breakthrough in the prevention of or cures for cancer;
- Attract, create, or expand research capabilities of public or private institutions of higher education and other public or private entities that will promote a substantial increase in cancer research and in the creation of high-quality new jobs in the state of Texas; and
- Develop and implement the Texas Cancer Plan.

1.1.1. Prevention Program Priorities

Legislation from the 83rd Texas Legislature requires that CPRIT's Oversight Committee establish program priorities on an annual basis. The priorities are intended to provide transparency in how the Oversight Committee directs the orientation of the agency's funding portfolio. The Prevention Program's principles and priorities will also guide CPRIT staff and the Prevention Review Council on the development and issuance of program-specific Requests for Applications (RFAs) and the evaluation of applications submitted in response to those RFAs.

Established Principles

- Fund evidence-based interventions and their dissemination
- Support the prevention continuum of primary, secondary, and tertiary (includes survivorship) prevention interventions

Prevention Program Priorities

- Prioritize populations and geographic areas of greatest need, greatest potential for impact
- Focus on underserved populations
- Increase targeting of preventive efforts to areas where significant disparities in cancer incidence or mortality in the state exist

1.2. About CAP

The College of American Pathologists (CAP) is the world's largest association composed exclusively of pathologists (18,000) and is widely considered the leader in laboratory quality assurance. The College is an advocate for high-quality and cost-effective medical care.

The CAP serves patients, pathologists, and the public by fostering and advocating excellence in the practice of pathology and laboratory medicine worldwide.

Founded in 1963, the CAP Foundation is the philanthropic arm of the College of American Pathologists. The CAP Foundation champions patient-centered, humanitarian roles for pathologists. *The Foundation strives to connect people, especially those in need, to the specialized, life-saving skills of pathologists.*

The goals of See, Test & Treat® are as follows:

- Fulfill unmet health care needs,
- Promote the importance of preventive screenings to women and the community, and
- Engage underserved women in routine health care within a health care system.

The overarching goal of See, Test & Treat is to contribute to greater health care engagement of women, their families, and communities who would otherwise be disconnected from care.

The targets for each program include same-day testing results for cancer screenings shared with each woman, participation for the woman and family and friends who accompany her in education programs, and access to health insurance navigators to learn about health insurance options, as well as enjoying a healthy meal and a dignified experience with the health system. Women in need of immediate follow-up treatment will be assigned a case manager to organize follow-up care.

The program is deemed successful when the following occurs:

- 100% of all women receiving a Pap test receive results on the day of the program;
- 100% of all women receiving a mammogram receive results no later than 7 days after the program;
- 100% of all women in need of follow-up care receive it on the day of the program and/or receive a plan for the required care before leaving the hospital/clinic on the day of the

program, or no later than 7 days after the program in the case of breast care;

- 100% of all women in need of follow-up care receive it on the day of the program and/or receive a plan for the required care before leaving the hospital/clinic on the day of the program, or no later than 7 days after the program in the case of breast care;
- 100% of all women have access to a skilled person knowledgeable about health insurance information;
- 100% of all women and their friends and family have the opportunity to participate in learning with the help of interpreters and translated material, where necessary; and
- 80% of all women report that they will share their learnings with family and friends, thereby becoming ambassadors for health care engagement within their communities.

2. FUNDING OPPORTUNITY DESCRIPTION

2.1. Summary

See, Test & Treat is a tested, evidence-based program developed by the CAP Foundation. The program is a culturally modifiable cervical and breast cancer screening program offered throughout the United States to medically at-risk populations faced with financial, linguistic, social, and cultural barriers to health care. See, Test & Treat operates on the premise that women are the heart of health care knowledge and utilization within their family.

The CAP Foundation and CPRIT are collaborating to fund the implementation of the **CAP Foundation's See, Test & Treat** programs for underserved populations in Texas. See, Test & Treat is a 1-day community-based cervical and breast cancer screening program organized by pathologists in partnership with medical facilities (federally qualified health centers and hospitals). The program is unique in that it provides same-day results, some follow-up care on the day of the program, and a plan of action for further treatment if required. The goals of each program are to screen up to 100 women with specific attention paid to lifestyle education, family interaction with pathologists, and access to health insurance information while the family waits for results. Targeted outreach is conducted to reach women in vulnerable and underserved populations. The delivery of the program calls for partnering among pathologists, gynecologists, family medicine practitioners, radiologists, cytotechnologists, radiology technicians, nurses, health care administrators, outreach specialists, and community advocates/organizers.

Due to this collaborative approach between CPRIT and CAP Foundation, the application and review processes for both organizations must be followed by the applicant. CPRIT's application and review process is described in this RFA. Contact [CAP Foundation](#) for information on their process to obtain a letter of support.

2.2. Program Objectives

For this program, CPRIT seeks to fund projects that will do the following:

- Offer effective and efficient evidence-based prevention and screening services with same-day results provided to participants on Pap tests and same-day or prompt results (within 7 days of program) provided to participants on mammograms;
- Provide tailored, culturally appropriate outreach and accurate information on prevention, risk reduction, healthy lifestyles, and early detection to the public ;
- Navigate participants to further diagnostic testing and follow-up as needed; and
- Navigate participants to financial assistance, charities, and state or federal programs, as well as to health insurance when available.

2.3. Award Description

The Evidence-Based Cancer Prevention Services RFA solicits applications for a 1-day program that is delivered and evaluated within a maximum 12-month period. The program must follow the model and use the materials developed by the CAP Foundation. **At minimum, that model must include the following:**

- A board-certified pathologist to lead or colead the program and involve additional stakeholders in the coordination and delivery of the care;
- Same-day testing and results for cervical cancer screening and same-day or prompt testing results for mammography along with a connection to follow-up care for women at risk in medically underserved and/or vulnerable populations;
- Screening services provided at no cost to participants;
- A structure that follows best medical practices;
- Education in critical health information and behaviors as appropriate for the community being served;
- A community-based, culturally sensitive, patient-centered approach to health care that seeks to positively impact individual, family, and community health practices; and

- Relevant data collection

See, Test & Treat is a registered trademark of the CAP Foundation. Prior to public use of the name and trademark, permission must be granted by the CAP Foundation. All intellectual property relating to See, Test & Treat is owned exclusively by the CAP Foundation and shall remain the sole property of that party unless otherwise agreed in writing. Intellectual property arising out of collaborative activities will be determined in definitive agreements.

Applicants offering screening services must ensure that there is navigation to further diagnostic workup and access to treatment services for patients with abnormal results that are detected as a result of the program. Applicants must describe access to treatment services in their application.

This RFA encourages traditional and nontraditional partnerships as well as leveraging of existing resources and dollars from other sources. The applicant should coordinate and describe a collaborative partnership program in which all partners have a substantial role in the proposed project. Letters of commitment describing their role in the partnership are required from all partners.

CPRIT expects measurable results of supported activities.

Under this RFA, CPRIT **will not** consider the following:

- Programs that do not have a pathologist as the Program Director (PD) or Program Codirector;
- Programs that do not submit a letter of support from CAP Foundation indicating that the program will follow the CAP Foundation's See, Test & Treat model, guidelines, and standard operating procedures;
- Purchase of any equipment or food for the program;
- Reimbursement of physicians' time as these services should be donated; or
- Programs that do not navigate clients to and ensure follow-up diagnostic testing and treatment as needed.

2.3.1. Priority Areas

Types of Cancer: Breast and cervical cancers

Priority Populations: The age of the target population and frequency of screening plans for provision of clinical services described in the application must comply with established and current national guidelines (eg, the American Congress of Obstetricians and Gynecologists and the American Cancer Society).

Priority populations are subgroups that are disproportionately affected by cancer, including, but not limited to, underinsured and uninsured individuals; medically underserved populations or vulnerable populations including those with low health literacy skills and racial, ethnic, and cultural minority populations; or those with higher prevalence of cancer risk factors or populations with low screening rates and high incidence and/or mortality rates. A vulnerable population may be fully or partially insured or uninsured.

Geographic and Population Priority: For applications submitted in response to this announcement, at the programmatic level of review conducted by Prevention Review Council (see [section 5.1](#)), priority will be given to projects that target geographic regions of the state and population subgroups that are not adequately covered by the current CPRIT Prevention project portfolio (see <http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control/> and <http://www.cprit.state.tx.us/funded-grants/>).

2.3.2. Specific Areas of Emphasis

Screening and Early Detection Services

Breast Cancer

- Increasing screening/detection rates in rural and medically underserved areas of the state
- Reaching women never before screened

Cervical Cancer

- Increasing screening/detection rates for women in Texas-Mexico border counties
 - Women in these counties have a 30% higher cervical cancer mortality rate than women in nonborder counties.²
- Decreasing disparities in racial/ethnic populations
 - Hispanics have the highest incidence rates, while African Americans have the highest mortality rates.²

- Reaching women never before screened

2.3.3. Reporting Requirements

Funded projects are required to report results and metrics through the submission of quarterly progress reports and a final report.

- Progress report sections include, but are not limited to, reporting against goals and objectives, key accomplishments, clinical services provided, abnormal results, and precursors or cancers detected.

2.4. Eligibility

- The applicant must be a Texas-based entity, such as a community-based organization, health institution, government organization, public or private company, college or university, or academic health institution.
- The designated PD will be responsible for the overall performance of the funded project. Either the PD or Codirector must be a board-certified pathologist and must reside in Texas during the project performance time.
- The applicant must have completed the CAP Foundation screening process and have received a letter of support from the foundation to include in the application.
- The applicant is eligible solely for the grant mechanism specified by the RFA under which the grant application was submitted.
- An applicant is not eligible to receive a CPRIT grant award if the applicant PD, any senior member or key personnel listed on the grant application, or any officer or director of the grant applicant's organization or institution is related to a CPRIT Oversight Committee member.
- Partnering is permitted and encouraged, and partners may or may not reside in Texas. However, partners who do not reside in Texas are not eligible to receive CPRIT funds. Subcontracting and partnering organizations may include public, not-for-profit, and for-profit entities. Such entities may be located outside of the state of Texas, but non-Texas-based organizations are not eligible to receive CPRIT funds.
- An applicant organization is eligible to receive a grant award only if the applicant certifies that the applicant organization, including the PD, any senior member or key

personnel listed on the grant application, or any officer or director of the grant applicant's organization (or any person related to 1 or more of these individuals within the second degree of consanguinity or affinity), has not made and will not make a contribution to CPRIT or to any foundation created to benefit CPRIT.

- The applicant must report whether the applicant organization, the PD, or other individuals who contribute to the execution of the proposed project in a substantive, measurable way, (whether slated to receive salary or compensation under the grant award or not), are currently ineligible to receive federal grant funds because of scientific misconduct or fraud or have had a grant terminated for cause within 5 years prior to the submission date of the grant application.
- CPRIT grants will be awarded by contract to successful applicants. CPRIT grants are funded on a reimbursement-only basis. Certain contractual requirements are mandated by Texas law or by administrative rules. Although applicants need not demonstrate the ability to comply with these contractual requirements at the time the application is submitted, applicants should make themselves aware of these standards before submitting a grant application. Significant issues addressed by the CPRIT contract are listed in [section 6](#). All statutory provisions and relevant administrative rules can be found at <http://www.cprit.state.tx.us>.

2.5. Funding Information

Applicants may request any amount of funding up to a maximum of \$25,000 in total funding over a maximum of 12 months. Grant funds may be used to pay for clinical services, navigation services, salary and benefits, project supplies, clinical supplies, equipment rental, costs for outreach and education of populations, costs for data collection and travel of project personnel to project site(s). In medically underserved counties, funds may be requested for the transportation of participants to the program site.

Applicants can contact CAP Foundation to explore opportunities for additional funding for programs or expenses (such as food) not funded by CPRIT.

CPRIT funding may not be used to supplant funds that would normally be expended by the applicant's organization or make up for funding reductions from other sources.

3. KEY DATES

RFA

RFA release September 10, 2015

Application

Online application opens September 24, 2015, 7 AM central time

Application due January 7, 2016, 3 PM central time

Application review March 2016

Award

Award notification May 2016

Anticipated start date June 2016

Applicants will be notified of peer review panel assignment prior to the peer review meeting dates.

4. APPLICATION SUBMISSION GUIDELINES

4.1. *Instructions for Applicants Document*

It is imperative that applicants carefully read this accompanying document to ensure that the application adheres to all of the requirements.

Applications must be submitted via the CPRIT Application Receipt System (CARS) (<https://CPRITGrants.org>). **Only applications submitted through this portal will be considered eligible for evaluation.** The PD must create a user account in the system to start and submit an application. The Co-PD, if applicable, must also create a user account to participate in the application. Furthermore, the Authorized Signing Official (a person authorized to sign and submit the application for the organization) and the Grants Contract/Office of Sponsored Projects Official (the individual who will manage the grant contract if an award is made) also must create a user account in CARS. Applications will be accepted beginning at 7 AM central time on September 24, 2015, and must be submitted by 3 PM central time on January 7, 2016. Detailed instructions for submitting an application are in the *Instructions for Applicants* document, posted on CARS. **Submission of an application is considered an acceptance of the terms and conditions of the RFA.**

4.2. Submission Deadline Extension

The submission deadline may be extended for 1 or more grant applications upon a showing of good cause. All requests for extension of the submission deadline must be submitted via email to the CPRIT HelpDesk. Submission deadline extensions, including the reason for the extension, will be documented as part of the grant review process records.

4.3. Application Components

Applicants are advised to follow all instructions to ensure accurate and complete submission of all components of the application. Refer to the *Instructions for Applicants* document for details.

Submissions that are missing 1 or more components or do not meet the eligibility requirements will be administratively withdrawn without review.

4.3.1. Abstract and Significance (5,000 character limit)

Clearly explain the problem(s) to be addressed, the approach(es) to the solution, and how the application is responsive to this RFA. In the event that the project is funded, the abstract will be made public; therefore no proprietary information should be included in this statement. Initial compliance decisions are based in part upon review of this statement.

The required abstract format is as follows (use headings as outlined below):

- **Need:** Include a description of need in the specific service area. Describe the target population to be served.
- **Overall Project Strategy:** Describe the project and how it will address the identified need. Clearly explain what the project is and what it will specifically do, including the services to be provided and the process/system for delivery of services and outreach to the targeted population.
- **Specific Goals:** State specifically the overall goals of the proposed project; include the estimated overall numbers of people (public and/or professionals) reached and people (public and/or professionals) served.
- **Innovation:** Describe the creative components of the proposed project and how it differs from current programs or services being provided.

- **Significance and Impact:** Explain how the proposed project, if successful, will have a unique impact on cancer prevention and control for the population proposed to be served and for the state of Texas.

4.3.2. Goals and Objectives (1,200 characters each)

List specific goals and **measurable** objectives for the project.

4.3.3. Project Timeline (2 pages)

Provide a project timeline for project activities that includes deliverables and dates. Use Years 1, 2, 3, and Months 1, 2, 3, etc, as applicable instead of specific months or years (eg, Year 1, Months 3-5, not 2017, March-May).

4.3.4. Project Plan (5 pages; fewer pages permissible)

The required project plan format follows. Applicants must use the headings outlined below. Applications not following the required format will be administratively withdrawn.

Background: Briefly present the rationale behind the proposed service, emphasizing the critical barriers to current service delivery that will be addressed. Identify the evidence-based service to be implemented for the target population. Describe the geographic region of the state that the project will serve; maps are appreciated.

Components of the Project: Clearly describe the need, delivery method, and evidence base for the services as well as anticipated results. Be explicit about the base of evidence and any necessary adaptations for the proposed project. Clearly demonstrate the ability to provide the proposed service and the ability to reach the target population. Applicants must also clearly describe plans to ensure access to treatment services should cancer be detected.

Evaluation: Describe the plan for results measurements, including data collection and management methods, data analyses, and anticipated results.

Organizational Capacity and Sustainability: Describe the organization and its track record for providing services. Include information on the organization's financial stability and viability. To ensure access to preventive services and reporting of services outcomes, applicants should demonstrate that they have provider partnerships and agreements (via memoranda of

understanding) or commitments (via letters of commitment) in place. At a minimum, there must be a letter of support from the CAP Foundation.

4.3.5. People Reached

Provide the estimated overall number of people (members of the public and professionals) to be reached by the funded project. The applicant is required to itemize separately the types of noninteractive education and outreach activities, with estimates, that led to the calculation of the overall estimates provided. Refer to the [appendix](#) for definitions.

4.3.6. People Served

Provide the estimated overall number of people (members of the public and professionals) to be served by the funded project. The applicant is required to itemize separately the education, navigation, and clinical activities/services, with estimates, that led to the calculation of the overall estimates provided. Refer to the [appendix](#) for definitions.

4.3.7. Budget and Justification

Provide a brief outline and detailed justification of the budget for the entire proposed period of support, including salaries and benefits, supplies, contractual expenses, services delivery, and other expenses. CPRIT funds will be distributed on a reimbursement basis. Applications requesting more than the maximum allowed cost (total costs) as specified in [section 2.5](#) will be administratively withdrawn.

- **Cost Per Person Served:** The cost per person served will be automatically calculated from the total cost of the project divided by the total number of people (both public and professionals) served (refer to [appendix](#)). A significant proportion of funds is expected to be used for program delivery as opposed to program development and organizational infrastructure.
- **Personnel:** The individual salary cap for CPRIT awards is \$200,000 per year.
- **Services Costs:** CPRIT reimburses for services using Medicare reimbursement rates.
- **Other Expenses**
 - **Incentives:** Use of incentives or positive rewards to change or elicit behavior is allowed; however, incentives may only be used based on strong evidence of their effectiveness for the purpose and in the target population identified by the

applicant. CPRIT will not fund cash incentives. The maximum dollar value allowed for an incentive per person, per activity or session, is \$25.

- **Indirect/Shared Costs:** It is CPRIT's policy not to allow recovery of indirect or shared costs.
- **Costs Not Related to Cancer Prevention and Control:** CPRIT does not allow recovery of any costs for services not related to cancer (eg, health physicals, HIV testing).
- **Promotional Items:** CPRIT does not reimburse expenses for promotional items such as t-shirts, mugs, etc.

4.3.8. Current and Pending Support and Sources of Funding

Please use the template provided on the CARS (<https://CPRITGrants.org>). Describe the funding source and duration of all current and pending support for the proposed project, including a capitalization table that reflects private investors, if any. Please use the template provided on CARS (<https://CPRITGrants.org>). Information for the initial funded project need not be included.

4.3.9. Biographical Sketches

The designated PD will be responsible for the overall performance of the funded project and must have relevant education and management experience. The PD/Co-PD(s) must provide a biographical sketch that describes his or her education and training and professional experience.

Up to 3 additional biographical sketches for key personnel may be provided. Each biographical sketch must not exceed 2 pages and must use the "Prevention Programs: Biographical Sketch" template.

4.3.10. Collaborating Organizations

List all key participating organizations that will partner with the applicant organization to provide 1 or more components essential to the success of the program (eg, clinical services, recruitment to screening).

4.3.11. Letters of Commitment and Support (10 pages)

Applicants should provide letters of commitment and/or memoranda of understanding from community organizations, site hosts, laboratory and radiology screening providers, key faculty, or any other component essential to the success of the program.

Applicants should provide a letter of support from the CAP Foundation whereby the CAP Foundation states that the proposed program meets the standards of a See, Test & Treat program.

Applications that are missing 1 or more of these components, exceed the specified page, word, or budget limits, or that do not meet the eligibility requirements listed above will be administratively withdrawn without review.

5. APPLICATION REVIEW

5.1. Review Process Overview

All eligible applications will be reviewed using CPRIT's 2-stage peer review process: (1) evaluation of applications by peer review panels and (2) prioritization of grant applications by the Prevention Review Council. In the first stage, applications will be evaluated by an independent review panel using the criteria listed below. In the second stage, applications judged to be meritorious by review panels will be evaluated by the Prevention Review Council and recommended for funding based on comparisons with applications from all of the review panels and programmatic priorities. Programmatic considerations may include, but are not limited to, geographic distribution, cancer type, population served, and type of program or service. The scores are only 1 factor considered during programmatic review. At the programmatic level of review, priority will be given to proposed projects that target geographic regions of the state or population subgroups that are not well represented in the current CPRIT Prevention project portfolio.

Applications approved by Review Council will be forwarded to the CPRIT Program Integration Committee (PIC) for review. The PIC will consider factors including program priorities set by the Oversight Committee, portfolio balance across programs, and available funding. The CPRIT Oversight Committee will vote to approve each grant award recommendation made by the PIC. The grant award recommendations will be presented at an open meeting of the Oversight

Committee and must be approved by two-thirds of the Oversight Committee members present and eligible to vote. The review process is described more fully in CPRIT's Administrative Rules, chapter 703, sections 703.6 through 703.8.

Each stage of application review is conducted confidentially, and all CPRIT Peer Review Panel members, Review Council members, PIC members, CPRIT employees, and Oversight Committee members with access to grant application information are required to sign nondisclosure statements regarding the contents of the applications. All technological and scientific information included in the application is protected from public disclosure pursuant to Health and Safety Code §102.262(b).

Individuals directly involved with the review process operate under strict conflict-of-interest prohibitions. All CPRIT Peer Review Panel members and Review Council members are non-Texas residents.

An applicant will be notified regarding the peer review panel assigned to review the grant application. Peer Review Panel members are listed by panel on CPRIT's website. **By submitting a grant application, the applicant agrees and understands that the only basis for reconsideration of a grant application is limited to an undisclosed Conflict of Interest as set forth in CPRIT's Administrative Rules, chapter 703, section 703.9.**

Communication regarding the substance of a pending application is prohibited between the grant applicant (or someone on the grant applicant's behalf) and the following individuals: an Oversight Committee Member, a PIC Member, a Review Panel member, or a Review Council member. Applicants should note that the CPRIT PIC comprises the CPRIT Chief Executive Officer, the Chief Scientific Officer, the Chief Prevention and Communications Officer, the Chief Product Development Officer, and the Commissioner of State Health Services. The prohibition on communication begins on the first day that grant applications for the particular grant mechanism are accepted by CPRIT and extends until the grant applicant receives notice regarding a final decision on the grant application. The prohibition on communication does not apply to the time period when preapplications or letters of interest are accepted. Intentional, serious, or frequent violations of this rule may result in the disqualification of the grant application from further consideration for a grant award.

5.2. Review Criteria

Peer review of applications will be based on primary scored criteria and secondary unscored criteria, identified below. Review panels consisting of experts in the field and advocates will evaluate and score each primary criterion and subsequently assign an overall score that reflects an overall assessment of the application. The overall evaluation score will not be an average of the scores of individual criteria; rather, it will reflect the reviewers' overall impression of the application and responsiveness to the RFA priorities.

5.2.1. Primary Evaluation Criteria

Impact

- Do the proposed services address an important problem or need in cancer prevention and control? Do the proposed project strategies support desired outcomes in cancer incidence, morbidity, and/or mortality?
- Does the program address adaptation, if applicable, of the evidence-based intervention to the target population? Is the base of evidence clearly explained and referenced?
- If applicable, have partners demonstrated that the partnering effort will provide a greater impact on cancer prevention and control than the applicant organization's effort separately?
- Will the project reach and serve an appropriate number of people based on the budget allocated to providing services and the cost of providing services?

Project Strategy and Feasibility

- Does the proposed project provide services specified in the RFA?
- Is there a letter of support from the CAP Foundation indicating that the program will follow the CAP Foundation's See, Test & Treat model and guidelines?
- Are possible barriers addressed and approaches for overcoming them proposed?
- Are the target population and culturally appropriate methods to reach the target population clearly described?
- If applicable, does the application demonstrate the availability of resources and expertise to provide case management, including follow-up for abnormal results and access to treatment?

- Does the program leverage partners and resources to maximize the reach of the services proposed? Does the program leverage and complement other state, federal, and nonprofit grants?

Results Evaluation

- Are specific goals and measurable objectives for the project provided?
- Does the application provide a clear and appropriate plan for data collection and management, data analyses, and interpretation of results to follow, measure, and report on the project's results?

Organizational Capacity

- Do the organization and its partners demonstrate the ability to provide the proposed preventive services? Does the described role of each partnering organization make it clear that each organization adds value to the project and is committed to working together to implement the project?
- Have the appropriate personnel been recruited to implement, evaluate, and complete the project?

5.2.2. Secondary Evaluation Criteria

Budget

- Is the budget appropriate and reasonable for the scope and services of the proposed work?
- Is the cost per person served appropriate and reasonable?
- Is the proportion of the funds allocated for direct services reasonable?
- Is the project a good investment of Texas public funds?

6. AWARD ADMINISTRATION

Texas law requires that CPRIT grant awards be made by contract between the applicant and CPRIT. CPRIT grant awards are made to institutions or organizations, not to individuals. Award contract negotiation and execution will commence once the CPRIT Oversight Committee has approved an application for a grant award. CPRIT may require, as a condition of receiving a grant award, that the grant recipient use CPRIT's electronic Grant Management System to

exchange, execute, and verify legally binding grant contract documents and grant award reports. Such use shall be in accordance with CPRIT's electronic signature policy as set forth in chapter 701, section 701.25.

Texas law specifies several components that must be addressed by the award contract, including needed compliance and assurance documentation, budgetary review, progress and fiscal monitoring, and terms relating to revenue sharing and intellectual property rights. These contract provisions are specified in CPRIT's Administrative Rules, which are available at www.cpritis.state.tx.us. Applicants are advised to review CPRIT's administrative rules related to contractual requirements associated with CPRIT grant awards and limitations related to the use of CPRIT grant awards as set forth in chapter 703, sections 703.10, 703.12.

Prior to disbursement of grant award funds, the grant recipient organization must demonstrate that it has adopted and enforces a tobacco-free workplace policy consistent with the requirements set forth in CPRIT's Administrative Rules, chapter 703, section 703.20.

CPRIT requires the award recipient to submit progress and financial reports. Continuation of funding is contingent upon the timely receipt of these reports. Failure to provide timely and complete reports may waive reimbursement of grant award costs and may result in the termination of the award contract.

7. CONTACT INFORMATION

7.1. HelpDesk

HelpDesk support is available for questions regarding user registration and online submission of applications. Queries submitted via email will be answered within 1 business day. HelpDesk staff are not in a position to answer questions regarding the scope and focus of applications. Before contacting the HelpDesk, please refer to the *Instructions for Applicants* document (posted by September 24, 2015), which provides a step-by-step guide to using CARS.

Hours of operation: Monday, Tuesday, Thursday, Friday, 7 AM to 4 PM central time
Wednesday, 8 AM to 4 PM central time

Tel: 866-941-7146

Email: Help@CPRITGrants.org

7.2. Program Questions

Questions regarding the CPRIT Prevention program, including questions regarding this or any other funding opportunity, should be directed to the CPRIT Prevention Program Office.

Tel: 512-305-8422

Email: Help@CPRITGrants.org

Website: www.cprit.state.tx.us

8. CONFERENCE CALLS TO ANSWER APPLICANT QUESTIONS

CPRIT will host a webinar to provide an overview of this RFA and a demonstration of CARS. A programmatic and technical question-and-answer session will be included. Applicants should sign up for CPRIT's electronic mailing list at <http://www.cprit.state.tx.us> to ensure that they receive notification of this webinar.

9. RESOURCES

- The CAP Foundation's See, Test & Treat program. www.foundation.cap.org
- The Texas Cancer Registry. <http://www.dshs.state.tx.us/tcr>
- The Community Guide. <http://www.thecommunityguide.org/index.html>
- Cancer Control P.L.A.N.E.T. <http://cancercontrolplanet.cancer.gov>
- Guide to Clinical Preventive Services: Recommendations of the U.S. Preventive Services Task Force. <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/>
- Brownson, R.C., Colditz, G.A., and Proctor, E.K. (Editors), *Dissemination and Implementation Research in Health: Translating Science to Practice*. Oxford University Press, March 2012
- Centers for Disease Control and Prevention: The Program Sustainability Assessment Tool: A New Instrument for Public Health Programs. http://www.cdc.gov/pcd/issues/2014/13_0184.htm
- Centers for Disease Control and Prevention: Using the Program Sustainability Tool to Assess and Plan for Sustainability. http://www.cdc.gov/pcd/issues/2014/13_0185.htm

10. REFERENCES

1. <http://www.cdc.gov/vaccines/vpd-vac/hpv/vac-faqs.htm>
2. Texas Cancer Registry, Cancer Epidemiology and Surveillance Branch, Texas Department of State Health Services. <http://www.dshs.state.tx.us/tcr/default.shtm>

11. APPENDIX: KEY TERMS

- **Activities:** A listing of the “who, what, when, where, and how” for each objective that will be accomplished
- **Clinical Services:** Number of clinical services such as screenings, diagnostic tests, vaccinations, counseling sessions, or other evidence-based services related to cancer prevention delivered by a health care practitioner in an office, clinic, or health care system (Other examples include genetic testing or assessments, physical rehabilitation, tobacco cessation counseling or nicotine replacement therapy, case management, primary prevention clinical assessments, and family history screening.)
- **Education Services:** Number of evidence-based, culturally appropriate cancer prevention and control education and outreach services delivered to the public and to health care professionals (Examples include education or training sessions (group or individual), focus groups, and knowledge assessments.)
- **Evidence-Based Program:** A program that is validated by some form of documented research or applied evidence (CPRIT’s website provides links to resources for evidence-based strategies, programs, and clinical recommendations for cancer prevention and control. To access this information, visit <http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control>.)
- **Goals:** Broad statements of general purpose to guide planning (Goals should be few in number and focus on aspects of highest importance to the project.)
- **Navigation Services:** Number of unique activities/services that offer assistance to help overcome health care system barriers in a timely and informative manner and facilitate cancer screening and diagnosis to improve health care access and outcomes (Examples include patient reminders, transportation assistance, and appointment scheduling assistance and understanding access to health insurance.)

- **Objectives:** Specific, **measurable**, actionable, realistic, and timely projections for results, for example: “Increase screening service provision in X population from Y% to Z% by 20xx” (Baseline data for the target population must be included as part of each objective.)
- **People Reached:** Number of members of the public and/or professionals reached via noninteractive public or professional education and outreach activities, such as mass media efforts, brochure distribution, public service announcements, newsletters, and journals (This category includes individuals who would be reached through activities that are directly funded by CPRIT as well as individuals who would be reached through activities that occur as a direct consequence of the CPRIT-funded project’s leveraging of other resources/funding to implement the CPRIT-funded project.)
- **People Served:** Number of members of the public and/or professionals served via direct, interactive public or professional education, outreach, training, navigation service delivery, or clinical service delivery, such as live educational and/or training sessions, vaccine administration, screening, diagnostics, case management/navigation services, and physician consults. (This category includes individuals who would be served through activities that are directly funded by CPRIT as well as individuals who would be served through activities that occur as a direct consequence of the CPRIT-funded project’s leveraging of other resources/funding to implement the CPRIT-funded project [eg, X people screened for cervical cancer after referral to Y indigent care program as a result of CPRIT-funded navigation services performed by the project]).

Third Party Observer Reports

CPRIT Prevention Peer Review Observation Report

Report #2016-05-23/24-PRE

Program Name: Prevention

Panel Name: FY16.2 Prevention Peer Review Panel - 1

Panel Date: May 23, 2016 to May 24, 2016

Report Date: June 3, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Prevention Peer Review Panel-1 peer review of applications for FY16 funding. The meeting was chaired by Ross Brownson and held at the Dallas Marriott in Dallas TX on May 23 through May 24, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Prevention Peer Review Panel-1 panel meeting held in-person. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Ross Brownson on May 23 through May 24, 2016.

The independent observer noted the following during our observation:

- Sixteen applications were discussed within the Prevention Peer Review Meeting Panel to determine which applications would be recommended for funding.
- Ten peer review panelists, two advocate reviewers, two CPRIT staff members, one other attendee and five SRA employees were present on May 23, 2016 and May 24, 2016.
 - One of the ten peer review panelists participated via teleconference on both days. On May 24, this panelist only participated in the review of one application.
 - The other attendee was present via teleconference on both days.
- One conflict of interest was identified prior to or during the meeting. Applications for one conflict were discussed during the peer review panel. The reviewer with the conflict of interest either left the room or did not participate telephonically and did not participate in the review of the conflicted application.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

CPRIT Prevention Peer Review Observation Report

Report #2016-05-24/25-PRE

Program Name: Prevention

Panel Name: FY16.2 Prevention Peer Review Panel - 2

Panel Date: May 24, 2016 to May 25, 2016

Report Date: June 3, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Prevention Peer Review Panel-2 peer review of applications for FY16 funding. The meeting was chaired by Nancy Lee and held at the Dallas Marriott in Dallas TX on May 24 through May 25, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Prevention Peer Review Panel-2 panel meeting held in-person. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Nancy Lee on May 24 through May 25, 2016.

The independent observer noted the following during our observation:

- Fifteen applications were discussed within the Prevention Peer Review Meeting Panel to determine which applications would be recommended for funding.
- Ten peer review panelists, two advocate reviewers, two CPRIT staff members, one other attendee and five SRA employees were present on May 24, 2016. Eleven peer review panelists, two advocate reviewers, two CPRIT staff members, one non-participating attendee and five SRA employees were present on May 25, 2016.
 - On May 24, one of the ten peer review panelists participated via teleconference.
 - On May 25, two of the eleven peer review panelists participated via teleconference. One of these two panelists only participated in the review of two applications.
 - The other attendee was present via teleconference on both days.
- No conflicts of interest were identified prior to or during the meeting.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

CPRIT Prevention Review Council Meeting Observation Report

Report #2016-07-01-PREV

Program Name: Prevention

Panel Name: FY16.2 Prevention Review Council

Programmatic Review

Panel Date: July 1, 2016

Report Date: July 12, 2016

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized an independent party to function as a neutral third-party observer.

Introduction

The subject of this report is the Prevention Review Council Programmatic Review peer review of applications for FY16 funding. The meeting was chaired by Stephen Wyatt and held via teleconference on July 1, 2016.

Panel Observation Objectives and Scope

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

The independent observer participated in the Prevention Review Council Programmatic Review held via teleconference. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator, and chaired by Stephen Wyatt on July 1, 2016.

The independent observer noted the following during our observation:

- Twenty applications were discussed within the Prevention Review Council Meeting to determine which applications would be recommended for funding.
- Three peer review panelists, two CPRIT staff members, and four SRA employees were present for the meeting.
- No conflicts of interest were identified prior to or during the meeting.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The panelists' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the review panel's discussion of scientific, technical, or programmatic aspects of the applications.

The third party observer was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

Noted Conflicts of Interest

Conflict of Interest Disclosure
Prevention Cycle 16.2 Applications
(Prevention Cycle 16.2 Awards Announced at August 17, 2016, Oversight Committee Meeting)

The table below lists the conflicts of interest (COIs) identified by peer reviewers, Program Integration Committee (PIC) members, and Oversight Committee members on an application-by-application basis. Applications reviewed in Prevention Cycle 16.2 include *Cancer Prevention Promotion and Navigation to Clinical Services*, *Competitive Continuation/Expansion - Evidence-Based Cancer Prevention Services*, *Dissemination of CPRIT-Funded Cancer Control Interventions*, *Evidence-Based Cancer Prevention Services*, *Evidence-Based Cancer Prevention Services - See, Test & Treat® Program*, and *Evidence-Based Cancer Prevention Services - Colorectal Cancer Prevention Coalition*. All applications with at least one identified COI are listed below; applications with no COIs are not included. It should be noted that an individual is asked to identify COIs for only those applications that are to be considered by the individual at that particular stage in the review process. For example, Oversight Committee members identify COIs, if any, with only those applications that have been recommended for the grant awards by the PIC. COI information used for this table was collected by SRA International, CPRIT's third party grant administrator, and by CPRIT.

| Application ID | Applicant | Institution | Conflict Noted |
|---|----------------------|---|------------------------------|
| Applications considered by the PIC and Oversight Committee | | | |
| PP160075 | Singal, Amit | The University of Texas Southwestern Medical Center | Nguyen, Mindie; Willson, Jim |
| PP160079 | Jibaja-Weiss, Maria | Baylor College of Medicine | Nguyen, Mindie |
| PP160097 | Rodriguez, Ana | The University of Texas Medical Branch at Galveston | Nguyen, Mindie |
| PP160103 | Ross, Theodora S. | The University of Texas Southwestern Medical Center | Nguyen, Mindie; Willson, Jim |
| PP160110 | Ross, Theodora S. | The University of Texas Southwestern Medical Center | Nguyen, Mindie; Willson, Jim |
| PP160121 | Trivedi, Madhukar H. | The University of Texas Southwestern Medical Center | Willson, Jim |
| PP160122 | Rustveld, Luis | Baylor College of Medicine | Nguyen, Mindie |
| Applications not considered by the PIC or Oversight Committee | | | |
| PP160060 | Gardner, Julie | Texas AgriLife Extension Service | Nguyen, Mindie |

| Application ID | Applicant | Institution | Conflict Noted |
|-----------------------|---------------------|---|-----------------------|
| PP160076 | Lucci, Joseph | The University of Texas Health Science Center at Houston | Nguyen, Mindie |
| PP160092 | Poplack, David | Baylor College of Medicine | Nguyen, Mindie |
| PP160094 | McNeill, Lorna | The University of Texas M.D. Anderson Cancer Center | Nguyen, Mindie |
| PP160096 | McGaha, Paul | The University of Texas Health Center at Tyler | Nguyen, Mindie |
| PP160098 | Tomlinson, Gail | The University of Texas Health Science Center at San Antonio | Nguyen, Mindie |
| PP160099 | Crocker, Andrew | Texas AgriLife Extension Service | Nguyen, Mindie |
| PP160102 | Argenbright, Keith | The University of Texas Southwestern Medical Center | Nguyen, Mindie |
| PP160109 | Villarreal, Roberto | University Health System | Nguyen, Mindie |
| PP160112 | Felini, Martha | University of North Texas Health Science Center at Fort Worth | Nguyen, Mindie |
| PP160117 | Misra, Subhasis | Texas Tech University Health Sciences Center | Nguyen, Mindie |
| PP160124 | Handal, Gilbert | Texas Tech University Health Sciences Center at El Paso | Bright, Frank |
| PP160126 | Singh, Hitesh | Scott & White Healthcare | Nguyen, Mindie |
| PP160133 | Garcia, Fernandina | Mercy Ministries of Laredo | Nguyen, Mindie |
| PP160135 | Benedict, Deb | Rio Grande Cancer Foundation | Nguyen, Mindie |

De-Identified Overall Evaluation Scores

Evidence-Based Cancer Prevention Services - See, Test & Treat® Program

Prevention Cycle 16.2

| Application ID | Final Overall Evaluation Score |
|----------------|--------------------------------|
| PP160116* | 1.7 |
| PP160105* | 2.7 |
| da | 3.8 |
| db | 4.8 |

*=Recommended for funding

Final Overall Evaluation Scores and Rank Order Scores

Pete Geren
Oversight Committee Presiding Officer
Cancer Prevention and Research Institute of Texas
Via email to pgcpnit@sidrichardson.org

Wayne R. Roberts
Chief Executive Officer
Cancer Prevention and Research Institute of Texas
Via email to wroberts@cprnit.texas.gov

Dear Mr. Geren and Mr. Roberts,

On behalf of the Prevention Review Council (PRC), I am pleased to provide the PRC's recommendations for CPRIT Prevention grant awards. The applicants on the attached list of submitted proposals responded to CPRIT requests for applications (RFA) released for the second review cycle of FY2016. These recommendations reflect 50+ hours of work by individual reviewers and include panel discussion of the applicants' proposals, in addition to the PRC's programmatic review.

The projects are numerically ranked in the order the PRC recommends the applications be funded. Recommended funding amounts and the overall evaluation score are provided for each grant application. The PRC did not make changes to the goals, timelines, or project objectives requested by the applicants. When the PRC did not follow the rank ordered scores in developing its recommended funding order, justification was provided and was based upon established programmatic priorities outlined in the RFAs.

The projected funding available for this fiscal year is \$13,793,613. The PRC recommends that the budget of one application, PP160103, be reduced from the requested \$3,155,337 to \$2,100,000 due to the overlap with the infrastructure of this applicant's other funded projects. The total recommended by the PRC is \$13,690,454.

All of the recommended grants address one or more of the Prevention Program priorities. Our recommendations meet the PRC's standards for grant award funding of projects that are evidence-based, deliver programs or services to underserved populations, and focus on primary, secondary or tertiary prevention. In making these recommendations the PRC also considered the available funding, the composition of the current portfolio, and the programmatic priorities in the RFA which include potential for impact and return on investment, geographic distribution, cancer type and type of program.

Sincerely,

Stephen W. Wyatt, DMD, MPH
Chair, CPRIT Prevention Review Council

Pete Geren
Oversight Committee Presiding Officer
Cancer Prevention and Research Institute of Texas
Via email to pgcprit@sidrichardson.org

Wayne R. Roberts
Chief Executive Officer
Cancer Prevention and Research Institute of Texas
Via email to wroberts@cprit.texas.gov

Dear Mr. Geren and Mr. Roberts,

On July 8, 2016 I forward a transmittal letter and spreadsheet with the PRC's recommendations for FY 16.2 CPRIT Prevention grant awards. The projects were numerically ranked in the order the PRC recommends the applications be funded. When the PRC did not follow the rank ordered scores in developing its recommended funding order, justification was provided in the spreadsheet for the projects that were taken out of score order and not being recommended. However, it has come to my attention that we should have provided justification for the projects that are being recommended instead of justification for those not recommended.

The revised spreadsheet includes our justification for the projects being proposed and the projects not recommended have been removed from the list. The recommendations and rank order remain the same.

Please let me know if you have any questions. I apologize for any confusion.

Sincerely,

Stephen W. Wyatt, DMD, MPH
Chair, CPRIT Prevention Review Council

| Application ID | Mech | Application Title | Applicant Name | Organization | Total Funding Requested | Average Overall Score | Rank Order | PRC Recommendation Justifications |
|-------------------|------|--|-----------------------------|---|-------------------------|-----------------------|------------|--|
| PP160081 | DI | Statewide Dissemination of the "Taking Texas Tobacco Free" Workplace Program | Reitzel, Lorraine R | University of Houston | \$299,981 | 1.6 | 1 | |
| PP160116 | STT | Lone Star Community Health Center, Inc. 2016 See, Test & Treat Program | McKernan, Stephen | Lone Star Community Health Center, Inc. dba Lone Star Family Health | \$23,602 | 1.7 | 2 | |
| PP160079 | EBP | Leveraging a Community Network for Cancer Prevention to Increase HPV Vaccine Uptake and Completion among Pediatric Patients in a Safety Net Healthcare Setting | Jibaja-Weiss, Maria L | Baylor College of Medicine | \$1,161,015 | 1.8 | 3 | |
| PP160093 | DI | Access for Breast Care for West Texas (ABC4WT)Development of a Replication Model for Dissemination and Implementation | Layeequr Rahman, Rakhshanda | Texas Tech University Health Sciences Center | \$299,785 | 1.9 | 4 | |
| PP160058 | CCE | Postpartum administration of HPV vaccine: Strategies to increase initiation and series completion among low income women across Southeast Texas | Berenson, Abbey B | The University of Texas Medical Branch at Galveston | \$1,496,111 | 2.1 | 5 | |
| PP160075 | EBP | Implementation an Evidence-Based Colorectal Cancer Screening Outreach Program among Socioeconomically Disadvantaged Patients in a Safety Net | Singal, Amit | The University of Texas Southwestern Medical Center | \$1,499,826 | 2.3 | 6 | recommended out of rank order due to ROI and type of program |
| PP160110 | PN | Use of Genetic Patient Navigators to Help Mutation Carriers Comply with the NCCN Guidelines and to Enable Healthy Behaviors | Ross, Theodora S | The University of Texas Southwestern Medical Center | \$399,954 | 2.5 | 7-tie | recommended out of rank order due to ROI, geography, and type of service |
| PP160080 | EBP | Promoting HPV vaccination among Hispanic adolescents and young adults using Health Care System-Based Interventions and Community Outreach | Morales-Campos, Daisy Y | The University of Texas Health Science Center at San Antonio | \$1,302,955 | 2.5 | 7-tie | recommended out of rank order due to geography, population served, and type of program |
| PP160122 | EBP | Reducing Racial/Ethnic Disparities in CRC Screening: A Comprehensive EMR-Based Patient Navigation Program Including Technology-Driven CRC Outreach and Education | Rustveld, Luis | Baylor College of Medicine | \$1,477,698 | 2.5 | 7-tie | recommended out of rank order due to ROI and type of program |
| PP160105 | STT | Implementing a See, Test & Treat Program in Sunnyside Health Center to Provide Free Cervical and Breast Cancer Screening and Medical Home for Underserved Women | Coffey, Donna M | Houston Methodist | \$24,522 | 2.7 | 10 | recommended out of rank order due to ROI |
| PP160121 | EBP | Promoting Activity in Cancer Survivors (PACES): An active living intervention for breast cancer survivors | Trivedi, Madhukar H | The University of Texas Southwestern Medical Center | \$1,365,226 | 2.9 | 11 | recommended out of rank order due to type of program and population served |
| PP160097 | EBP | School-Based Human Papillomavirus Vaccination Program in the Lower Rio Grande Valley | Rodriguez, Ana M | The University of Texas Medical Branch at Galveston | \$747,727 | 3.5 | 12 | recommended out of rank order due to geography and type of program |
| PP160089 | EBP | PREVENT HCC – through Screening, Vaccination and Treatment of Viral Hepatitis | Mittal, Sahil | Baylor College of Medicine | \$1,492,052 | 3.7 | 13 | recommended out of rank order due to cancer type |
| PP160103 | CRC | Detecting Unaffected Individuals for Lynch Syndrome (DUAL): Screening, Diagnosis and NavigationNavigation | Ross, Theodora S | The University of Texas Southwestern Medical Center | \$2,100,000 | 2.3 | 14 | recommended out of rank order due to geographyand type of program |
| TOTAL RECOMMENDED | | | | | \$ 13,690,454 | | | |



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO AFFIDAVIT
Application PP160058
Competitive Continuation/Expansion-
Evidence-Based Cancer Prevention Services

THE STATE OF TEXAS

COUNTY OF TRAVIS

BEFORE ME, the undersigned authority, on this day personally appeared Wayne R. Roberts, who swore or affirmed to tell the truth, and stated as follows:

“My name is Wayne R. Roberts, the Chief Executive Officer (CEO) of the Cancer Prevention and Research Institute of Texas (CPRIT). I am of sound mind and capable of making this sworn statement. I submit this affidavit pursuant to the legal requirement imposed by V.T.C.A., Health & Safety Code § 102.251(c).

My affidavit addresses the grant review process for the application stated above that is recommended for a CPRIT grant award by the Program Integration Committee (PIC). This application was submitted pursuant to *Competitive Continuation/Expansion-Evidence-Based Cancer Prevention Services* Request for Applications (RFA). CPRIT received six applications for this RFA. This application was assigned to the Prevention review panel 1 for review. A preliminary evaluation process as described by 25 T.A.C. § 703.6(e)(1) was not used for applications in this cycle.

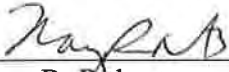
CPRIT staff and CPRIT’s third-party grants management vendor have recorded information and prepared documents during the course of their employment that are related to CPRIT’s grant review process described by Health & Safety Code Chapter 102. I have reviewed the information prepared by CPRIT staff and CPRIT’s third-party grants management vendor in my capacity as CPRIT’s CEO to prepare this affidavit. Some information (“CEO Affidavit-Supporting Information”) is applicable to all applications recommended for awards submitted pursuant to this RFA. The information listed below has been compiled as one packet and is incorporated herein by reference:

- The applicable Request for Applications (RFA) for this grant cycle
- An overview of the conflict of interest process, including any conflict of interest waivers granted
- The third party observer report(s) documenting that CPRIT’s grant review processes were followed by the review panel evaluating the applications in this grant cycle
- A de-identified list of the overall evaluation scores for applications submitted pursuant to the applicable RFA for this grant cycle

- A final overall evaluation score and rank order score submitted by the SRPP committees for the grant applications recommended by the PIC in this cycle


In addition to the CEO Affidavit-Supporting Information that is applicable to all applications submitted pursuant to the applicable RFA and recommended for grant awards this cycle, I have also reviewed the application's grant pedigree. The grant pedigree for the application listed above has been attached to this affidavit. The application pedigree provides an overview of the conflict of interest process applicable to this application, including any conflicts of interest reported by the review panel or by the PIC. I note that the following PIC members have approved conflict of interest waivers on file for FY2016: Dr. John Hellerstedt, Department of State Health Services Commissioner, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(3); and Dr. Becky Garcia, Chief Prevention Officer, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(1). At the time of signing this affidavit, the Oversight Committee has not yet reviewed the application; however, I note that members Will Montgomery and Amy Mitchell also have conflict of interest waivers on file for FY2016 applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(4).

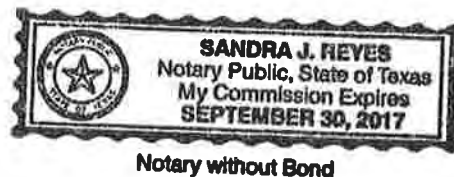
I personally reviewed the information for the grant application listed above and referenced herein. Based upon my review of the information and to the best of my knowledge, I swear or affirm that the peer review process for the grant application was consistent, in all material aspects, with the process described in the statute and CPRIT's administrative rules. This statement is true."


Wayne R. Roberts,
CEO, Cancer Prevention and Research Institute of Texas

State of Texas
County of Travis

SWORN to and SUBSCRIBED before me, the undersigned authority, on
the 3rd day of August, 2016,
by WAYNE R. ROBERTS.


Sandra Reyes
Notary Public, State of Texas



CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS
APPLICATION PEDIGREE

FY 2016
CYCLE 2
PROGRAM Prevention
AWARD MECHANISM Competitive Continuation/Expansion (CCE)
APPLICATION ID PP160058
APPLICATION TITLE Postpartum Administration of HPV Vaccine: Strategies to Increase Initiation and Series Completion Among Low Income Women Across Southeast Texas
APPLICANT NAME Berenson, Abbey
ORGANIZATION The University of Texas Medical Branch at Galveston
PANEL NAME 16.2 Prevention Panel-1 (16.2 PP-1)

| Category | Compliance Requirement | Information | Attestation Date |
|---|--|-------------------|------------------|
| 1. Pre-Receipt | RFA Approved by CPO | 09/04/15 | 07/14/16 |
| | RFA published in Texas Register | 09/25/15 | 07/14/16 |
| | CPRIT Application Receipt System (CARS) opened | 09/24/15 | 07/07/16 |
| | CPRIT Application Receipt System (CARS) closed | 03/03/16 | 07/07/16 |
| | Date application submitted | 02/24/16 | 07/07/16 |
| | Method of submission | CARS | 07/07/16 |
| | Within receipt period | YES | 07/07/16 |
| | Request for extension to submit application after CARS closed | N/A | 07/07/16 |
| | Request for extension for late application submission accepted | N/A | 07/07/16 |
| 2. Receipt, Referral, and Assignment | Administrative review notification | N/A | 07/07/16 |
| | Donation(s) made to CPRIT/foundation | NO | 07/07/16 |
| | Assigned to primary reviewers | 04/04/16 | 07/07/16 |
| | Applicant notified of review panel assignment | 04/11/16 | 07/07/16 |
| | Primary Reviewer 1 COI signed | 03/23/16 | 07/07/16 |
| | Primary (Advocate) Reviewer 2 COI signed | 03/19/16 | 07/07/16 |
| | Primary Reviewer 3 COI signed | 03/18/16 | 07/07/16 |
| | Primary Reviewer 4 COI signed | 03/22/16 | 07/07/16 |
| 3. Peer Review Meeting | Primary Reviewer 1 critique submitted | 05/01/16 | 07/07/16 |
| | Primary (Advocate) Reviewer 2 critique submitted | 04/25/16 | 07/07/16 |
| | Primary Reviewer 3 critique submitted | 05/05/16 | 07/07/16 |
| | Primary Reviewer 4 critique submitted | 05/07/16 | 07/07/16 |
| | COI indicated by non-primary reviewer | NONE | 07/07/16 |
| | COI recused from participation | N/A | 07/07/16 |
| | Discussed at Peer Review Meeting | YES | 07/07/16 |
| | Peer Review Meeting | 05/23/16-05/24/16 | 07/07/16 |
| | Post review statements signed | 05/26/16 | 07/07/16 |
| | Third Party Observer Report | 06/03/16 | 07/07/16 |
| | Score report delivered to CPO | 06/01/16 | 07/07/16 |
| | Recommended for PRC Review | YES | 07/07/16 |
| 4. Final PRC Recommendation | COI indicated by PRC member | NONE | 07/07/16 |
| | COI recused from participation | N/A | 07/07/16 |
| | PRC Meeting | 07/01/16 | 07/07/16 |
| | Third Party Observer Report | 07/12/16 | 07/13/16 |
| | Recommended for grant award | YES | 07/07/16 |
| | PRC Chair Notification to PIC and OC | 07/26/16 | 07/26/16 |
| 5. PIC Review | COI indicated by PIC member | NONE | 08/02/16 |
| | COI recused from participation | N/A | 08/02/16 |
| | PIC review meeting | 08/02/16 | 08/02/16 |
| | Recommended for grant award | YES | 08/02/16 |
| 6. Oversight Committee Approval | CEO Notification to Oversight Committee | DATE | |
| | COI indicated by Oversight Committee member | NAME or NONE | |
| | COI recused from participation | YES/NO or N/A | |
| | Donation(s) made to CPRIT/foundation | YES/NO | |
| | Presented to CPRIT Oversight Committee | 08/17/16 | |
| | Award approved by Oversight Committee | YES/NO | |
| | Authority to advance funds requested | YES/NO | |
| | Advance authority approved by Oversight Committee | YES/NO | |

The identity of the attesting party is retained by CPRIT.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO AFFIDAVIT
Application PP160103
Evidence-Based Cancer Prevention Services-
Colorectal Cancer Prevention Coalition

THE STATE OF TEXAS

COUNTY OF TRAVIS

BEFORE ME, the undersigned authority, on this day personally appeared Wayne R. Roberts, who swore or affirmed to tell the truth, and stated as follows:

“My name is Wayne R. Roberts, the Chief Executive Officer (CEO) of the Cancer Prevention and Research Institute of Texas (CPRIT). I am of sound mind and capable of making this sworn statement. I submit this affidavit pursuant to the legal requirement imposed by V.T.C.A., Health & Safety Code § 102.251(c).

My affidavit addresses the grant review process for the application stated above that is recommended for a CPRIT grant award by the Program Integration Committee (PIC). This application was submitted pursuant to the *Evidence-Based Cancer Prevention Services-Colorectal Cancer Prevention Coalition* Request for Applications (RFA). CPRIT received four applications for this RFA. This application was assigned to the Prevention review panel 2 for review. A preliminary evaluation process as described by 25 T.A.C. § 703.6(e)(1) was not used for applications in this cycle.


CPRIT staff and CPRIT’s third-party grants management vendor have recorded information and prepared documents during the course of their employment that are related to CPRIT’s grant review process described by Health & Safety Code Chapter 102. I have reviewed the information prepared by CPRIT staff and CPRIT’s third-party grants management vendor in my capacity as CPRIT’s CEO to prepare this affidavit. Some information (“CEO Affidavit-Supporting Information”) is applicable to all applications recommended for awards submitted pursuant to this RFA. The information listed below has been compiled as one packet and is incorporated herein by reference:

- The applicable Request for Applications (RFA) for this grant cycle
- An overview of the conflict of interest process, including any conflict of interest waivers granted
- The third party observer report(s) documenting that CPRIT’s grant review processes were followed by the review panel evaluating the applications in this grant cycle
- A de-identified list of the overall evaluation scores for applications submitted pursuant to the applicable RFA for this grant cycle

- A final overall evaluation score and rank order score submitted by the SRPP committees for the grant applications recommended by the PIC in this cycle


In addition to the CEO Affidavit-Supporting Information that is applicable to all applications submitted pursuant to the applicable RFA and recommended for grant awards this cycle, I have also reviewed the application's grant pedigree. The grant pedigree for the application listed above has been attached to this affidavit. The application pedigree provides an overview of the conflict of interest process applicable to this application, including any conflicts of interest reported by the review panel or by the PIC. I note that the following PIC members have approved conflict of interest waivers on file for FY2016: Dr. John Hellerstedt, Department of State Health Services Commissioner, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(3); and Dr. Becky Garcia, Chief Prevention Officer, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(1). At the time of signing this affidavit, the Oversight Committee has not yet reviewed the application; however, I note that members Will Montgomery and Amy Mitchell also have conflict of interest waivers on file for FY2016 applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(4).

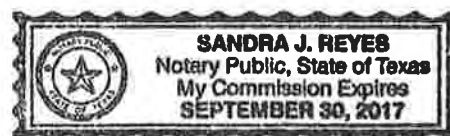
I personally reviewed the information for the grant application listed above and referenced herein. Based upon my review of the information and to the best of my knowledge, I swear or affirm that the peer review process for the grant application was consistent, in all material aspects, with the process described in the statute and CPRIT's administrative rules. This statement is true."


Wayne R. Roberts,
CEO, Cancer Prevention and Research Institute of Texas

State of Texas
County of Travis

SWORN to and SUBSCRIBED before me, the undersigned authority, on
the 3rd day of August, 2016,
by WAYNE R. ROBERTS.


Sandra Reyes
Notary Public, State of Texas



Notary without Bond

CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

APPLICATION PEDIGREE

FY 2016
 CYCLE 2
 PROGRAM Prevention
 AWARD MECHANISM Evidence-Based Cancer Prevention Services-Colorectal Cancer Prevention Coalition (EBP-CRC)
 APPLICATION ID PP160103
 APPLICATION TITLE Detecting Unaffected Individuals for Lynch Syndrome (DUAL): Screening, Diagnosis and Navigation
 APPLICANT NAME Ross, Theodora
 ORGANIZATION The University of Texas Southwestern Medical Center
 PANEL NAME 16.2 Prevention Panel-2 (16.2 PP-2)

| Category | Compliance Requirement | Information | Attestation Date |
|--------------------------------------|--|-------------------|------------------|
| 1. Pre-Receipt | RFA Approved by CPO | 09/04/15 | 07/14/16 |
| | RFA published in Texas Register | 09/25/15 | 07/14/16 |
| | CPRIT Application Receipt System (CARS) opened | 09/24/15 | 07/07/16 |
| | CPRIT Application Receipt System (CARS) closed | 03/03/16 | 07/07/16 |
| | Date application submitted | 03/02/16 | 07/07/16 |
| | Method of submission | CARS | 07/07/16 |
| | Within receipt period | YES | 07/07/16 |
| | Request for extension to submit application after CARS closed | N/A | 07/07/16 |
| | Request for extension for late application submission accepted | N/A | 07/07/16 |
| 2. Receipt, Referral, and Assignment | Administrative review notification | N/A | 07/07/16 |
| | Donation(s) made to CPRIT/foundation | NO | 07/07/16 |
| | Assigned to primary reviewers | 03/31/16 | 07/07/16 |
| | Applicant notified of review panel assignment | 04/11/16 | 07/07/16 |
| | Primary Reviewer 1 COI signed | 03/19/16 | 07/07/16 |
| | Primary (Advocate) Reviewer 2 COI signed | 03/20/16 | 07/07/16 |
| | Primary Reviewer 3 COI signed | 03/21/16 | 07/07/16 |
| | Primary Reviewer 4 COI signed | 03/30/16 | 07/07/16 |
| 3. Peer Review Meeting | Primary Reviewer 1 critique submitted | 04/20/16 | 07/07/16 |
| | Primary (Advocate) Reviewer 2 critique submitted | 04/29/16 | 07/07/16 |
| | Primary Reviewer 3 critique submitted | 05/06/16 | 07/07/16 |
| | Primary Reviewer 4 critique submitted | 05/06/16 | 07/07/16 |
| | COI indicated by non-primary reviewer | Nguyen, Mindie | 07/07/16 |
| | COI recused from participation | YES | 07/07/16 |
| | Discussed at Peer Review Meeting | YES | 07/07/16 |
| | Peer Review Meeting | 05/24/16-05/25/16 | 07/07/16 |
| | Post review statements signed | 05/26/16 | 07/07/16 |
| | Third Party Observer Report | 06/03/16 | 07/07/16 |
| | Score report delivered to CPO | 06/01/16 | 07/07/16 |
| | Recommended for PRC Review | YES | 07/07/16 |
| 4. Final PRC Recommendation | COI indicated by PRC member | NONE | 07/07/16 |
| | COI recused from participation | N/A | 07/07/16 |
| | PRC Meeting | 07/01/16 | 07/07/16 |
| | Third Party Observer Report | 07/12/16 | 07/13/16 |
| | Recommended for grant award | YES | 07/07/16 |
| | PRC Chair Notification to PIC and OC | 07/26/16 | 07/26/16 |
| 5. PIC Review | COI indicated by PIC member | J. Willson | 08/02/16 |
| | COI recused from participation | YES | 08/02/16 |
| | PIC review meeting | 08/02/16 | 08/02/16 |
| | Recommended for grant award | YES | 08/02/16 |
| 6. Oversight Committee Approval | CEO Notification to Oversight Committee | DATE | |
| | COI indicated by Oversight Committee member | NAME or NONE | |
| | COI recused from participation | YES/NO or N/A | |
| | Donation(s) made to CPRIT/foundation | YES/NO | |
| | Presented to CPRIT Oversight Committee | 08/17/16 | |
| | Award approved by Oversight Committee | YES/NO | |
| | Authority to advance funds requested | YES/NO | |
| | Advance authority approved by Oversight Committee | YES/NO | |

The identity of the attesting party is retained by CPRIT.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO AFFIDAVIT
Application PP160081
Dissemination of CPRIT-Funded Cancer Control Interventions

THE STATE OF TEXAS

COUNTY OF TRAVIS

BEFORE ME, the undersigned authority, on this day personally appeared Wayne R. Roberts, who swore or affirmed to tell the truth, and stated as follows:

“My name is Wayne R. Roberts, the Chief Executive Officer (CEO) of the Cancer Prevention and Research Institute of Texas (CPRIT). I am of sound mind and capable of making this sworn statement. I submit this affidavit pursuant to the legal requirement imposed by V.T.C.A., Health & Safety Code § 102.251(c).

My affidavit addresses the grant review process for the application stated above that is recommended for a CPRIT grant award by the Program Integration Committee (PIC). This application was submitted pursuant to the *Dissemination of CPRIT-Funded Cancer Control Interventions* Request for Applications (RFA). CPRIT received three applications for this RFA. This application was assigned to the Prevention review panel 1 for review. A preliminary evaluation process as described by 25 T.A.C. § 703.6(e)(1) was not used for applications in this cycle.

CPRIT staff and CPRIT’s third-party grants management vendor have recorded information and prepared documents during the course of their employment that are related to CPRIT’s grant review process described by Health & Safety Code Chapter 102. I have reviewed the information prepared by CPRIT staff and CPRIT’s third-party grants management vendor in my capacity as CPRIT’s CEO to prepare this affidavit. Some information (“CEO Affidavit-Supporting Information”) is applicable to all applications recommended for awards submitted pursuant to this RFA. The information listed below has been compiled as one packet and is incorporated herein by reference:

- The applicable Request for Applications (RFA) for this grant cycle
- An overview of the conflict of interest process, including any conflict of interest waivers granted
- The third party observer report(s) documenting that CPRIT’s grant review processes were followed by the review panel evaluating the applications in this grant cycle
- A de-identified list of the overall evaluation scores for applications submitted pursuant to the applicable RFA for this grant cycle
- A final overall evaluation score and rank order score submitted by the SRPP committees for the grant applications recommended by the PIC in this cycle

In addition to the CEO Affidavit-Supporting Information that is applicable to all applications submitted pursuant to the applicable RFA and recommended for grant awards this cycle, I have also reviewed the application's grant pedigree. The grant pedigree for the application listed above has been attached to this affidavit. The application pedigree provides an overview of the conflict of interest process applicable to this application, including any conflicts of interest reported by the review panel or by the PIC. I note that the following PIC members have approved conflict of interest waivers on file for FY2016: Dr. John Hellerstedt, Department of State Health Services Commissioner, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(3); and Dr. Becky Garcia, Chief Prevention Officer, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(1). At the time of signing this affidavit, the Oversight Committee has not yet reviewed the application; however, I note that members Will Montgomery and Amy Mitchell also have conflict of interest waivers on file for FY2016 applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(4).

I personally reviewed the information for the grant application listed above and referenced herein. Based upon my review of the information and to the best of my knowledge, I swear or affirm that the peer review process for the grant application was consistent, in all material aspects, with the process described in the statute and CPRIT's administrative rules.

This statement is true."



Wayne R. Roberts,
CEO, Cancer Prevention and Research Institute of Texas

State of Texas
County of Travis

SWORN to and SUBSCRIBED before me, the undersigned authority, on
the 3rd day of August, 2016,
by WAYNE R. ROBERTS.



Sandra Reyes
Notary Public, State of Texas



Notary without Bond

CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS
APPLICATION PEDIGREE

FY 2016
CYCLE 2
PROGRAM Prevention
AWARD MECHANISM Dissemination of CPRIT-Funded Cancer Control Interventions (DI)
APPLICATION ID PP160081
APPLICATION TITLE Statewide Dissemination of the "Taking Texas Tobacco Free" Workplace Program
APPLICANT NAME Reitzel, Lorraine
ORGANIZATION University of Houston
PANEL NAME 16.2 Prevention Panel-1 (16.2 PP-1)

| Category | Compliance Requirement | Information | Attestation Date |
|---|--|-------------------|------------------|
| 1. Pre-Receipt | RFA Approved by CPO | 09/04/15 | 07/14/16 |
| | RFA published in Texas Register | 09/25/15 | 07/14/16 |
| | CPRIT Application Receipt System (CARS) opened | 09/24/15 | 07/07/16 |
| | CPRIT Application Receipt System (CARS) closed | 03/03/16 | 07/07/16 |
| | Date application submitted | 02/19/16 | 07/07/16 |
| | Method of submission | CARS | 07/07/16 |
| | Within receipt period | YES | 07/07/16 |
| | Request for extension to submit application after CARS closed | N/A | 07/07/16 |
| | Request for extension for late application submission accepted | N/A | 07/07/16 |
| 2. Receipt, Referral, and Assignment | Administrative review notification | N/A | 07/07/16 |
| | Donation(s) made to CPRIT/foundation | NO | 07/07/16 |
| | Assigned to primary reviewers | 04/04/16 | 07/07/16 |
| | Applicant notified of review panel assignment | 04/11/16 | 07/07/16 |
| | Primary Reviewer 1 COI signed | 03/20/16 | 07/07/16 |
| | Primary (Advocate) Reviewer 2 COI signed | 03/28/16 | 07/07/16 |
| | Primary Reviewer 3 COI signed | 03/20/16 | 07/07/16 |
| 3. Peer Review Meeting | Primary Reviewer 4 COI signed | 03/18/16 | 07/07/16 |
| | Primary Reviewer 1 critique submitted | 05/03/16 | 07/07/16 |
| | Primary (Advocate) Reviewer 2 critique submitted | 05/06/16 | 07/07/16 |
| | Primary Reviewer 3 critique submitted | 05/06/16 | 07/07/16 |
| | Primary Reviewer 4 critique submitted | 05/06/16 | 07/07/16 |
| | COI indicated by non-primary reviewer | NONE | 07/07/16 |
| | COI recused from participation | N/A | 07/07/16 |
| | Discussed at Peer Review Meeting | YES | 07/07/16 |
| | Peer Review Meeting | 05/23/16-05/24/16 | 07/07/16 |
| | Post review statements signed | 05/26/16 | 07/07/16 |
| | Third Party Observer Report | 06/03/16 | 07/07/16 |
| | Score report delivered to CPO | 06/01/16 | 07/07/16 |
| 4. Final PRC Recommendation | Recommended for PRC Review | YES | 07/07/16 |
| | COI indicated by PRC member | NONE | 07/07/16 |
| | COI recused from participation | N/A | 07/07/16 |
| | PRC Meeting | 07/01/16 | 07/07/16 |
| | Third Party Observer Report | 07/12/16 | 07/13/16 |
| | Recommended for grant award | YES | 07/07/16 |
| 5. PIC Review | PRC Chair Notification to PIC and OC | 07/26/16 | 07/26/16 |
| | COI indicated by PIC member | NONE | 08/02/16 |
| | COI recused from participation | N/A | 08/02/16 |
| | PIC review meeting | 08/02/16 | 08/02/16 |
| 6. Oversight Committee Approval | Recommended for grant award | YES | 08/02/16 |
| | CEO Notification to Oversight Committee | DATE | |
| | COI indicated by Oversight Committee member | NAME or NONE | |
| | COI recused from participation | YES/NO or N/A | |
| | Donation(s) made to CPRIT/foundation | YES/NO | |
| | Presented to CPRIT Oversight Committee | 08/17/16 | |
| | Award approved by Oversight Committee | YES/NO | |
| | Authority to advance funds requested | YES/NO | |
| | Advance authority approved by Oversight Committee | YES/NO | |

The identity of the attesting party is retained by CPRIT.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO AFFIDAVIT
Application PP160093
Dissemination of CPRIT-Funded Cancer Control Interventions

THE STATE OF TEXAS

COUNTY OF TRAVIS

BEFORE ME, the undersigned authority, on this day personally appeared Wayne R. Roberts, who swore or affirmed to tell the truth, and stated as follows:

“My name is Wayne R. Roberts, the Chief Executive Officer (CEO) of the Cancer Prevention and Research Institute of Texas (CPRIT). I am of sound mind and capable of making this sworn statement. I submit this affidavit pursuant to the legal requirement imposed by V.T.C.A., Health & Safety Code § 102.251(c).


My affidavit addresses the grant review process for the application stated above that is recommended for a CPRIT grant award by the Program Integration Committee (PIC). This application was submitted pursuant to the *Dissemination of CPRIT-Funded Cancer Control Interventions* Request for Applications (RFA). CPRIT received three applications for this RFA. This application was assigned to the Prevention review panel 1 for review. A preliminary evaluation process as described by 25 T.A.C. § 703.6(e)(1) was not used for applications in this cycle.

CPRIT staff and CPRIT’s third-party grants management vendor have recorded information and prepared documents during the course of their employment that are related to CPRIT’s grant review process described by Health & Safety Code Chapter 102. I have reviewed the information prepared by CPRIT staff and CPRIT’s third-party grants management vendor in my capacity as CPRIT’s CEO to prepare this affidavit. Some information (“CEO Affidavit-Supporting Information”) is applicable to all applications recommended for awards submitted pursuant to this RFA. The information listed below has been compiled as one packet and is incorporated herein by reference:

- The applicable Request for Applications (RFA) for this grant cycle
- An overview of the conflict of interest process, including any conflict of interest waivers granted
- The third party observer report(s) documenting that CPRIT’s grant review processes were followed by the review panel evaluating the applications in this grant cycle
- A de-identified list of the overall evaluation scores for applications submitted pursuant to the applicable RFA for this grant cycle
- A final overall evaluation score and rank order score submitted by the SRPP committees for the grant applications recommended by the PIC in this cycle


In addition to the CEO Affidavit-Supporting Information that is applicable to all applications submitted pursuant to the applicable RFA and recommended for grant awards this cycle, I have also reviewed the application's grant pedigree. The grant pedigree for the application listed above has been attached to this affidavit. The application pedigree provides an overview of the conflict of interest process applicable to this application, including any conflicts of interest reported by the review panel or by the PIC. I note that the following PIC members have approved conflict of interest waivers on file for FY2016: Dr. John Hellerstedt, Department of State Health Services Commissioner, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(3); and Dr. Becky Garcia, Chief Prevention Officer, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(1). At the time of signing this affidavit, the Oversight Committee has not yet reviewed the application; however, I note that members Will Montgomery and Amy Mitchell also have conflict of interest waivers on file for FY2016 applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(4).

I personally reviewed the information for the grant application listed above and referenced herein. Based upon my review of the information and to the best of my knowledge, I swear or affirm that the peer review process for the grant application was consistent, in all material aspects, with the process described in the statute and CPRIT's administrative rules. This statement is true."


Wayne R. Roberts,
CEO, Cancer Prevention and Research Institute of Texas

State of Texas
County of Travis

SWORN to and SUBSCRIBED before me, the undersigned authority, on
the 3rd day of August, 2016,
by WAYNE R. ROBERTS.


Sandra Reyes
Notary Public, State of Texas



Notary without Bond

CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS
APPLICATION PEDIGREE

FY 2016
CYCLE 2
PROGRAM Prevention
AWARD MECHANISM Dissemination of CPRIT-Funded Cancer Control Interventions (DI)
APPLICATION ID PP160093
APPLICATION TITLE Access for Breast Care for West Texas (ABC4WT)Development of a Replication Model for Dissemination and Implementation
APPLICANT NAME Layeequr Rahman, Rakhshanda
ORGANIZATION Texas Tech University Health Sciences Center
PANEL NAME 16.2 Prevention Panel-1 (16.2 PP-1)

| Category | Compliance Requirement | Information | Attestation Date |
|---|--|-------------------|------------------|
| 1. Pre-Receipt | RFA Approved by CPO | 09/04/15 | 07/14/16 |
| | RFA published in Texas Register | 09/25/15 | 07/14/16 |
| | CPRIT Application Receipt System (CARS) opened | 09/24/15 | 07/07/16 |
| | CPRIT Application Receipt System (CARS) closed | 03/03/16 | 07/07/16 |
| | Date application submitted | 02/29/16 | 07/07/16 |
| | Method of submission | CARS | 07/07/16 |
| | Within receipt period | YES | 07/07/16 |
| | Request for extension to submit application after CARS closed | N/A | 07/07/16 |
| | Request for extension for late application submission accepted | N/A | 07/07/16 |
| 2. Receipt, Referral, and Assignment | Administrative review notification | N/A | 07/07/16 |
| | Donation(s) made to CPRIT/foundation | NO | 07/07/16 |
| | Assigned to primary reviewers | 04/04/16 | 07/07/16 |
| | Applicant notified of review panel assignment | 04/11/16 | 07/07/16 |
| | Primary Reviewer 1 COI signed | 04/01/16 | 07/07/16 |
| | Primary (Advocate) Reviewer 2 COI signed | 03/28/16 | 07/07/16 |
| | Primary Reviewer 3 COI signed | 03/18/16 | 07/07/16 |
| | Primary Reviewer 4 COI signed | 03/26/16 | 07/07/16 |
| 3. Peer Review Meeting | Primary Reviewer 1 critique submitted | 05/04/16 | 07/07/16 |
| | Primary (Advocate) Reviewer 2 critique submitted | 05/06/16 | 07/07/16 |
| | Primary Reviewer 3 critique submitted | 05/06/16 | 07/07/16 |
| | Primary Reviewer 4 critique submitted | 05/06/16 | 07/07/16 |
| | COI indicated by non-primary reviewer | NONE | 07/07/16 |
| | COI recused from participation | N/A | 07/07/16 |
| | Discussed at Peer Review Meeting | YES | 07/07/16 |
| | Peer Review Meeting | 05/23/16-05/24/16 | 07/07/16 |
| | Post review statements signed | 05/26/16 | 07/07/16 |
| | Third Party Observer Report | 06/03/16 | 07/07/16 |
| | Score report delivered to CPO | 06/01/16 | 07/07/16 |
| 4. Final PRC Recommendation | Recommended for PRC Review | YES | 07/07/16 |
| | COI indicated by PRC member | NONE | 07/07/16 |
| | COI recused from participation | N/A | 07/07/16 |
| | PRC Meeting | 07/01/16 | 07/07/16 |
| | Third Party Observer Report | 07/12/16 | 07/13/16 |
| | Recommended for grant award | YES | 07/07/16 |
| 5. PIC Review | PRC Chair Notification to PIC and OC | 07/26/16 | 07/26/16 |
| | COI indicated by PIC member | NONE | 08/02/16 |
| | COI recused from participation | N/A | 08/02/16 |
| | PIC review meeting | 08/02/16 | 08/02/16 |
| 6. Oversight Committee Approval | Recommended for grant award | YES | 08/02/16 |
| | CEO Notification to Oversight Committee | DATE | |
| | COI indicated by Oversight Committee member | NAME or NONE | |
| | COI recused from participation | YES/NO or N/A | |
| | Donation(s) made to CPRIT/foundation | YES/NO | |
| | Presented to CPRIT Oversight Committee | 08/17/16 | |
| | Award approved by Oversight Committee | YES/NO | |
| | Authority to advance funds requested | YES/NO | |
| | Advance authority approved by Oversight Committee | YES/NO | |

The identity of the attesting party is retained by CPRIT.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO AFFIDAVIT
Application PP160075
Evidence-Based Cancer Prevention Services

THE STATE OF TEXAS

COUNTY OF TRAVIS

BEFORE ME, the undersigned authority, on this day personally appeared Wayne R. Roberts, who swore or affirmed to tell the truth, and stated as follows:

“My name is Wayne R. Roberts, the Chief Executive Officer (CEO) of the Cancer Prevention and Research Institute of Texas (CPRIT). I am of sound mind and capable of making this sworn statement. I submit this affidavit pursuant to the legal requirement imposed by V.T.C.A., Health & Safety Code § 102.251(c).

My affidavit addresses the grant review process for the application stated above that is recommended for a CPRIT grant award by the Program Integration Committee (PIC). This application was submitted pursuant to the *Evidence-Based Cancer Prevention Services* Request for Applications (RFA). CPRIT received 20 applications for this RFA. This application was assigned to the Prevention review panel 2 for review. A preliminary evaluation process as described by 25 T.A.C. § 703.6(e)(1) was not used for applications in this cycle.

CPRIT staff and CPRIT’s third-party grants management vendor have recorded information and prepared documents during the course of their employment that are related to CPRIT’s grant review process described by Health & Safety Code Chapter 102. I have reviewed the information prepared by CPRIT staff and CPRIT’s third-party grants management vendor in my capacity as CPRIT’s CEO to prepare this affidavit. Some information (“CEO Affidavit-Supporting Information”) is applicable to all applications recommended for awards submitted pursuant to this RFA. The information listed below has been compiled as one packet and is incorporated herein by reference:

- The applicable Request for Applications (RFA) for this grant cycle
- An overview of the conflict of interest process, including any conflict of interest waivers granted
- The third party observer report(s) documenting that CPRIT’s grant review processes were followed by the review panel evaluating the applications in this grant cycle
- A de-identified list of the overall evaluation scores for applications submitted pursuant to the applicable RFA for this grant cycle

Three applications in response to this RFA with an equal or more favorable score than those recommended were not recommended by the Prevention Review Council (PRC). As

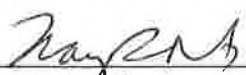
allowed in 25 T.A.C § 703.6(d)(1), the PRC's numerical rank order is substantially based on the final overall evaluation score, but also takes into consideration how well the grant application achieves program priorities and the overall program portfolio. The letter and rank order list from the PRC Chair explains why some recommended grant applications were ranked ahead of an application with a more favorable score as required by 25 T.A.C. § 703.6(d)(2)(B). In not recommending the three applications noted here, the PRC cited concerns of potential for impact, cost, current Prevention portfolio, available funding, and lack of evidence-base for one of the applications.

- A final overall evaluation score and rank order score submitted by the SRPP committees for the grant applications recommended by the PIC in this cycle

The PRC carried forward two applications in November 2015 to a later date in FY2016. At their meeting on July 1, 2016, the PRC reconsidered the two carried forward applications and voted not to recommend the applications to the PIC. The two applications have scores equal to or better than applications that are recommended to the PIC for the current cycle 16.2. However, as explained above, I am satisfied that the PRC acted pursuant to 25 TAC § 703.6(d)(1), and cited as reasons for not recommending the carried forward applications because of geographic concerns, overall portfolio, potential for impact, and high cost.

In addition to the CEO Affidavit-Supporting Information that is applicable to all applications submitted pursuant to the applicable RFA and recommended for grant awards this cycle, I have also reviewed the application's grant pedigree. The grant pedigree for the application listed above has been attached to this affidavit. The application pedigree provides an overview of the conflict of interest process applicable to this application, including any conflicts of interest reported by the review panel or by the PIC. I note that the following PIC members have approved conflict of interest waivers on file for FY2016: Dr. John Hellerstedt, Department of State Health Services Commissioner, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(3); and Dr. Becky Garcia, Chief Prevention Officer, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(1). At the time of signing this affidavit, the Oversight Committee has not yet reviewed the application; however, I note that members Will Montgomery and Amy Mitchell also have conflict of interest waivers on file for FY2016 applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(4).


I personally reviewed the information for the grant application listed above and referenced herein. Based upon my review of the information and to the best of my knowledge, I swear or affirm that the peer review process for the grant application was consistent, in all material aspects, with the process described in the statute and CPRIT's administrative rules. This statement is true."

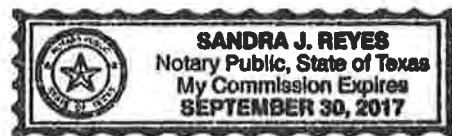


Wayne R. Roberts,
CEO, Cancer Prevention and Research Institute of Texas

State of Texas
County of Travis

SWORN to and SUBSCRIBED before me, the undersigned authority, on
the 3rd day of August, 2016,
by WAYNE R. ROBERTS.


Sandra Reyes
Notary Public, State of Texas



Notary without Bond

CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS
APPLICATION PEDIGREE

FY 2016
CYCLE 2
PROGRAM Prevention
AWARD MECHANISM Evidence-Based Cancer Prevention Services (EBP)
APPLICATION ID PP160075
APPLICATION TITLE Implementation an Evidence-Based Colorectal Cancer Screening Outreach Program Among Socioeconomically Disadvantaged Patients in a Safety Net Health System
APPLICANT NAME Singal, Amit
ORGANIZATION The University of Texas Southwestern Medical Center
PANEL NAME 16.2 Prevention Panel-2 (16.2 PP-2)

| Category | Compliance Requirement | Information | Attestation Date |
|--------------------------------------|--|-------------------|------------------|
| 1. Pre-Receipt | RFA Approved by CPO | 09/04/15 | 07/14/16 |
| | RFA published in Texas Register | 09/25/15 | 07/14/16 |
| | CPRIT Application Receipt System (CARS) opened | 09/24/15 | 07/07/16 |
| | CPRIT Application Receipt System (CARS) closed | 03/03/16 | 07/07/16 |
| | Date application submitted | 03/01/16 | 07/07/16 |
| | Method of submission | CARS | 07/07/16 |
| | Within receipt period | YES | 07/07/16 |
| | Request for extension to submit application after CARS closed | N/A | 07/07/16 |
| | Request for extension for late application submission accepted | N/A | 07/07/16 |
| 2. Receipt, Referral, and Assignment | Administrative review notification | N/A | 07/07/16 |
| | Donation(s) made to CPRIT/foundation | NO | 07/07/16 |
| | Assigned to primary reviewers | 03/31/16 | 07/07/16 |
| | Applicant notified of review panel assignment | 04/11/16 | 07/07/16 |
| | Primary Reviewer 1 COI signed | 03/29/16 | 07/07/16 |
| | Primary (Advocate) Reviewer 2 COI signed | 03/20/16 | 07/07/16 |
| | Primary Reviewer 3 COI signed | 03/25/16 | 07/07/16 |
| | Primary Reviewer 4 COI signed | 03/17/16 | 07/07/16 |
| 3. Peer Review Meeting | Primary Reviewer 1 critique submitted | 05/05/16 | 07/07/16 |
| | Primary (Advocate) Reviewer 2 critique submitted | 04/09/16 | 07/07/16 |
| | Primary Reviewer 3 critique submitted | 05/03/16 | 07/07/16 |
| | Primary Reviewer 4 critique submitted | 04/30/16 | 07/07/16 |
| | COI indicated by non-primary reviewer | Nguyen, Mindie | 07/07/16 |
| | COI recused from participation | YES | 07/07/16 |
| | Discussed at Peer Review Meeting | YES | 07/07/16 |
| | Peer Review Meeting | 05/24/16-05/25/16 | 07/07/16 |
| | Post review statements signed | 05/26/16 | 07/07/16 |
| | Third Party Observer Report | 06/03/16 | 07/07/16 |
| | Score report delivered to CPO | 06/01/16 | 07/07/16 |
| 4. Final PRC Recommendation | Recommended for PRC Review | YES | 07/07/16 |
| | COI indicated by PRC member | NONE | 07/07/16 |
| | COI recused from participation | N/A | 07/07/16 |
| | PRC Meeting | 07/01/16 | 07/07/16 |
| | Third Party Observer Report | 07/12/16 | 07/13/16 |
| | Recommended for grant award | YES | 07/07/16 |
| 5. PIC Review | PRC Chair Notification to PIC and OC | 07/26/16 | 07/26/16 |
| | COI indicated by PIC member | J. Willson | 08/02/16 |
| | COI recused from participation | YES | 08/02/16 |
| | PIC review meeting | 08/02/16 | 08/02/16 |
| 6. Oversight Committee Approval | Recommended for grant award | YES | 08/02/16 |
| | CEO Notification to Oversight Committee | DATE | |
| | COI indicated by Oversight Committee member | NAME or NONE | |
| | COI recused from participation | YES/NO or N/A | |
| | Donation(s) made to CPRIT/foundation | YES/NO | |
| | Presented to CPRIT Oversight Committee | 08/17/16 | |
| | Award approved by Oversight Committee | YES/NO | |
| | Authority to advance funds requested | YES/NO | |
| | Advance authority approved by Oversight Committee | YES/NO | |

The identity of the attesting party is retained by CPRIT.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO AFFIDAVIT
Application PP160079
Evidence-Based Cancer Prevention Services

THE STATE OF TEXAS

COUNTY OF TRAVIS

BEFORE ME, the undersigned authority, on this day personally appeared Wayne R. Roberts, who swore or affirmed to tell the truth, and stated as follows:

“My name is Wayne R. Roberts, the Chief Executive Officer (CEO) of the Cancer Prevention and Research Institute of Texas (CPRIT). I am of sound mind and capable of making this sworn statement. I submit this affidavit pursuant to the legal requirement imposed by V.T.C.A., Health & Safety Code § 102.251(c).

My affidavit addresses the grant review process for the application stated above that is recommended for a CPRIT grant award by the Program Integration Committee (PIC). This application was submitted pursuant to the *Evidence-Based Cancer Prevention Services* Request for Applications (RFA). CPRIT received 20 applications for this RFA. This application was assigned to the Prevention review panel 2 for review. A preliminary evaluation process as described by 25 T.A.C. § 703.6(e)(1) was not used for applications in this cycle.

CPRIT staff and CPRIT’s third-party grants management vendor have recorded information and prepared documents during the course of their employment that are related to CPRIT’s grant review process described by Health & Safety Code Chapter 102. I have reviewed the information prepared by CPRIT staff and CPRIT’s third-party grants management vendor in my capacity as CPRIT’s CEO to prepare this affidavit. Some information (“CEO Affidavit-Supporting Information”) is applicable to all applications recommended for awards submitted pursuant to this RFA. The information listed below has been compiled as one packet and is incorporated herein by reference:

- The applicable Request for Applications (RFA) for this grant cycle
- An overview of the conflict of interest process, including any conflict of interest waivers granted
- The third party observer report(s) documenting that CPRIT’s grant review processes were followed by the review panel evaluating the applications in this grant cycle
- A de-identified list of the overall evaluation scores for applications submitted pursuant to the applicable RFA for this grant cycle

Three applications in response to this RFA with an equal or more favorable score than those recommended were not recommended by the Prevention Review Council (PRC). As

allowed in 25 T.A.C § 703.6(d)(1), the PRC's numerical rank order is substantially based on the final overall evaluation score, but also takes into consideration how well the grant application achieves program priorities and the overall program portfolio. The PRC recommendations considered geographical impact, cancer site of the applications as compared to the overall Prevention portfolio, and cost. The letter and rank order list from the PRC Chair explains why some recommended grant applications were ranked ahead of an application with a more favorable score as required by 25 T.A.C. § 703.6(d)(2)(B).

- A final overall evaluation score and rank order score submitted by the SRPP committees for the grant applications recommended by the PIC in this cycle

The PRC carried forward two applications in November 2015 to a later date in FY2016. At their meeting on July 1, 2016, the PRC reconsidered the two carried forward applications and voted not to recommend the applications to the PIC. The two applications have scores equal to or better than applications that are recommended to the PIC for the current cycle 16.2. However, as explained above, I am satisfied that the PRC acted pursuant to 25 TAC § 703.6(d)(1), and cited as reasons for not recommending the carried forward applications because of geographic concerns, overall portfolio, potential for impact, and high cost.

In addition to the CEO Affidavit-Supporting Information that is applicable to all applications submitted pursuant to the applicable RFA and recommended for grant awards this cycle, I have also reviewed the application's grant pedigree. The grant pedigree for the application listed above has been attached to this affidavit. The application pedigree provides an overview of the conflict of interest process applicable to this application, including any conflicts of interest reported by the review panel or by the PIC. I note that the following PIC members have approved conflict of interest waivers on file for FY2016: Dr. John Hellerstedt, Department of State Health Services Commissioner, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(3); and Dr. Becky Garcia, Chief Prevention Officer, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(1). At the time of signing this affidavit, the Oversight Committee has not yet reviewed the application; however, I note that members Will Montgomery and Amy Mitchell also have conflict of interest waivers on file for FY2016 applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(4).

I personally reviewed the information for the grant application listed above and referenced herein. Based upon my review of the information and to the best of my knowledge, I swear or affirm that the peer review process for the grant application was consistent, in all material aspects, with the process described in the statute and CPRIT's administrative rules.
This statement is true."

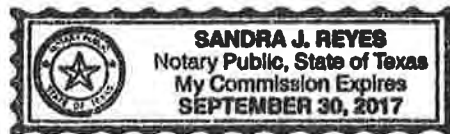


Wayne R. Roberts,
CEO, Cancer Prevention and Research Institute of Texas

State of Texas
County of Travis

SWORN to and SUBSCRIBED before me, the undersigned authority, on
the 3rd day of August, 2016,
by WAYNE R. ROBERTS.


Sandra Reyes
Notary Public, State of Texas



Notary without Bond

CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

APPLICATION PEDIGREE

FY 2016
 CYCLE 2
 PROGRAM Prevention
 AWARD MECHANISM Evidence-Based Cancer Prevention Services (EBP)
 APPLICATION ID PP160079
 APPLICATION TITLE Leveraging a Community Network for Cancer Prevention to Increase HPV Vaccine Uptake and Completion among Pediatric Patients in a Safety Net Healthcare Setting
 APPLICANT NAME Jibaja-Weiss, Maria
 ORGANIZATION Baylor College of Medicine
 PANEL NAME 16.2 Prevention Panel-2 (16.2 PP-2)

| Category | Compliance Requirement | Information | Attestation Date |
|--------------------------------------|--|-------------------|------------------|
| 1. Pre-Receipt | RFA Approved by CPO | 09/04/15 | 07/14/16 |
| | RFA published in Texas Register | 09/25/15 | 07/14/16 |
| | CPRIT Application Receipt System (CARS) opened | 09/24/15 | 07/07/16 |
| | CPRIT Application Receipt System (CARS) closed | 03/03/16 | 07/07/16 |
| | Date application submitted | 03/01/16 | 07/07/16 |
| | Method of submission | CARS | 07/07/16 |
| | Within receipt period | YES | 07/07/16 |
| | Request for extension to submit application after CARS closed | N/A | 07/07/16 |
| | Request for extension for late application submission accepted | N/A | 07/07/16 |
| 2. Receipt, Referral, and Assignment | Administrative review notification | N/A | 07/07/16 |
| | Donation(s) made to CPRIT/foundation | NO | 07/07/16 |
| | Assigned to primary reviewers | 03/31/16 | 07/07/16 |
| | Applicant notified of review panel assignment | 04/11/16 | 07/07/16 |
| | Primary Reviewer 1 COI signed | 03/25/16 | 07/07/16 |
| | Primary (Advocate) Reviewer 2 COI signed | 03/28/16 | 07/07/16 |
| | Primary Reviewer 3 COI signed | 03/22/16 | 07/07/16 |
| | Primary Reviewer 4 COI signed | 04/01/16 | 07/07/16 |
| 3. Peer Review Meeting | Primary Reviewer 1 critique submitted | 05/04/16 | 07/07/16 |
| | Primary (Advocate) Reviewer 2 critique submitted | 05/06/16 | 07/07/16 |
| | Primary Reviewer 3 critique submitted | 05/13/16 | 07/07/16 |
| | Primary Reviewer 4 critique submitted | 04/28/16 | 07/07/16 |
| | COI indicated by non-primary reviewer | Nguyen, Mindie | 07/07/16 |
| | COI recused from participation | YES | 07/07/16 |
| | Discussed at Peer Review Meeting | YES | 07/07/16 |
| | Peer Review Meeting | 05/24/16-05/25/16 | 07/07/16 |
| | Post review statements signed | 05/26/16 | 07/07/16 |
| | Third Party Observer Report | 06/03/16 | 07/07/16 |
| | Score report delivered to CPO | 06/01/16 | 07/07/16 |
| | Recommended for PRC Review | YES | 07/07/16 |
| 4. Final PRC Recommendation | COI indicated by PRC member | NONE | 07/07/16 |
| | COI recused from participation | N/A | 07/07/16 |
| | PRC Meeting | 07/01/16 | 07/07/16 |
| | Third Party Observer Report | 07/12/16 | 07/13/16 |
| | Recommended for grant award | YES | 07/07/16 |
| | PRC Chair Notification to PIC and OC | 07/26/16 | 07/26/16 |
| 5. PIC Review | COI indicated by PIC member | NONE | 08/02/16 |
| | COI recused from participation | J. Willson* | 08/02/16 |
| | PIC review meeting | 08/02/16 | 08/02/16 |
| | Recommended for grant award | YES | 08/02/16 |
| 6. Oversight Committee Approval | CEO Notification to Oversight Committee | DATE | |
| | COI indicated by Oversight Committee member | NAME or NONE | |
| | COI recused from participation | YES/NO or N/A | |
| | Donation(s) made to CPRIT/foundation | YES/NO | |
| | Presented to CPRIT Oversight Committee | 08/17/16 | |
| | Award approved by Oversight Committee | YES/NO | |
| | Authority to advance funds requested | YES/NO | |
| | Advance authority approved by Oversight Committee | YES/NO | |

*Dr. Willson did not participate in voting on this EBP application.

The identity of the attesting party is retained by CPRIT.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO AFFIDAVIT
Application PP160080
Evidence-Based Cancer Prevention Services

THE STATE OF TEXAS

COUNTY OF TRAVIS

BEFORE ME, the undersigned authority, on this day personally appeared Wayne R. Roberts, who swore or affirmed to tell the truth, and stated as follows:

“My name is Wayne R. Roberts, the Chief Executive Officer (CEO) of the Cancer Prevention and Research Institute of Texas (CPRIT). I am of sound mind and capable of making this sworn statement. I submit this affidavit pursuant to the legal requirement imposed by V.T.C.A., Health & Safety Code § 102.251(c).

My affidavit addresses the grant review process for the application stated above that is recommended for a CPRIT grant award by the Program Integration Committee (PIC). This application was submitted pursuant to the *Evidence-Based Cancer Prevention Services* Request for Applications (RFA). CPRIT received 20 applications for this RFA. This application was assigned to the Prevention review panel 1 for review. A preliminary evaluation process as described by 25 T.A.C. § 703.6(e)(1) was not used for applications in this cycle.

CPRIT staff and CPRIT’s third-party grants management vendor have recorded information and prepared documents during the course of their employment that are related to CPRIT’s grant review process described by Health & Safety Code Chapter 102. I have reviewed the information prepared by CPRIT staff and CPRIT’s third-party grants management vendor in my capacity as CPRIT’s CEO to prepare this affidavit. Some information (“CEO Affidavit-Supporting Information”) is applicable to all applications recommended for awards submitted pursuant to this RFA. The information listed below has been compiled as one packet and is incorporated herein by reference:

- The applicable Request for Applications (RFA) for this grant cycle
- An overview of the conflict of interest process, including any conflict of interest waivers granted
- The third party observer report(s) documenting that CPRIT’s grant review processes were followed by the review panel evaluating the applications in this grant cycle
- A de-identified list of the overall evaluation scores for applications submitted pursuant to the applicable RFA for this grant cycle

Three applications in response to this RFA with an equal or more favorable score than those recommended were not recommended by the Prevention Review Council (PRC). As

allowed in 25 T.A.C § 703.6(d)(1), the PRC's numerical rank order is substantially based on the final overall evaluation score, but also takes into consideration how well the grant application achieves program priorities and the overall program portfolio. The PRC recommendations considered geographical impact, cancer site of the applications as compared to the overall Prevention portfolio, and cost. The letter and rank order list from the PRC Chair explains why some recommended grant applications were ranked ahead of an application with a more favorable score as required by 25 T.A.C. § 703.6(d)(2)(B).

- A final overall evaluation score and rank order score submitted by the SRPP committees for the grant applications recommended by the PIC in this cycle

The PRC carried forward two applications in November 2015 to a later date in FY2016. At their meeting on July 1, 2016, the PRC reconsidered the two carried forward applications and voted not to recommend the applications to the PIC. The two applications have scores equal to or better than applications that are recommended to the PIC for the current cycle 16.2. However, as explained above, I am satisfied that the PRC acted pursuant to 25 TAC § 703.6(d)(1), and cited as reasons for not recommending the carried forward applications because of geographic concerns, overall portfolio, potential for impact, and high cost.


In addition to the CEO Affidavit-Supporting Information that is applicable to all applications submitted pursuant to the applicable RFA and recommended for grant awards this cycle, I have also reviewed the application's grant pedigree. The grant pedigree for the application listed above has been attached to this affidavit. The application pedigree provides an overview of the conflict of interest process applicable to this application, including any conflicts of interest reported by the review panel or by the PIC. I note that the following PIC members have approved conflict of interest waivers on file for FY2016: Dr. John Hellerstedt, Department of State Health Services Commissioner, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(3); and Dr. Becky Garcia, Chief Prevention Officer, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(1). At the time of signing this affidavit, the Oversight Committee has not yet reviewed the application; however, I note that members Will Montgomery and Amy Mitchell also have conflict of interest waivers on file for FY2016 applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(4).

I personally reviewed the information for the grant application listed above and referenced herein. Based upon my review of the information and to the best of my knowledge, I swear or affirm that the peer review process for the grant application was consistent, in all material aspects, with the process described in the statute and CPRIT's administrative rules.
This statement is true."

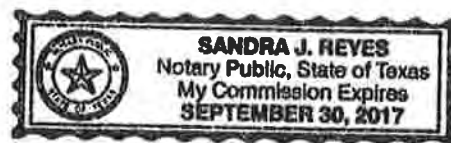

Wayne R. Roberts,
CEO, Cancer Prevention and Research Institute of Texas

State of Texas
County of Travis

SWORN to and SUBSCRIBED before me, the undersigned authority, on
the 3rd day of August, 2016,
by WAYNE R. ROBERTS.



Sandra Reyes
Notary Public, State of Texas



Notary without Bond

CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

APPLICATION PEDIGREE

FY 2016
 CYCLE 2
 PROGRAM Prevention
 AWARD MECHANISM Evidence-Based Cancer Prevention Services (EBP)
 APPLICATION ID PP160080
 APPLICATION TITLE Promoting HPV Vaccination Among Hispanic Adolescents and Young Adults Using Health Care System-Based Interventions and Community Outreach
 APPLICANT NAME Morales-Campos, Daisy
 ORGANIZATION The University of Texas Health Science Center at San Antonio
 PANEL NAME 16.2 Prevention Panel-1 (16.2 PP-1)

| Category | Compliance Requirement | Information | Attestation Date |
|--------------------------------------|--|-------------------|------------------|
| 1. Pre-Receipt | RFA Approved by CPO | 09/04/15 | 07/14/16 |
| | RFA published in Texas Register | 09/25/15 | 07/14/16 |
| | CPRIT Application Receipt System (CARS) opened | 09/24/15 | 07/07/16 |
| | CPRIT Application Receipt System (CARS) closed | 03/03/16 | 07/07/16 |
| | Date application submitted | 03/03/16 | 07/07/16 |
| | Method of submission | CARS | 07/07/16 |
| | Within receipt period | YES | 07/07/16 |
| | Request for extension to submit application after CARS closed | N/A | 07/07/16 |
| | Request for extension for late application submission accepted | N/A | 07/07/16 |
| 2. Receipt, Referral, and Assignment | Administrative review notification | N/A | 07/07/16 |
| | Donation(s) made to CPRIT/foundation | NO | 07/07/16 |
| | Assigned to primary reviewers | 04/04/16 | 07/07/16 |
| | Applicant notified of review panel assignment | 04/11/16 | 07/07/16 |
| | Primary Reviewer 1 COI signed | 03/22/16 | 07/07/16 |
| | Primary (Advocate) Reviewer 2 COI signed | 03/19/16 | 07/07/16 |
| | Primary Reviewer 3 COI signed | 03/18/16 | 07/07/16 |
| | Primary Reviewer 4 COI signed | 03/25/16 | 07/07/16 |
| 3. Peer Review Meeting | Primary Reviewer 1 critique submitted | 05/06/16 | 07/07/16 |
| | Primary (Advocate) Reviewer 2 critique submitted | 05/02/16 | 07/07/16 |
| | Primary Reviewer 3 critique submitted | 04/21/16 | 07/07/16 |
| | Primary Reviewer 4 critique submitted | 05/01/16 | 07/07/16 |
| | COI indicated by non-primary reviewer | NONE | 07/07/16 |
| | COI recused from participation | N/A | 07/07/16 |
| | Discussed at Peer Review Meeting | YES | 07/07/16 |
| | Peer Review Meeting | 05/23/16-05/24/16 | 07/07/16 |
| | Post review statements signed | 05/26/16 | 07/07/16 |
| | Third Party Observer Report | 06/03/16 | 07/07/16 |
| | Score report delivered to CPO | 06/01/16 | 07/07/16 |
| | Recommended for PRC Review | YES | 07/07/16 |
| 4. Final PRC Recommendation | COI indicated by PRC member | NONE | 07/07/16 |
| | COI recused from participation | N/A | 07/07/16 |
| | PRC Meeting | 07/01/16 | 07/07/16 |
| | Third Party Observer Report | 07/12/16 | 07/13/16 |
| | Recommended for grant award | YES | 07/07/16 |
| | PRC Chair Notification to PIC and OC | 07/26/16 | 07/26/16 |
| 5. PIC Review | COI indicated by PIC member | NONE | 08/02/16 |
| | COI recused from participation | J. Willson* | 08/02/16 |
| | PIC review meeting | 08/02/16 | 08/02/16 |
| | Recommended for grant award | YES | 08/02/16 |
| 6. Oversight Committee Approval | CEO Notification to Oversight Committee | DATE | |
| | COI indicated by Oversight Committee member | NAME or NONE | |
| | COI recused from participation | YES/NO or N/A | |
| | Donation(s) made to CPRIT/foundation | YES/NO | |
| | Presented to CPRIT Oversight Committee | 08/17/16 | |
| | Award approved by Oversight Committee | YES/NO | |
| | Authority to advance funds requested | YES/NO | |
| | Advance authority approved by Oversight Committee | YES/NO | |

*Dr. Willson did not participate in voting on this EBP application.

The identity of the attesting party is retained by CPRIT.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO AFFIDAVIT
Application PP160089
Evidence-Based Cancer Prevention Services

THE STATE OF TEXAS

COUNTY OF TRAVIS

BEFORE ME, the undersigned authority, on this day personally appeared Wayne R. Roberts, who swore or affirmed to tell the truth, and stated as follows:

“My name is Wayne R. Roberts, the Chief Executive Officer (CEO) of the Cancer Prevention and Research Institute of Texas (CPRIT). I am of sound mind and capable of making this sworn statement. I submit this affidavit pursuant to the legal requirement imposed by V.T.C.A., Health & Safety Code § 102.251(c).

My affidavit addresses the grant review process for the application stated above that is recommended for a CPRIT grant award by the Program Integration Committee (PIC). This application was submitted pursuant to the *Evidence-Based Cancer Prevention Services* Request for Applications (RFA). CPRIT received 20 applications for this RFA. This application was assigned to the Prevention review panel 2 for review. A preliminary evaluation process as described by 25 T.A.C. § 703.6(e)(1) was not used for applications in this cycle.

CPRIT staff and CPRIT’s third-party grants management vendor have recorded information and prepared documents during the course of their employment that are related to CPRIT’s grant review process described by Health & Safety Code Chapter 102. I have reviewed the information prepared by CPRIT staff and CPRIT’s third-party grants management vendor in my capacity as CPRIT’s CEO to prepare this affidavit. Some information (“CEO Affidavit-Supporting Information”) is applicable to all applications recommended for awards submitted pursuant to this RFA. The information listed below has been compiled as one packet and is incorporated herein by reference:

- The applicable Request for Applications (RFA) for this grant cycle
- An overview of the conflict of interest process, including any conflict of interest waivers granted
- The third party observer report(s) documenting that CPRIT’s grant review processes were followed by the review panel evaluating the applications in this grant cycle
- A de-identified list of the overall evaluation scores for applications submitted pursuant to the applicable RFA for this grant cycle

Three applications in response to this RFA with an equal or more favorable score than those recommended were not recommended by the Prevention Review Council (PRC). As

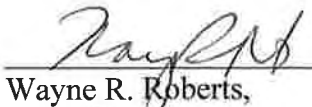
allowed in 25 T.A.C § 703.6(d)(1), the PRC's numerical rank order is substantially based on the final overall evaluation score, but also takes into consideration how well the grant application achieves program priorities and the overall program portfolio. The PRC recommendations considered geographical impact, cancer site of the applications as compared to the overall Prevention portfolio, and cost. The letter and rank order list from the PRC Chair explains why some recommended grant applications were ranked ahead of an application with a more favorable score as required by 25 T.A.C. § 703.6(d)(2)(B).

- A final overall evaluation score and rank order score submitted by the SRPP committees for the grant applications recommended by the PIC in this cycle

The PRC carried forward two applications in November 2015 to a later date in FY2016. At their meeting on July 1, 2016, the PRC reconsidered the two carried forward applications and voted not to recommend the applications to the PIC. The two applications have scores equal to or better than applications that are recommended to the PIC for the current cycle 16.2. However, as explained above, I am satisfied that the PRC acted pursuant to 25 TAC § 703.6(d)(1), and cited as reasons for not recommending the carried forward applications because of geographic concerns, overall portfolio, potential for impact, and high cost.

In addition to the CEO Affidavit-Supporting Information that is applicable to all applications submitted pursuant to the applicable RFA and recommended for grant awards this cycle, I have also reviewed the application's grant pedigree. The grant pedigree for the application listed above has been attached to this affidavit. The application pedigree provides an overview of the conflict of interest process applicable to this application, including any conflicts of interest reported by the review panel or by the PIC. I note that the following PIC members have approved conflict of interest waivers on file for FY2016: Dr. John Hellerstedt, Department of State Health Services Commissioner, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(3); and Dr. Becky Garcia, Chief Prevention Officer, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(1). At the time of signing this affidavit, the Oversight Committee has not yet reviewed the application; however, I note that members Will Montgomery and Amy Mitchell also have conflict of interest waivers on file for FY2016 applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(4).


I personally reviewed the information for the grant application listed above and referenced herein. Based upon my review of the information and to the best of my knowledge, I swear or affirm that the peer review process for the grant application was consistent, in all material aspects, with the process described in the statute and CPRIT's administrative rules.
This statement is true."

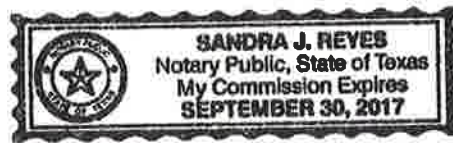


Wayne R. Roberts,
CEO, Cancer Prevention and Research Institute of Texas

State of Texas
County of Travis

SWORN to and SUBSCRIBED before me, the undersigned authority, on
the 3rd day of August, 2016,
by WAYNE R. ROBERTS.


Sandra Reyes
Notary Public, State of Texas



Notary without Bond

CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS
APPLICATION PEDIGREE

FY 2016
CYCLE 2
PROGRAM Prevention
AWARD MECHANISM Evidence-Based Cancer Prevention Services (EBP)
APPLICATION ID PP160089

APPLICATION TITLE Prevent HCC – through Screening, Vaccination and Treatment of Viral Hepatitis

APPLICANT NAME Mittal, Sahil
ORGANIZATION Baylor College of Medicine
PANEL NAME 16.2 Prevention Panel-2 (16.2 PP-2)

| Category | Compliance Requirement | Information | Attestation Date |
|---|--|-------------------|------------------|
| 1. Pre-Receipt | RFA Approved by CPO | 09/04/15 | 07/14/16 |
| | RFA published in Texas Register | 09/25/15 | 07/14/16 |
| | CPRIT Application Receipt System (CARS) opened | 09/24/15 | 07/07/16 |
| | CPRIT Application Receipt System (CARS) closed | 03/03/16 | 07/07/16 |
| | Date application submitted | 03/03/16 | 07/07/16 |
| | Method of submission | CARS | 07/07/16 |
| | Within receipt period | YES | 07/07/16 |
| | Request for extension to submit application after CARS closed | N/A | 07/07/16 |
| | Request for extension for late application submission accepted | N/A | 07/07/16 |
| 2. Receipt, Referral, and Assignment | Administrative review notification | N/A | 07/07/16 |
| | Donation(s) made to CPRIT/foundation | NO | 07/07/16 |
| | Assigned to primary reviewers | 03/31/16 | 07/07/16 |
| | Applicant notified of review panel assignment | 04/11/16 | 07/07/16 |
| | Primary Reviewer 1 COI signed | 04/12/16 | 07/07/16 |
| | Primary (Advocate) Reviewer 2 COI signed | 03/20/16 | 07/07/16 |
| | Primary Reviewer 3 COI signed | 03/19/16 | 07/07/16 |
| | Primary Reviewer 4 COI signed | 04/01/16 | 07/07/16 |
| 3. Peer Review Meeting | Primary Reviewer 1 critique submitted | 05/18/16 | 07/07/16 |
| | Primary (Advocate) Reviewer 2 critique submitted | 04/12/16 | 07/07/16 |
| | Primary Reviewer 3 critique submitted | 04/22/16 | 07/07/16 |
| | Primary Reviewer 4 critique submitted | 05/01/16 | 07/07/16 |
| | COI indicated by non-primary reviewer | NONE | 07/07/16 |
| | COI recused from participation | N/A | 07/07/16 |
| | Discussed at Peer Review Meeting | YES | 07/07/16 |
| | Peer Review Meeting | 05/24/16-05/25/16 | 07/07/16 |
| | Post review statements signed | 05/26/16 | 07/07/16 |
| | Third Party Observer Report | 06/03/16 | 07/07/16 |
| | Score report delivered to CPO | 06/01/16 | 07/07/16 |
| | Recommended for PRC Review | YES | 07/07/16 |
| 4. Final PRC Recommendation | COI indicated by PRC member | NONE | 07/07/16 |
| | COI recused from participation | N/A | 07/07/16 |
| | PRC Meeting | 07/01/16 | 07/07/16 |
| | Third Party Observer Report | 07/12/16 | 07/13/16 |
| | Recommended for grant award | YES | 07/07/16 |
| | PRC Chair Notification to PIC and OC | 07/26/16 | 07/26/16 |
| 5. PIC Review | COI indicated by PIC member | NONE | 08/02/16 |
| | COI recused from participation | J. Willson* | 08/02/16 |
| | PIC review meeting | 08/02/16 | 08/02/16 |
| | Recommended for grant award | YES | 08/02/16 |
| 6. Oversight Committee Approval | CEO Notification to Oversight Committee | DATE | |
| | COI indicated by Oversight Committee member | NAME or NONE | |
| | COI recused from participation | YES/NO or N/A | |
| | Donation(s) made to CPRIT/foundation | YES/NO | |
| | Presented to CPRIT Oversight Committee | 08/17/16 | |
| | Award approved by Oversight Committee | YES/NO | |
| | Authority to advance funds requested | YES/NO | |
| | Advance authority approved by Oversight Committee | YES/NO | |

*Dr. Willson did not participate in voting on this EBP application.

The identity of the attesting party is retained by CPRIT.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO AFFIDAVIT
Application PP160097
Evidence-Based Cancer Prevention Services

THE STATE OF TEXAS

COUNTY OF TRAVIS

BEFORE ME, the undersigned authority, on this day personally appeared Wayne R. Roberts, who swore or affirmed to tell the truth, and stated as follows:

“My name is Wayne R. Roberts, the Chief Executive Officer (CEO) of the Cancer Prevention and Research Institute of Texas (CPRIT). I am of sound mind and capable of making this sworn statement. I submit this affidavit pursuant to the legal requirement imposed by V.T.C.A., Health & Safety Code § 102.251(c).

My affidavit addresses the grant review process for the application stated above that is recommended for a CPRIT grant award by the Program Integration Committee (PIC). This application was submitted pursuant to the *Evidence-Based Cancer Prevention Services Request for Applications* (RFA). CPRIT received 20 applications for this RFA. This application was assigned to the Prevention review panel 2 for review. A preliminary evaluation process as described by 25 T.A.C. § 703.6(e)(1) was not used for applications in this cycle.

CPRIT staff and CPRIT’s third-party grants management vendor have recorded information and prepared documents during the course of their employment that are related to CPRIT’s grant review process described by Health & Safety Code Chapter 102. I have reviewed the information prepared by CPRIT staff and CPRIT’s third-party grants management vendor in my capacity as CPRIT’s CEO to prepare this affidavit. Some information (“CEO Affidavit-Supporting Information”) is applicable to all applications recommended for awards submitted pursuant to this RFA. The information listed below has been compiled as one packet and is incorporated herein by reference:

- The applicable Request for Applications (RFA) for this grant cycle
- An overview of the conflict of interest process, including any conflict of interest waivers granted
- The third party observer report(s) documenting that CPRIT’s grant review processes were followed by the review panel evaluating the applications in this grant cycle
- A de-identified list of the overall evaluation scores for applications submitted pursuant to the applicable RFA for this grant cycle

Three applications in response to this RFA with an equal or more favorable score than those recommended were not recommended by the Prevention Review Council (PRC). As

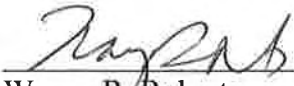
allowed in 25 T.A.C § 703.6(d)(1), the PRC's numerical rank order is substantially based on the final overall evaluation score, but also takes into consideration how well the grant application achieves program priorities and the overall program portfolio. The PRC recommendations considered geographical impact, cancer site of the applications as compared to the overall Prevention portfolio, and cost. The letter and rank order list from the PRC Chair explains why some recommended grant applications were ranked ahead of an application with a more favorable score as required by 25 T.A.C. § 703.6(d)(2)(B).

- A final overall evaluation score and rank order score submitted by the SRPP committees for the grant applications recommended by the PIC in this cycle

The PRC carried forward two applications in November 2015 to a later date in FY2016. At their meeting on July 1, 2016, the PRC reconsidered the two carried forward applications and voted not to recommend the applications to the PIC. The two applications have scores equal to or better than applications that are recommended to the PIC for the current cycle 16.2. However, as explained above, I am satisfied that the PRC acted pursuant to 25 TAC § 703.6(d)(1), and cited as reasons for not recommending the carried forward applications because of geographic concerns, overall portfolio, potential for impact, and high cost.

In addition to the CEO Affidavit-Supporting Information that is applicable to all applications submitted pursuant to the applicable RFA and recommended for grant awards this cycle, I have also reviewed the application's grant pedigree. The grant pedigree for the application listed above has been attached to this affidavit. The application pedigree provides an overview of the conflict of interest process applicable to this application, including any conflicts of interest reported by the review panel or by the PIC. I note that the following PIC members have approved conflict of interest waivers on file for FY2016: Dr. John Hellerstedt, Department of State Health Services Commissioner, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(3); and Dr. Becky Garcia, Chief Prevention Officer, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(1). At the time of signing this affidavit, the Oversight Committee has not yet reviewed the application; however, I note that members Will Montgomery and Amy Mitchell also have conflict of interest waivers on file for FY2016 applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(4).

I personally reviewed the information for the grant application listed above and referenced herein. Based upon my review of the information and to the best of my knowledge, I swear or affirm that the peer review process for the grant application was consistent, in all material aspects, with the process described in the statute and CPRIT's administrative rules.
This statement is true."




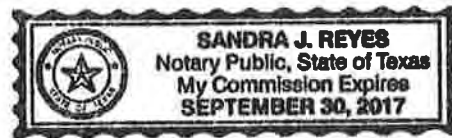
Wayne R. Roberts,

CEO, Cancer Prevention and Research Institute of Texas

State of Texas
County of Travis

SWORN to and SUBSCRIBED before me, the undersigned authority, on
the 3rd day of August, 2016,
by WAYNE R. ROBERTS.


Sandra Reyes
Notary Public, State of Texas



Notary without Bond

CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

APPLICATION PEDIGREE

FY 2016
CYCLE 2
PROGRAM Prevention
AWARD MECHANISM Evidence-Based Cancer Prevention Services (EBP)
APPLICATION ID PP160097
APPLICATION TITLE School-Based Human Papillomavirus Vaccination Program in the Lower Rio Grande Valley
APPLICANT NAME Rodriguez, Ana
ORGANIZATION The University of Texas Medical Branch at Galveston
PANEL NAME 16.2 Prevention Panel-2 (16.2 PP-2)

| Category | Compliance Requirement | Information | Attestation Date |
|---|--|-------------------|------------------|
| 1. Pre-Receipt | RFA Approved by CPO | 09/04/15 | 07/14/16 |
| | RFA published in Texas Register | 09/25/15 | 07/14/16 |
| | CPRIT Application Receipt System (CARS) opened | 09/24/15 | 07/07/16 |
| | CPRIT Application Receipt System (CARS) closed | 03/03/16 | 07/07/16 |
| | Date application submitted | 03/02/16 | 07/07/16 |
| | Method of submission | CARS | 07/07/16 |
| | Within receipt period | YES | 07/07/16 |
| | Request for extension to submit application after CARS closed | N/A | 07/07/16 |
| | Request for extension for late application submission accepted | N/A | 07/07/16 |
| 2. Receipt, Referral, and Assignment | Administrative review notification | N/A | 07/07/16 |
| | Donation(s) made to CPRIT/foundation | NO | 07/07/16 |
| | Assigned to primary reviewers | 03/31/16 | 07/07/16 |
| | Applicant notified of review panel assignment | 04/11/16 | 07/07/16 |
| | Primary Reviewer 1 COI signed | 03/17/16 | 07/07/16 |
| | Primary (Advocate) Reviewer 2 COI signed | 03/20/16 | 07/07/16 |
| | Primary Reviewer 3 COI signed | 03/30/16 | 07/07/16 |
| 3. Peer Review Meeting | Primary Reviewer 4 COI signed | 03/29/16 | 07/07/16 |
| | Primary Reviewer 1 critique submitted | 05/06/16 | 07/07/16 |
| | Primary (Advocate) Reviewer 2 critique submitted | 04/26/16 | 07/07/16 |
| | Primary Reviewer 3 critique submitted | 05/06/16 | 07/07/16 |
| | Primary Reviewer 4 critique submitted | 05/09/16 | 07/07/16 |
| | COI indicated by non-primary reviewer | Nguyen, Mindie | 07/07/16 |
| | COI recused from participation | YES | 07/07/16 |
| | Discussed at Peer Review Meeting | YES | 07/07/16 |
| | Peer Review Meeting | 05/24/16-05/25/16 | 07/07/16 |
| | Post review statements signed | 05/26/16 | 07/07/16 |
| | Third Party Observer Report | 06/03/16 | 07/07/16 |
| | Score report delivered to CPO | 06/01/16 | 07/07/16 |
| 4. Final PRC Recommendation | Recommended for PRC Review | YES | 07/07/16 |
| | COI indicated by PRC member | NONE | 07/07/16 |
| | COI recused from participation | N/A | 07/07/16 |
| | PRC Meeting | 07/01/16 | 07/07/16 |
| | Third Party Observer Report | 07/12/16 | 07/13/16 |
| | Recommended for grant award | YES | 07/07/16 |
| 5. PIC Review | PRC Chair Notification to PIC and OC | 07/26/16 | 07/26/16 |
| | COI indicated by PIC member | NONE | 08/02/16 |
| | COI recused from participation | J. Willson* | 08/02/16 |
| | PIC review meeting | 08/02/16 | 08/02/16 |
| 6. Oversight Committee Approval | Recommended for grant award | YES | 08/02/16 |
| | CEO Notification to Oversight Committee | DATE | |
| | COI indicated by Oversight Committee member | NAME or NONE | |
| | COI recused from participation | YES/NO or N/A | |
| | Donation(s) made to CPRIT/foundation | YES/NO | |
| | Presented to CPRIT Oversight Committee | 08/17/16 | |
| | Award approved by Oversight Committee | YES/NO | |
| | Authority to advance funds requested | YES/NO | |
| | Advance authority approved by Oversight Committee | YES/NO | |

*Dr. Willson did not participate in voting on this EBP application.

The identity of the attesting party is retained by CPRIT.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO AFFIDAVIT
Application PP160121
Evidence-Based Cancer Prevention Services

THE STATE OF TEXAS

COUNTY OF TRAVIS

BEFORE ME, the undersigned authority, on this day personally appeared Wayne R. Roberts, who swore or affirmed to tell the truth, and stated as follows:

“My name is Wayne R. Roberts, the Chief Executive Officer (CEO) of the Cancer Prevention and Research Institute of Texas (CPRIT). I am of sound mind and capable of making this sworn statement. I submit this affidavit pursuant to the legal requirement imposed by V.T.C.A., Health & Safety Code § 102.251(c).

My affidavit addresses the grant review process for the application stated above that is recommended for a CPRIT grant award by the Program Integration Committee (PIC). This application was submitted pursuant to the *Evidence-Based Cancer Prevention Services* Request for Applications (RFA). CPRIT received 20 applications for this RFA. This application was assigned to the Prevention review panel 1 for review. A preliminary evaluation process as described by 25 T.A.C. § 703.6(e)(1) was not used for applications in this cycle.

CPRIT staff and CPRIT’s third-party grants management vendor have recorded information and prepared documents during the course of their employment that are related to CPRIT’s grant review process described by Health & Safety Code Chapter 102. I have reviewed the information prepared by CPRIT staff and CPRIT’s third-party grants management vendor in my capacity as CPRIT’s CEO to prepare this affidavit. Some information (“CEO Affidavit-Supporting Information”) is applicable to all applications recommended for awards submitted pursuant to this RFA. The information listed below has been compiled as one packet and is incorporated herein by reference:

- The applicable Request for Applications (RFA) for this grant cycle
- An overview of the conflict of interest process, including any conflict of interest waivers granted
- The third party observer report(s) documenting that CPRIT’s grant review processes were followed by the review panel evaluating the applications in this grant cycle
- A de-identified list of the overall evaluation scores for applications submitted pursuant to the applicable RFA for this grant cycle

Three applications in response to this RFA with an equal or more favorable score than those recommended were not recommended by the Prevention Review Council (PRC). As


allowed in 25 T.A.C § 703.6(d)(1), the PRC's numerical rank order is substantially based on the final overall evaluation score, but also takes into consideration how well the grant application achieves program priorities and the overall program portfolio. The PRC recommendations considered geographical impact, cancer site of the applications as compared to the overall Prevention portfolio, and cost. The letter and rank order list from the PRC Chair explains why some recommended grant applications were ranked ahead of an application with a more favorable score as required by 25 T.A.C. § 703.6(d)(2)(B).

- A final overall evaluation score and rank order score submitted by the SRPP committees for the grant applications recommended by the PIC in this cycle

The PRC carried forward two applications in November 2015 to a later date in FY2016. At their meeting on July 1, 2016, the PRC reconsidered the two carried forward applications and voted not to recommend the applications to the PIC. The two applications have scores equal to or better than applications that are recommended to the PIC for the current cycle 16.2. However, as explained above, I am satisfied that the PRC acted pursuant to 25 TAC § 703.6(d)(1), and cited as reasons for not recommending the carried forward applications because of geographic concerns, overall portfolio, potential for impact, and high cost.

In addition to the CEO Affidavit-Supporting Information that is applicable to all applications submitted pursuant to the applicable RFA and recommended for grant awards this cycle, I have also reviewed the application's grant pedigree. The grant pedigree for the application listed above has been attached to this affidavit. The application pedigree provides an overview of the conflict of interest process applicable to this application, including any conflicts of interest reported by the review panel or by the PIC. I note that the following PIC members have approved conflict of interest waivers on file for FY2016: Dr. John Hellerstedt, Department of State Health Services Commissioner, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(3); and Dr. Becky Garcia, Chief Prevention Officer, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(1). At the time of signing this affidavit, the Oversight Committee has not yet reviewed the application; however, I note that members Will Montgomery and Amy Mitchell also have conflict of interest waivers on file for FY2016 applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(4).


I personally reviewed the information for the grant application listed above and referenced herein. Based upon my review of the information and to the best of my knowledge, I swear or affirm that the peer review process for the grant application was consistent, in all material aspects, with the process described in the statute and CPRIT's administrative rules.
This statement is true."

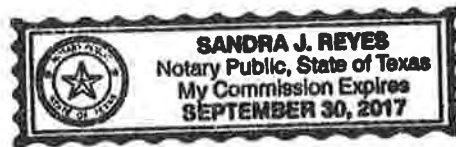


Wayne R. Roberts,
CEO, Cancer Prevention and Research Institute of Texas

State of Texas
County of Travis

SWORN to and SUBSCRIBED before me, the undersigned authority, on
the 3rd day of August, 2016,
by WAYNE R. ROBERTS.


Sandra Reyes
Notary Public, State of Texas



Notary without Bond

CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

APPLICATION PEDIGREE

FY 2016
 CYCLE 2
 PROGRAM Prevention
 AWARD MECHANISM Evidence-Based Cancer Prevention Services (EBP)
 APPLICATION ID PP160121
 APPLICATION TITLE Promoting Activity in Cancer Survivors (PACES): An Active Living Intervention for Breast Cancer Survivors
 APPLICANT NAME Trivedi, Madhukar
 ORGANIZATION The University of Texas Southwestern Medical Center
 PANEL NAME 16.2 Prevention Panel-1 (16.2 PP-1)

| Category | Compliance Requirement | Information | Attestation Date |
|--------------------------------------|--|-------------------|------------------|
| 1. Pre-Receipt | RFA Approved by CPO | 09/04/15 | 07/14/16 |
| | RFA published in Texas Register | 09/25/15 | 07/14/16 |
| | CPRIT Application Receipt System (CARS) opened | 09/24/15 | 07/07/16 |
| | CPRIT Application Receipt System (CARS) closed | 03/03/16 | 07/07/16 |
| | Date application submitted | 03/03/16 | 07/07/16 |
| | Method of submission | CARS | 07/07/16 |
| | Within receipt period | YES | 07/07/16 |
| | Request for extension to submit application after CARS closed | N/A | 07/07/16 |
| | Request for extension for late application submission accepted | N/A | 07/07/16 |
| 2. Receipt, Referral, and Assignment | Administrative review notification | N/A | 07/07/16 |
| | Donation(s) made to CPRIT/foundation | NO | 07/07/16 |
| | Assigned to primary reviewers | 04/04/16 | 07/07/16 |
| | Applicant notified of review panel assignment | 04/11/16 | 07/07/16 |
| | Primary Reviewer 1 COI signed | 03/26/16 | 07/07/16 |
| | Primary (Advocate) Reviewer 2 COI signed | 03/19/16 | 07/07/16 |
| | Primary Reviewer 3 COI signed | 03/18/16 | 07/07/16 |
| | Primary Reviewer 4 COI signed | 04/01/16 | 07/07/16 |
| 3. Peer Review Meeting | Primary Reviewer 1 critique submitted | 05/06/16 | 07/07/16 |
| | Primary (Advocate) Reviewer 2 critique submitted | 05/02/16 | 07/07/16 |
| | Primary Reviewer 3 critique submitted | 05/06/16 | 07/07/16 |
| | Primary Reviewer 4 critique submitted | 05/04/16 | 07/07/16 |
| | COI indicated by non-primary reviewer | NONE | 07/07/16 |
| | COI recused from participation | N/A | 07/07/16 |
| | Discussed at Peer Review Meeting | YES | 07/07/16 |
| | Peer Review Meeting | 05/23/16-05/24/16 | 07/07/16 |
| | Post review statements signed | 05/26/16 | 07/07/16 |
| | Third Party Observer Report | 06/03/16 | 07/07/16 |
| | Score report delivered to CPO | 06/01/16 | 07/07/16 |
| 4. Final PRC Recommendation | Recommended for PRC Review | YES | 07/07/16 |
| | COI indicated by PRC member | NONE | 07/07/16 |
| | COI recused from participation | N/A | 07/07/16 |
| | PRC Meeting | 07/01/16 | 07/07/16 |
| | Third Party Observer Report | 07/12/16 | 07/13/16 |
| | Recommended for grant award | YES | 07/07/16 |
| | PRC Chair Notification to PIC and OC | 07/26/16 | 07/26/16 |
| 5. PIC Review | COI indicated by PIC member | NONE | 08/02/16 |
| | COI recused from participation | J. Willson* | 08/02/16 |
| | PIC review meeting | 08/02/16 | 08/02/16 |
| | Recommended for grant award | YES | 08/02/16 |
| 6. Oversight Committee Approval | CEO Notification to Oversight Committee | DATE | |
| | COI indicated by Oversight Committee member | NAME or NONE | |
| | COI recused from participation | YES/NO or N/A | |
| | Donation(s) made to CPRIT/foundation | YES/NO | |
| | Presented to CPRIT Oversight Committee | 08/17/16 | |
| | Award approved by Oversight Committee | YES/NO | |
| | Authority to advance funds requested | YES/NO | |
| | Advance authority approved by Oversight Committee | YES/NO | |

*Dr. Willson did not participate in voting on this EBP application.

The identity of the attesting party is retained by CPRIT.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO AFFIDAVIT
Application PP160122
Evidence-Based Cancer Prevention Services

THE STATE OF TEXAS

COUNTY OF TRAVIS

BEFORE ME, the undersigned authority, on this day personally appeared Wayne R. Roberts, who swore or affirmed to tell the truth, and stated as follows:

“My name is Wayne R. Roberts, the Chief Executive Officer (CEO) of the Cancer Prevention and Research Institute of Texas (CPRIT). I am of sound mind and capable of making this sworn statement. I submit this affidavit pursuant to the legal requirement imposed by V.T.C.A., Health & Safety Code § 102.251(c).

My affidavit addresses the grant review process for the application stated above that is recommended for a CPRIT grant award by the Program Integration Committee (PIC). This application was submitted pursuant to the *Evidence-Based Cancer Prevention Services* Request for Applications (RFA). CPRIT received 20 applications for this RFA. This application was assigned to the Prevention review panel 2 for review. A preliminary evaluation process as described by 25 T.A.C. § 703.6(e)(1) was not used for applications in this cycle.

CPRIT staff and CPRIT’s third-party grants management vendor have recorded information and prepared documents during the course of their employment that are related to CPRIT’s grant review process described by Health & Safety Code Chapter 102. I have reviewed the information prepared by CPRIT staff and CPRIT’s third-party grants management vendor in my capacity as CPRIT’s CEO to prepare this affidavit. Some information (“CEO Affidavit-Supporting Information”) is applicable to all applications recommended for awards submitted pursuant to this RFA. The information listed below has been compiled as one packet and is incorporated herein by reference:

- The applicable Request for Applications (RFA) for this grant cycle
- An overview of the conflict of interest process, including any conflict of interest waivers granted
- The third party observer report(s) documenting that CPRIT’s grant review processes were followed by the review panel evaluating the applications in this grant cycle
- A de-identified list of the overall evaluation scores for applications submitted pursuant to the applicable RFA for this grant cycle

Three applications in response to this RFA with an equal or more favorable score than those recommended were not recommended by the Prevention Review Council (PRC). As

allowed in 25 T.A.C § 703.6(d)(1), the PRC's numerical rank order is substantially based on the final overall evaluation score, but also takes into consideration how well the grant application achieves program priorities and the overall program portfolio. The PRC recommendations considered geographical impact, cancer site of the applications as compared to the overall Prevention portfolio, and cost. The letter and rank order list from the PRC Chair explains why some recommended grant applications were ranked ahead of an application with a more favorable score as required by 25 T.A.C. § 703.6(d)(2)(B).

- A final overall evaluation score and rank order score submitted by the SRPP committees for the grant applications recommended by the PIC in this cycle

The PRC carried forward two applications in November 2015 to a later date in FY2016. At their meeting on July 1, 2016, the PRC reconsidered the two carried forward applications and voted not to recommend the applications to the PIC. The two applications have scores equal to or better than applications that are recommended to the PIC for the current cycle 16.2. However, as explained above, I am satisfied that the PRC acted pursuant to 25 TAC § 703.6(d)(1), and cited as reasons for not recommending the carried forward applications because of geographic concerns, overall portfolio, potential for impact, and high cost.

In addition to the CEO Affidavit-Supporting Information that is applicable to all applications submitted pursuant to the applicable RFA and recommended for grant awards this cycle, I have also reviewed the application's grant pedigree. The grant pedigree for the application listed above has been attached to this affidavit. The application pedigree provides an overview of the conflict of interest process applicable to this application, including any conflicts of interest reported by the review panel or by the PIC. I note that the following PIC members have approved conflict of interest waivers on file for FY2016: Dr. John Hellerstedt, Department of State Health Services Commissioner, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(3); and Dr. Becky Garcia, Chief Prevention Officer, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(1). At the time of signing this affidavit, the Oversight Committee has not yet reviewed the application; however, I note that members Will Montgomery and Amy Mitchell also have conflict of interest waivers on file for FY2016 applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(4).


I personally reviewed the information for the grant application listed above and referenced herein. Based upon my review of the information and to the best of my knowledge, I swear or affirm that the peer review process for the grant application was consistent, in all material aspects, with the process described in the statute and CPRIT's administrative rules. This statement is true."

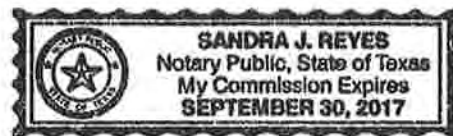


Wayne R. Roberts,
CEO, Cancer Prevention and Research Institute of Texas

State of Texas
County of Travis

SWORN to and SUBSCRIBED before me, the undersigned authority, on
the 3rd day of August, 2016,
by WAYNE R. ROBERTS.


Sandra Reyes
Notary Public, State of Texas



Notary without Bond

CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS
APPLICATION PEDIGREE

FY 2016
CYCLE 2
PROGRAM Prevention
AWARD MECHANISM Evidence-Based Cancer Prevention Services (EBP)
APPLICATION ID PP160122
APPLICATION TITLE Reducing Racial/Ethnic Disparities in CRC Screening: A Comprehensive EMR-Based Patient Navigation Program Including Technology-Driven CRC Outreach and Education
APPLICANT NAME Rustveld, Luis
ORGANIZATION Baylor College of Medicine
PANEL NAME 16.2 Prevention Panel-2 (16.2 PP-2)

| Category | Compliance Requirement | Information | Attestation Date |
|---|--|-------------------|------------------|
| 1. Pre-Receipt | RFA Approved by CPO | 09/04/15 | 07/14/16 |
| | RFA published in Texas Register | 09/25/15 | 07/14/16 |
| | CPRIT Application Receipt System (CARS) opened | 09/24/15 | 07/07/16 |
| | CPRIT Application Receipt System (CARS) closed | 03/03/16 | 07/07/16 |
| | Date application submitted | 03/02/16 | 07/07/16 |
| | Method of submission | CARS | 07/07/16 |
| | Within receipt period | YES | 07/07/16 |
| | Request for extension to submit application after CARS closed | N/A | 07/07/16 |
| | Request for extension for late application submission accepted | N/A | 07/07/16 |
| 2. Receipt, Referral, and Assignment | Administrative review notification | N/A | 07/07/16 |
| | Donation(s) made to CPRIT/foundation | NO | 07/07/16 |
| | Assigned to primary reviewers | 03/31/16 | 07/07/16 |
| | Applicant notified of review panel assignment | 04/11/16 | 07/07/16 |
| | Primary Reviewer 1 COI signed | 04/01/16 | 07/07/16 |
| | Primary (Advocate) Reviewer 2 COI signed | 03/20/16 | 07/07/16 |
| | Primary Reviewer 3 COI signed | 03/17/16 | 07/07/16 |
| | Primary Reviewer 4 COI signed | 03/21/16 | 07/07/16 |
| 3. Peer Review Meeting | Primary Reviewer 1 critique submitted | 05/02/16 | 07/07/16 |
| | Primary (Advocate) Reviewer 2 critique submitted | 04/29/16 | 07/07/16 |
| | Primary Reviewer 3 critique submitted | 05/06/16 | 07/07/16 |
| | Primary Reviewer 4 critique submitted | 05/06/16 | 07/07/16 |
| | COI indicated by non-primary reviewer | Nguyen, Mindie | 07/07/16 |
| | COI recused from participation | YES | 07/07/16 |
| | Discussed at Peer Review Meeting | YES | 07/07/16 |
| | Peer Review Meeting | 05/24/16-05/25/16 | 07/07/16 |
| | Post review statements signed | 05/26/16 | 07/07/16 |
| | Third Party Observer Report | 06/03/16 | 07/07/16 |
| | Score report delivered to CPO | 06/01/16 | 07/07/16 |
| 4. Final PRC Recommendation | Recommended for PRC Review | YES | 07/07/16 |
| | COI indicated by PRC member | NONE | 07/07/16 |
| | COI recused from participation | N/A | 07/07/16 |
| | PRC Meeting | 07/01/16 | 07/07/16 |
| | Third Party Observer Report | 07/12/16 | 07/13/16 |
| | Recommended for grant award | YES | 07/07/16 |
| 5. PIC Review | PRC Chair Notification to PIC and OC | 07/26/16 | 07/26/16 |
| | COI indicated by PIC member | J. Willson | 08/02/16 |
| | COI recused from participation | YES | 08/02/16 |
| | PIC review meeting | 08/02/16 | 08/02/16 |
| 6. Oversight Committee Approval | Recommended for grant award | YES | 08/02/16 |
| | CEO Notification to Oversight Committee | DATE | |
| | COI indicated by Oversight Committee member | NAME or NONE | |
| | COI recused from participation | YES/NO or N/A | |
| | Donation(s) made to CPRIT/foundation | YES/NO | |
| | Presented to CPRIT Oversight Committee | 08/17/16 | |
| | Award approved by Oversight Committee | YES/NO | |
| | Authority to advance funds requested | YES/NO | |
| | Advance authority approved by Oversight Committee | YES/NO | |

The identity of the attesting party is retained by CPRIT.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO AFFIDAVIT
Application PP160110
Cancer Prevention Promotion and Navigation to Clinical Services

THE STATE OF TEXAS

COUNTY OF TRAVIS

BEFORE ME, the undersigned authority, on this day personally appeared Wayne R. Roberts, who swore or affirmed to tell the truth, and stated as follows:

“My name is Wayne R. Roberts, the Chief Executive Officer (CEO) of the Cancer Prevention and Research Institute of Texas (CPRIT). I am of sound mind and capable of making this sworn statement. I submit this affidavit pursuant to the legal requirement imposed by V.T.C.A., Health & Safety Code § 102.251(c).

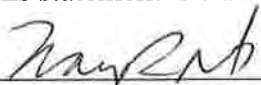
My affidavit addresses the grant review process for the application stated above that is recommended for a CPRIT grant award by the Program Integration Committee (PIC). This application was submitted pursuant to the *Cancer Prevention Promotion and Navigation to Clinical Services* Request for Applications (RFA). CPRIT received seven applications for this RFA. This application was assigned to the Prevention review panel 2 for review. A preliminary evaluation process as described by 25 T.A.C. § 703.6(e)(1) was not used for applications in this cycle.

CPRIT staff and CPRIT’s third-party grants management vendor have recorded information and prepared documents during the course of their employment that are related to CPRIT’s grant review process described by Health & Safety Code Chapter 102. I have reviewed the information prepared by CPRIT staff and CPRIT’s third-party grants management vendor in my capacity as CPRIT’s CEO to prepare this affidavit. Some information (“CEO Affidavit-Supporting Information”) is applicable to all applications recommended for awards submitted pursuant to this RFA. The information listed below has been compiled as one packet and is incorporated herein by reference:

- The applicable Request for Applications (RFA) for this grant cycle
- An overview of the conflict of interest process, including any conflict of interest waivers granted
- The third party observer report(s) documenting that CPRIT’s grant review processes were followed by the review panel evaluating the applications in this grant cycle
- A de-identified list of the overall evaluation scores for applications submitted pursuant to the applicable RFA for this grant cycle
- A final overall evaluation score and rank order score submitted by the SRPP committees for the grant applications recommended by the PIC in this cycle

In addition to the CEO Affidavit-Supporting Information that is applicable to all applications submitted pursuant to the applicable RFA and recommended for grant awards this cycle, I have also reviewed the application's grant pedigree. The grant pedigree for the application listed above has been attached to this affidavit. The application pedigree provides an overview of the conflict of interest process applicable to this application, including any conflicts of interest reported by the review panel or by the PIC. I note that the following PIC members have approved conflict of interest waivers on file for FY2016: Dr. John Hellerstedt, Department of State Health Services Commissioner, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(3); and Dr. Becky Garcia, Chief Prevention Officer, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(1). At the time of signing this affidavit, the Oversight Committee has not yet reviewed the application; however, I note that members Will Montgomery and Amy Mitchell also have conflict of interest waivers on file for FY2016 applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(4).


I personally reviewed the information for the grant application listed above and referenced herein. Based upon my review of the information and to the best of my knowledge, I swear or affirm that the peer review process for the grant application was consistent, in all material aspects, with the process described in the statute and CPRIT's administrative rules.
This statement is true."



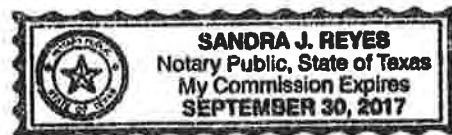
Wayne R. Roberts,
CEO, Cancer Prevention and Research Institute of Texas

State of Texas
County of Travis

SWORN to and SUBSCRIBED before me, the undersigned authority, on
the 3rd day of August, 2016,
by WAYNE R. ROBERTS.



Sandra Reyes
Notary Public, State of Texas



Notary without Bond

CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS
APPLICATION PEDIGREE

FY 2016
CYCLE 2
PROGRAM Prevention
AWARD MECHANISM Cancer Prevention Promotion and Navigation to Clinical Services (PN)
APPLICATION ID PP160110
APPLICATION TITLE Use of Genetic Patient Navigators to Help Mutation Carriers Comply with the NCCN Guidelines and to Enable Healthy Behaviors
APPLICANT NAME Ross, Theodora
ORGANIZATION The University of Texas Southwestern Medical Center
PANEL NAME 16.2 Prevention Panel-2 (16.2 PP-2)

| Category | Compliance Requirement | Information | Attestation Date |
|---|--|-------------------|------------------|
| 1. Pre-Receipt | RFA Approved by CPO | 09/04/15 | 07/14/16 |
| | RFA published in Texas Register | 09/25/15 | 07/14/16 |
| | CPRIT Application Receipt System (CARS) opened | 09/24/15 | 07/07/16 |
| | CPRIT Application Receipt System (CARS) closed | 03/03/16 | 07/07/16 |
| | Date application submitted | 03/02/16 | 07/07/16 |
| | Method of submission | CARS | 07/07/16 |
| | Within receipt period | YES | 07/07/16 |
| | Request for extension to submit application after CARS closed | N/A | 07/07/16 |
| 2. Receipt, Referral, and Assignment | Request for extension for late application submission accepted | N/A | 07/07/16 |
| | Administrative review notification | N/A | 07/07/16 |
| | Donation(s) made to CPRIT/foundation | NO | 07/07/16 |
| | Assigned to primary reviewers | 03/31/16 | 07/07/16 |
| | Applicant notified of review panel assignment | 04/11/16 | 07/07/16 |
| | Primary Reviewer 1 COI signed | 03/30/16 | 07/07/16 |
| | Primary (Advocate) Reviewer 2 COI signed | 03/20/16 | 07/07/16 |
| | Primary Reviewer 3 COI signed | 03/19/16 | 07/07/16 |
| 3. Peer Review Meeting | Primary Reviewer 4 COI signed | 03/24/16 | 07/07/16 |
| | Primary Reviewer 1 critique submitted | 05/04/16 | 07/07/16 |
| | Primary (Advocate) Reviewer 2 critique submitted | 04/30/16 | 07/07/16 |
| | Primary Reviewer 3 critique submitted | 04/22/16 | 07/07/16 |
| | Primary Reviewer 4 critique submitted | 05/01/16 | 07/07/16 |
| | COI indicated by non-primary reviewer | Nguyen, Mindie | 07/07/16 |
| | COI recused from participation | YES | 07/07/16 |
| | Discussed at Peer Review Meeting | YES | 07/07/16 |
| | Peer Review Meeting | 05/24/16-05/25/16 | 07/07/16 |
| | Post review statements signed | 05/26/16 | 07/07/16 |
| | Third Party Observer Report | 06/03/16 | 07/07/16 |
| | Score report delivered to CPO | 06/01/16 | 07/07/16 |
| 4. Final PRC Recommendation | Recommended for PRC Review | YES | 07/07/16 |
| | COI indicated by PRC member | NONE | 07/07/16 |
| | COI recused from participation | N/A | 07/07/16 |
| | PRC Meeting | 07/01/16 | 07/07/16 |
| | Third Party Observer Report | 07/12/16 | 07/13/16 |
| | Recommended for grant award | YES | 07/07/16 |
| 5. PIC Review | PRC Chair Notification to PIC and OC | 07/26/16 | 07/26/16 |
| | COI indicated by PIC member | J. Willson | 08/02/16 |
| | COI recused from participation | YES | 08/02/16 |
| | PIC review meeting | 08/02/16 | 08/02/16 |
| 6. Oversight Committee Approval | Recommended for grant award | YES | 08/02/16 |
| | CEO Notification to Oversight Committee | DATE | |
| | COI indicated by Oversight Committee member | NAME or NONE | |
| | COI recused from participation | YES/NO or N/A | |
| | Donation(s) made to CPRIT/foundation | YES/NO | |
| | Presented to CPRIT Oversight Committee | 08/17/16 | |
| | Award approved by Oversight Committee | YES/NO | |
| | Authority to advance funds requested | YES/NO | |
| | Advance authority approved by Oversight Committee | YES/NO | |

The identity of the attesting party is retained by CPRIT.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO AFFIDAVIT
Application PP160105
Evidence-Based Cancer Prevention Services-
See, Test, & Treat® Program

THE STATE OF TEXAS

COUNTY OF TRAVIS

BEFORE ME, the undersigned authority, on this day personally appeared Wayne R. Roberts, who swore or affirmed to tell the truth, and stated as follows:

“My name is Wayne R. Roberts, the Chief Executive Officer (CEO) of the Cancer Prevention and Research Institute of Texas (CPRIT). I am of sound mind and capable of making this sworn statement. I submit this affidavit pursuant to the legal requirement imposed by V.T.C.A., Health & Safety Code § 102.251(c).

My affidavit addresses the grant review process for the application stated above that is recommended for a CPRIT grant award by the Program Integration Committee (PIC). This application was submitted pursuant to the *Evidence-Based Cancer Prevention Services-See, Test, Treat® Program* Request for Applications (RFA). CPRIT received four applications for this RFA. This application was assigned to the Prevention review panel 1 for review. A preliminary evaluation process as described by 25 T.A.C. § 703.6(e)(1) was not used for applications in this cycle.


CPRIT staff and CPRIT’s third-party grants management vendor have recorded information and prepared documents during the course of their employment that are related to CPRIT’s grant review process described by Health & Safety Code Chapter 102. I have reviewed the information prepared by CPRIT staff and CPRIT’s third-party grants management vendor in my capacity as CPRIT’s CEO to prepare this affidavit. Some information (“CEO Affidavit-Supporting Information”) is applicable to all applications recommended for awards submitted pursuant to this RFA. The information listed below has been compiled as one packet and is incorporated herein by reference:

- The applicable Request for Applications (RFA) for this grant cycle
- An overview of the conflict of interest process, including any conflict of interest waivers granted
- The third party observer report(s) documenting that CPRIT’s grant review processes were followed by the review panel evaluating the applications in this grant cycle
- A de-identified list of the overall evaluation scores for applications submitted pursuant to the applicable RFA for this grant cycle

- A final overall evaluation score and rank order score submitted by the SRPP committees for the grant applications recommended by the PIC in this cycle


In addition to the CEO Affidavit-Supporting Information that is applicable to all applications submitted pursuant to the applicable RFA and recommended for grant awards this cycle, I have also reviewed the application's grant pedigree. The grant pedigree for the application listed above has been attached to this affidavit. The application pedigree provides an overview of the conflict of interest process applicable to this application, including any conflicts of interest reported by the review panel or by the PIC. I note that the following PIC members have approved conflict of interest waivers on file for FY2016: Dr. John Hellerstedt, Department of State Health Services Commissioner, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(3); and Dr. Becky Garcia, Chief Prevention Officer, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(1). At the time of signing this affidavit, the Oversight Committee has not yet reviewed the application; however, I note that members Will Montgomery and Amy Mitchell also have conflict of interest waivers on file for FY2016 applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(4).

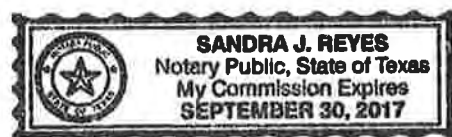
I personally reviewed the information for the grant application listed above and referenced herein. Based upon my review of the information and to the best of my knowledge, I swear or affirm that the peer review process for the grant application was consistent, in all material aspects, with the process described in the statute and CPRIT's administrative rules. This statement is true."


Wayne R. Roberts,
CEO, Cancer Prevention and Research Institute of Texas

State of Texas
County of Travis

SWORN to and SUBSCRIBED before me, the undersigned authority, on
the 3rd day of August, 2016,
by WAYNE R. ROBERTS.


Sandra Reyes
Notary Public, State of Texas



Notary without Bond

CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

APPLICATION PEDIGREE

FY 2016
 CYCLE 2
 PROGRAM Prevention
 AWARD MECHANISM See, Test & Treat Program (STT)
 APPLICATION ID PP160105
 APPLICATION TITLE Implementing a See, Test & Treat Program in Sunnyside Health Center to Provide Free Cervical and Breast Cancer Screening and Medical Home for Underserved Women
 APPLICANT NAME Coffey, Donna
 ORGANIZATION Houston Methodist
 PANEL NAME 16.2 Prevention Panel-1 (16.2 PP-1)

| Category | Compliance Requirement | Information | Attestation Date |
|--------------------------------------|--|-------------------|------------------|
| 1. Pre-Receipt | RFA Approved by CPO | 09/04/15 | 07/14/16 |
| | RFA published in Texas Register | 09/25/15 | 07/14/16 |
| | CPRIT Application Receipt System (CARS) opened | 09/24/15 | 07/07/16 |
| | CPRIT Application Receipt System (CARS) closed | 03/03/16 | 07/07/16 |
| | Date application submitted | 03/03/16 | 07/07/16 |
| | Method of submission | CARS | 07/07/16 |
| | Within receipt period | YES | 07/07/16 |
| | Request for extension to submit application after CARS closed | N/A | 07/07/16 |
| | Request for extension for late application submission accepted | N/A | 07/07/16 |
| 2. Receipt, Referral, and Assignment | Administrative review notification | N/A | 07/07/16 |
| | Donation(s) made to CPRIT/foundation | NO | 07/07/16 |
| | Assigned to primary reviewers | 04/04/16 | 07/07/16 |
| | Applicant notified of review panel assignment | 04/11/16 | 07/07/16 |
| | Primary Reviewer 1 COI signed | 03/18/16 | 07/07/16 |
| | Primary (Advocate) Reviewer 2 COI signed | 03/28/16 | 07/07/16 |
| | Primary Reviewer 3 COI signed | 03/26/16 | 07/07/16 |
| | Primary Reviewer 4 COI signed | 04/01/16 | 07/07/16 |
| 3. Peer Review Meeting | Primary Reviewer 1 critique submitted | 05/06/16 | 07/07/16 |
| | Primary (Advocate) Reviewer 2 critique submitted | 05/05/16 | 07/07/16 |
| | Primary Reviewer 3 critique submitted | 05/06/16 | 07/07/16 |
| | Primary Reviewer 4 critique submitted | 05/03/16 | 07/07/16 |
| | COI indicated by non-primary reviewer | NONE | 07/07/16 |
| | COI recused from participation | N/A | 07/07/16 |
| | Discussed at Peer Review Meeting | YES | 07/07/16 |
| | Peer Review Meeting | 05/23/16-05/24/16 | 07/07/16 |
| | Post review statements signed | 05/26/16 | 07/07/16 |
| | Third Party Observer Report | 06/03/16 | 07/07/16 |
| | Score report delivered to CPO | 06/01/16 | 07/07/16 |
| | Recommended for PRC Review | YES | 07/07/16 |
| 4. Final PRC Recommendation | COI indicated by PRC member | NONE | 07/07/16 |
| | COI recused from participation | N/A | 07/07/16 |
| | PRC Meeting | 07/01/16 | 07/07/16 |
| | Third Party Observer Report | 07/12/16 | 07/13/16 |
| | Recommended for grant award | YES | 07/07/16 |
| | PRC Chair Notification to PIC and OC | 07/26/16 | 07/26/16 |
| 5. PIC Review | COI indicated by PIC member | NONE | 08/02/16 |
| | COI recused from participation | N/A | 08/02/16 |
| | PIC review meeting | 08/02/16 | 08/02/16 |
| | Recommended for grant award | YES | 08/02/16 |
| 6. Oversight Committee Approval | CEO Notification to Oversight Committee | DATE | |
| | COI indicated by Oversight Committee member | NAME or NONE | |
| | COI recused from participation | YES/NO or N/A | |
| | Donation(s) made to CPRIT/foundation | YES/NO | |
| | Presented to CPRIT Oversight Committee | 08/17/16 | |
| | Award approved by Oversight Committee | YES/NO | |
| | Authority to advance funds requested | YES/NO | |
| | Advance authority approved by Oversight Committee | YES/NO | |

The identity of the attesting party is retained by CPRIT.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO AFFIDAVIT
Application PP160116
Evidence-Based Cancer Prevention Services-
See, Test, & Treat® Program

THE STATE OF TEXAS

COUNTY OF TRAVIS

BEFORE ME, the undersigned authority, on this day personally appeared Wayne R. Roberts, who swore or affirmed to tell the truth, and stated as follows:

“My name is Wayne R. Roberts, the Chief Executive Officer (CEO) of the Cancer Prevention and Research Institute of Texas (CPRIT). I am of sound mind and capable of making this sworn statement. I submit this affidavit pursuant to the legal requirement imposed by V.T.C.A., Health & Safety Code § 102.251(c).

My affidavit addresses the grant review process for the application stated above that is recommended for a CPRIT grant award by the Program Integration Committee (PIC). This application was submitted pursuant to the *Evidence-Based Cancer Prevention Services-See, Test, Treat® Program* Request for Applications (RFA). CPRIT received four applications for this RFA. This application was assigned to the Prevention review panel 1 for review. A preliminary evaluation process as described by 25 T.A.C. § 703.6(e)(1) was not used for applications in this cycle.

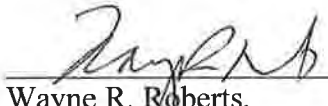
CPRIT staff and CPRIT’s third-party grants management vendor have recorded information and prepared documents during the course of their employment that are related to CPRIT’s grant review process described by Health & Safety Code Chapter 102. I have reviewed the information prepared by CPRIT staff and CPRIT’s third-party grants management vendor in my capacity as CPRIT’s CEO to prepare this affidavit. Some information (“CEO Affidavit-Supporting Information”) is applicable to all applications recommended for awards submitted pursuant to this RFA. The information listed below has been compiled as one packet and is incorporated herein by reference:

- The applicable Request for Applications (RFA) for this grant cycle
- An overview of the conflict of interest process, including any conflict of interest waivers granted
- The third party observer report(s) documenting that CPRIT’s grant review processes were followed by the review panel evaluating the applications in this grant cycle
- A de-identified list of the overall evaluation scores for applications submitted pursuant to the applicable RFA for this grant cycle

- A final overall evaluation score and rank order score submitted by the SRPP committees for the grant applications recommended by the PIC in this cycle

In addition to the CEO Affidavit-Supporting Information that is applicable to all applications submitted pursuant to the applicable RFA and recommended for grant awards this cycle, I have also reviewed the application's grant pedigree. The grant pedigree for the application listed above has been attached to this affidavit. The application pedigree provides an overview of the conflict of interest process applicable to this application, including any conflicts of interest reported by the review panel or by the PIC. I note that the following PIC members have approved conflict of interest waivers on file for FY2016: Dr. John Hellerstedt, Department of State Health Services Commissioner, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(3); and Dr. Becky Garcia, Chief Prevention Officer, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(1). At the time of signing this affidavit, the Oversight Committee has not yet reviewed the application; however, I note that members Will Montgomery and Amy Mitchell also have conflict of interest waivers on file for FY2016 applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(4).

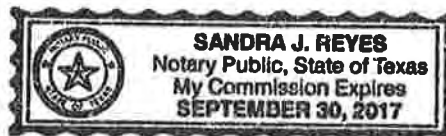
I personally reviewed the information for the grant application listed above and referenced herein. Based upon my review of the information and to the best of my knowledge, I swear or affirm that the peer review process for the grant application was consistent, in all material aspects, with the process described in the statute and CPRIT's administrative rules. This statement is true."


Wayne R. Roberts,
CEO, Cancer Prevention and Research Institute of Texas

State of Texas
County of Travis

SWORN to and SUBSCRIBED before me, the undersigned authority, on
the 3rd day of August, 2016,
by WAYNE R. ROBERTS.


Sandra Reyes
Notary Public, State of Texas



Notary without Bond

CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

APPLICATION PEDIGREE

FY 2016
CYCLE 2
PROGRAM Prevention
AWARD MECHANISM See, Test & Treat Program (STT)
APPLICATION ID PP160116
APPLICATION TITLE Lone Star Community Health Center, Inc. 2016 See, Test & Treat Program
APPLICANT NAME McKernan, Stephen
ORGANIZATION Lone Star Community Health Center, Inc. dba Lone Star Family Health
PANEL NAME 16.2 Prevention Panel-1 (16.2 PP-1)

| Category | Compliance Requirement | Information | Attestation Date |
|--------------------------------------|--|-------------------|------------------|
| 1. Pre-Receipt | RFA Approved by CPO | 09/04/15 | 07/14/16 |
| | RFA published in Texas Register | 09/25/15 | 07/14/16 |
| | CPRIT Application Receipt System (CARS) opened | 09/24/15 | 07/07/16 |
| | CPRIT Application Receipt System (CARS) closed | 03/03/16 | 07/07/16 |
| | Date application submitted | 02/29/16 | 07/07/16 |
| | Method of submission | CARS | 07/07/16 |
| | Within receipt period | YES | 07/07/16 |
| | Request for extension to submit application after CARS closed | N/A | 07/07/16 |
| | Request for extension for late application submission accepted | N/A | 07/07/16 |
| 2. Receipt, Referral, and Assignment | Administrative review notification | N/A | 07/07/16 |
| | Donation(s) made to CPRIT/foundation | NO | 07/07/16 |
| | Assigned to primary reviewers | 04/04/16 | 07/07/16 |
| | Applicant notified of review panel assignment | 04/11/16 | 07/07/16 |
| | Primary Reviewer 1 COI signed | 04/01/16 | 07/07/16 |
| | Primary (Advocate) Reviewer 2 COI signed | 03/19/16 | 07/07/16 |
| | Primary Reviewer 3 COI signed | 03/23/16 | 07/07/16 |
| | Primary Reviewer 4 COI signed | 03/26/16 | 07/07/16 |
| 3. Peer Review Meeting | Primary Reviewer 1 critique submitted | 05/03/16 | 07/07/16 |
| | Primary (Advocate) Reviewer 2 critique submitted | 05/06/16 | 07/07/16 |
| | Primary Reviewer 3 critique submitted | 05/31/16 | 07/07/16 |
| | Primary Reviewer 4 critique submitted | 05/06/16 | 07/07/16 |
| | COI indicated by non-primary reviewer | NONE | 07/07/16 |
| | COI recused from participation | N/A | 07/07/16 |
| | Discussed at Peer Review Meeting | YES | 07/07/16 |
| | Peer Review Meeting | 05/23/16-05/24/16 | 07/07/16 |
| | Post review statements signed | 05/26/16 | 07/07/16 |
| | Third Party Observer Report | 06/03/16 | 07/07/16 |
| | Score report delivered to CPO | 06/01/16 | 07/07/16 |
| | Recommended for PRC Review | YES | 07/07/16 |
| 4. Final PRC Recommendation | COI indicated by PRC member | NONE | 07/07/16 |
| | COI recused from participation | N/A | 07/07/16 |
| | PRC Meeting | 07/01/16 | 07/07/16 |
| | Third Party Observer Report | 07/12/16 | 07/13/16 |
| | Recommended for grant award | YES | 07/07/16 |
| | PRC Chair Notification to PIC and OC | 07/26/16 | 07/26/16 |
| 5. PIC Review | COI indicated by PIC member | NONE | 08/02/16 |
| | COI recused from participation | N/A | 08/02/16 |
| | PIC review meeting | 08/02/16 | 08/02/16 |
| | Recommended for grant award | YES | 08/02/16 |
| 6. Oversight Committee Approval | CEO Notification to Oversight Committee | DATE | |
| | COI indicated by Oversight Committee member | NAME or NONE | |
| | COI recused from participation | YES/NO or N/A | |
| | Donation(s) made to CPRIT/foundation | YES/NO | |
| | Presented to CPRIT Oversight Committee | 08/17/16 | |
| | Award approved by Oversight Committee | YES/NO | |
| | Authority to advance funds requested | YES/NO | |
| | Advance authority approved by Oversight Committee | YES/NO | |

The identity of the attesting party is retained by CPRIT.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO AFFIDAVIT
Application RP160771
Core Facilities Support Awards

THE STATE OF TEXAS

COUNTY OF TRAVIS

BEFORE ME, the undersigned authority, on this day personally appeared Wayne R. Roberts, who swore or affirmed to tell the truth, and stated as follows:

“My name is Wayne R. Roberts, the Chief Executive Officer (CEO) of the Cancer Prevention and Research Institute of Texas (CPRIT). I am of sound mind and capable of making this sworn statement. I submit this affidavit pursuant to the legal requirement imposed by V.T.C.A., Health & Safety Code § 102.251(c).

My affidavit addresses the grant review process for the application stated above that is recommended for a CPRIT grant award by the Program Integration Committee (PIC). This application was submitted pursuant to *Core Facilities Support Awards* Request for Applications (RFA). CPRIT received 18 applications for this RFA. This application was assigned to the Cancer Prevention Research panel for review. A preliminary evaluation process as described by 25 T.A.C. § 703.6(e)(1) was not used for applications in this cycle.


CPRIT staff and CPRIT’s third-party grants management vendor have recorded information and prepared documents during the course of their employment that are related to CPRIT’s grant review process described by Health & Safety Code Chapter 102. I have reviewed the information prepared by CPRIT staff and CPRIT’s third-party grants management vendor in my capacity as CPRIT’s CEO to prepare this affidavit. Some information (“CEO Affidavit-Supporting Information”) is applicable to all applications recommended for awards submitted pursuant to this RFA. The information listed below has been compiled as one packet and is incorporated herein by reference:

- The applicable Request for Applications (RFA) for this grant cycle
- An overview of the conflict of interest process, including any conflict of interest waivers granted
- The third party observer report(s) documenting that CPRIT’s grant review processes were followed by the review panel evaluating the applications in this grant cycle
- The de-identified list of the overall evaluation scores for applications submitted pursuant to the applicable RFA for this grant cycle
- A final overall evaluation score and rank order score submitted by the SRPP committees for the grant applications recommended by the PIC in this cycle

Pursuant to the process set out by 25 T.A.C. § 703.7, this application was deferred by the PIC on May 3, 2016, to a later date in FY2016. The PIC considered the application again on August 2, 2016, and voted to recommend the application to the Oversight Committee to be considered at an open meeting on August 17, 2016.

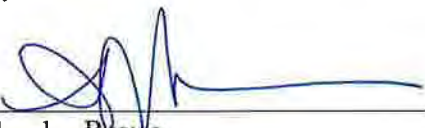
In addition to the CEO Affidavit-Supporting Information that is applicable to all applications submitted pursuant to the applicable RFA and recommended for grant awards this cycle, I have also reviewed the application's grant pedigree. The grant pedigree for the application listed above has been attached to this affidavit. The application pedigree provides an overview of the conflict of interest process applicable to this application, including any conflicts of interest reported by the review panel or by the PIC. I note that the following PIC members have approved conflict of interest waivers on file for FY2016: Dr. John Hellerstedt, Department of State Health Services Commissioner, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(3); and Dr. Becky Garcia, Chief Prevention Officer, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(1). At the time of signing this affidavit, the Oversight Committee has not yet reviewed the application; however, I note that members Will Montgomery and Amy Mitchell also have conflict of interest waivers on file for FY2016 applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(4).

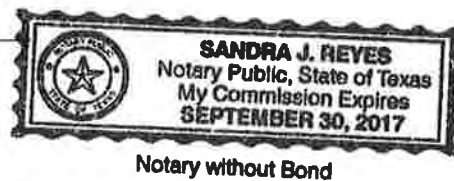
I personally reviewed the information for the grant application listed above and referenced herein. Based upon my review of the information and to the best of my knowledge, I swear or affirm that the peer review process for the grant application was consistent, in all material aspects, with the process described in the statute and CPRIT's administrative rules. This statement is true."


Wayne R. Roberts,
CEO, Cancer Prevention and Research Institute of Texas

State of Texas
County of Travis

SWORN to and SUBSCRIBED before me, the undersigned authority, on
the 3rd day of August, 2016,
by WAYNE R. ROBERTS.


Sandra Reyes
Notary Public, State of Texas



CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS
APPLICATION PEDIGREE

FY 2016
CYCLE 2
PROGRAM Research
AWARD MECHANISM Core Facility Support Awards (CFSA)
APPLICATION ID RP160771
APPLICATION TITLE The Adolescent and Childhood Cancer Epidemiology and Susceptibility Service (ACCESS) for Texas
APPLICANT NAME Scheurer, Michael
ORGANIZATION Baylor College of Medicine
PANEL NAME 16.2 Cancer Prevention Research (16.2 CPR)

| Category | Compliance Requirement | Information | Attestation Date |
|--------------------------------------|--|---------------|------------------|
| 1. Pre-Receipt | RFA approved by CSO | N/A | 04/13/16 |
| | RFA published in Texas Register | 07/24/15 | 04/13/16 |
| | CPRIT Application Receipt System (CARS) opened | 08/11/15 | 04/09/16 |
| | CPRIT Application Receipt System (CARS) closed | 10/13/15 | 04/09/16 |
| | Date application submitted | 10/13/15 | 04/09/16 |
| | Method of submission | CARS | 04/09/16 |
| | Within receipt period | YES | 04/09/16 |
| | Request for extension to submit application after CARS closed | N/A | 04/09/16 |
| 2. Receipt, Referral, and Assignment | Request for extension for late application submission accepted | N/A | 04/09/16 |
| | Administrative review notification | 11/06/15 | 04/09/16 |
| | Donation(s) made to CPRIT/foundation | NO | 04/09/16 |
| | Assigned to primary reviewers | N/A | 04/09/16 |
| | Applicant notified of review panel assignment | 11/25/15 | 04/09/16 |
| | Primary Reviewer 1 COI signed | N/A | 04/09/16 |
| | Primary Reviewer 2 COI signed | N/A | 04/09/16 |
| | Primary Reviewer 3 COI signed | N/A | 04/09/16 |
| 3. Preliminary Evaluation | Primary (Advocate) Reviewer 4 COI signed | N/A | 04/09/16 |
| | Primary Reviewer 1 critique submitted | N/A | 04/09/16 |
| | Primary Reviewer 2 critique submitted | N/A | 04/09/16 |
| | Primary Reviewer 3 critique submitted | N/A | 04/09/16 |
| | Primary (Advocate) Reviewer 4 critique submitted | N/A | 04/09/16 |
| | COI indicated by non-primary reviewer | N/A | 04/09/16 |
| | Preliminary Evaluation score summary sent to Chair | N/A | 04/09/16 |
| | Recommended for full review | N/A | 04/09/16 |
| 4. Peer Review Meeting | Applicant notified of outcome | N/A | 04/09/16 |
| | Assigned to primary reviewers | 12/21/15 | 04/09/16 |
| | Primary Reviewer 1 COI signed | 11/21/15 | 04/09/16 |
| | Primary Reviewer 2 COI signed | 11/19/15 | 04/09/16 |
| | Primary Reviewer 3 COI signed | 11/09/15 | 04/09/16 |
| | Primary (Advocate) Reviewer 4 COI signed | 11/28/15 | 04/09/16 |
| | Primary Reviewer 1 critique submitted | 01/22/16 | 04/09/16 |
| | Primary Reviewer 2 critique submitted | 02/29/16 | 04/09/16 |
| | Primary Reviewer 3 critique submitted | 02/17/16 | 04/09/16 |
| | Primary (Advocate) Reviewer 4 critique submitted | 02/29/16 | 04/09/16 |
| | COI indicated by non-primary reviewer | NONE | 04/09/16 |
| | COI recused from participation | N/A | 04/09/16 |
| | Discussed at Peer Review Meeting | YES | 04/09/16 |
| | Peer Review Meeting | 03/09/16 | 04/09/16 |
| | Post review statements signed | 03/18/16 | 04/09/16 |
| | Third Party Observer Report | 03/18/16 | 04/09/16 |
| 5. Final SRC Recommendation | Score report delivered to CSO | 03/28/16 | 04/09/16 |
| | Recommended for SRC Review | YES | 04/09/16 |
| | COI indicated by SRC member | NONE | 04/09/16 |
| | COI recused from participation | N/A | 04/09/16 |
| | SRC Meeting | 03/29/16 | 04/09/16 |
| | Third Party Observer Report | 04/05/16 | 04/09/16 |
| 6. PIC Review | Recommended for grant award | YES | 04/09/16 |
| | SRC Chair Notification to PIC and OC | 03/29/16 | 04/13/16 |
| | COI indicated by PIC member | NONE | 05/19/16 |
| | COI recused from participation | N/A | 05/19/16 |
| 6. PIC Review | PIC review meeting | 05/03/16 | 05/19/16 |
| | Recommended for grant award | NO* | 05/19/16 |
| | COI indicated by PIC member | NONE | 08/02/16 |
| | COI recused from participation | N/A | 08/02/16 |
| 7. Oversight Committee Approval | PIC review meeting | 08/02/16 | 08/02/16 |
| | Recommended for grant award | YES | 08/02/16 |
| | CEO Notification to Oversight Committee | DATE | |
| | COI indicated by Oversight Committee member | NAME or NONE | |
| | COI recused from participation | YES/NO or N/A | |
| | Donation(s) made to CPRIT/foundation | YES/NO | |
| | Presented to CPRIT Oversight Committee | 05/18/16 | |
| | Award approved by Oversight Committee | YES/NO | |
| | Authority to advance funds requested | YES/NO | |
| | Advance authority approved by Oversight Committee | YES/NO | |

*This application was deferred by the PIC to a later meeting in FY2016.

The identity of the attesting party is retained by CPRIT.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO AFFIDAVIT
Application RP160844
Core Facilities Support Awards

THE STATE OF TEXAS

COUNTY OF TRAVIS

BEFORE ME, the undersigned authority, on this day personally appeared Wayne R. Roberts, who swore or affirmed to tell the truth, and stated as follows:

“My name is Wayne R. Roberts, the Chief Executive Officer (CEO) of the Cancer Prevention and Research Institute of Texas (CPRIT). I am of sound mind and capable of making this sworn statement. I submit this affidavit pursuant to the legal requirement imposed by V.T.C.A., Health & Safety Code § 102.251(c).

My affidavit addresses the grant review process for the application stated above that is recommended for a CPRIT grant award by the Program Integration Committee (PIC). This application was submitted pursuant to *Core Facilities Support Awards* Request for Applications (RFA). CPRIT received 18 applications for this RFA. This application was assigned to the Cancer Biology panel for review. A preliminary evaluation process as described by 25 T.A.C. § 703.6(e)(1) was not used for applications in this cycle.


CPRIT staff and CPRIT’s third-party grants management vendor have recorded information and prepared documents during the course of their employment that are related to CPRIT’s grant review process described by Health & Safety Code Chapter 102. I have reviewed the information prepared by CPRIT staff and CPRIT’s third-party grants management vendor in my capacity as CPRIT’s CEO to prepare this affidavit. Some information (“CEO Affidavit-Supporting Information”) is applicable to all applications recommended for awards submitted pursuant to this RFA. The information listed below has been compiled as one packet and is incorporated herein by reference:

- The applicable Request for Applications (RFA) for this grant cycle
- An overview of the conflict of interest process, including any conflict of interest waivers granted
- The third party observer report(s) documenting that CPRIT’s grant review processes were followed by the review panel evaluating the applications in this grant cycle
- The de-identified list of the overall evaluation scores for applications submitted pursuant to the applicable RFA for this grant cycle
- A final overall evaluation score and rank order score submitted by the SRPP committees for the grant applications recommended by the PIC in this cycle

Pursuant to the process set out by 25 T.A.C. § 703.7, this application was deferred by the PIC on May 3, 2016, to a later date in FY2016. The PIC considered the application again on August 2, 2016, and voted to recommend the application to the Oversight Committee to be considered at an open meeting on August 17, 2016.


In addition to the CEO Affidavit-Supporting Information that is applicable to all applications submitted pursuant to the applicable RFA and recommended for grant awards this cycle, I have also reviewed the application's grant pedigree. The grant pedigree for the application listed above has been attached to this affidavit. The application pedigree provides an overview of the conflict of interest process applicable to this application, including any conflicts of interest reported by the review panel or by the PIC. I note that the following PIC members have approved conflict of interest waivers on file for FY2016: Dr. John Hellerstedt, Department of State Health Services Commissioner, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(3); and Dr. Becky Garcia, Chief Prevention Officer, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(1). At the time of signing this affidavit, the Oversight Committee has not yet reviewed the application; however, I note that members Will Montgomery and Amy Mitchell also have conflict of interest waivers on file for FY2016 applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(4).

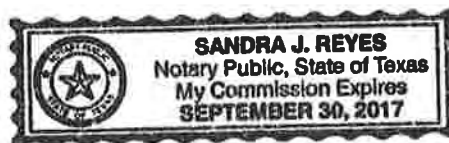
I personally reviewed the information for the grant application listed above and referenced herein. Based upon my review of the information and to the best of my knowledge, I swear or affirm that the peer review process for the grant application was consistent, in all material aspects, with the process described in the statute and CPRIT's administrative rules. This statement is true."


Wayne R. Roberts,
CEO, Cancer Prevention and Research Institute of Texas

State of Texas
County of Travis

SWORN to and SUBSCRIBED before me, the undersigned authority, on
the 3rd day of August, 2016,
by WAYNE R. ROBERTS.


Sandra Reyes
Notary Public, State of Texas



Notary without Bond

CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS
APPLICATION PEDIGREE

FY 2016
CYCLE 2
PROGRAM Research
AWARD MECHANISM Core Facility Support Awards (CFSA)
APPLICATION ID RP160844
APPLICATION TITLE Center for Innovative Drug Discovery: Enhancement of a Shared Cancer Resource for South Texas
APPLICANT NAME McHardy, Stanton
ORGANIZATION The University of Texas at San Antonio
PANEL NAME 16.2 Cancer Biology (16.2 CB)

| Category | Compliance Requirement | Information | Attestation Date |
|--------------------------------------|--|---------------|------------------|
| 1. Pre-Receipt | RFA approved by CSO | N/A | 04/13/16 |
| | RFA published in Texas Register | 07/24/15 | 04/13/16 |
| | CPRIT Application Receipt System (CARS) opened | 08/11/15 | 04/09/16 |
| | CPRIT Application Receipt System (CARS) closed | 10/13/15 | 04/09/16 |
| | Date application submitted | 10/13/15 | 04/09/16 |
| | Method of submission | CARS | 04/09/16 |
| | Within receipt period | YES | 04/09/16 |
| | Request for extension to submit application after CARS closed | N/A | 04/09/16 |
| 2. Receipt, Referral, and Assignment | Request for extension for late application submission accepted | N/A | 04/09/16 |
| | Administrative review notification | N/A | 04/09/16 |
| | Donation(s) made to CPRIT/foundation | NO | 04/09/16 |
| | Assigned to primary reviewers | N/A | 04/09/16 |
| | Applicant notified of review panel assignment | 11/25/15 | 04/09/16 |
| | Primary Reviewer 1 COI signed | N/A | 04/09/16 |
| | Primary Reviewer 2 COI signed | N/A | 04/09/16 |
| | Primary Reviewer 3 COI signed | N/A | 04/09/16 |
| 3. Preliminary Evaluation | Primary (Advocate) Reviewer 4 COI signed | N/A | 04/09/16 |
| | Primary Reviewer 1 critique submitted | N/A | 04/09/16 |
| | Primary Reviewer 2 critique submitted | N/A | 04/09/16 |
| | Primary Reviewer 3 critique submitted | N/A | 04/09/16 |
| | Primary (Advocate) Reviewer 4 critique submitted | N/A | 04/09/16 |
| | COI indicated by non-primary reviewer | N/A | 04/09/16 |
| | Preliminary Evaluation score summary sent to Chair | N/A | 04/09/16 |
| | Recommended for full review | N/A | 04/09/16 |
| 4. Peer Review Meeting | Applicant notified of outcome | N/A | 04/09/16 |
| | Assigned to primary reviewers | 12/23/15 | 04/09/16 |
| | Primary Reviewer 1 COI signed | 02/14/16 | 04/09/16 |
| | Primary Reviewer 2 COI signed | 12/18/15 | 04/09/16 |
| | Primary Reviewer 3 COI signed | 11/10/15 | 04/09/16 |
| | Primary (Advocate) Reviewer 4 COI signed | 11/09/15 | 04/09/16 |
| | Primary Reviewer 1 critique submitted | 03/01/16 | 04/09/16 |
| | Primary Reviewer 2 critique submitted | 03/06/16 | 04/09/16 |
| | Primary Reviewer 3 critique submitted | 02/22/16 | 04/09/16 |
| | Primary (Advocate) Reviewer 4 critique submitted | 01/10/16 | 04/09/16 |
| | COI indicated by non-primary reviewer | NONE | 04/09/16 |
| | COI recused from participation | N/A | 04/09/16 |
| | Discussed at Peer Review Meeting | YES | 04/09/16 |
| | Peer Review Meeting | 03/15/16 | 04/09/16 |
| | Post review statements signed | 03/24/16 | 04/09/16 |
| | Third Party Observer Report | 03/21/16 | 04/09/16 |
| 5. Final SRC Recommendation | Score report delivered to CSO | 03/28/16 | 04/09/16 |
| | Recommended for SRC Review | YES | 04/09/16 |
| | COI indicated by SRC member | NONE | 04/09/16 |
| | COI recused from participation | N/A | 04/09/16 |
| | SRC Meeting | 03/29/16 | 04/09/16 |
| | Third Party Observer Report | 04/05/16 | 04/09/16 |
| 6. PIC Review | Recommended for grant award | YES | 04/09/16 |
| | SRC Chair Notification to PIC and OC | 03/29/16 | 04/13/16 |
| | COI indicated by PIC member | NONE | 05/19/16 |
| | COI recused from participation | N/A | 05/19/16 |
| 6. PIC Review | PIC review meeting | 05/03/16 | 05/19/16 |
| | Recommended for grant award | NO* | 05/19/16 |
| | COI indicated by PIC member | NONE | 08/02/16 |
| | COI recused from participation | N/A | 08/02/16 |
| 7. Oversight Committee Approval | PIC review meeting | 08/02/16 | 08/02/16 |
| | Recommended for grant award | YES | 08/02/16 |
| | CEO Notification to Oversight Committee | DATE | |
| | COI indicated by Oversight Committee member | NAME or NONE | |
| | COI recused from participation | YES/NO or N/A | |
| | Donation(s) made to CPRIT/foundation | YES/NO | |
| | Presented to CPRIT Oversight Committee | 05/18/16 | |
| | Award approved by Oversight Committee | YES/NO | |
| | Authority to advance funds requested | YES/NO | |
| | Advance authority approved by Oversight Committee | YES/NO | |

*This application was deferred by the PIC to a later meeting in FY2016.

The identity of the attesting party is retained by CPRIT.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO AFFIDAVIT
Application RP160661
Multi-Investigator Research Awards

THE STATE OF TEXAS

COUNTY OF TRAVIS

BEFORE ME, the undersigned authority, on this day personally appeared Wayne R. Roberts, who swore or affirmed to tell the truth, and stated as follows:

“My name is Wayne R. Roberts, the Chief Executive Officer (CEO) of the Cancer Prevention and Research Institute of Texas (CPRIT). I am of sound mind and capable of making this sworn statement. I submit this affidavit pursuant to the legal requirement imposed by V.T.C.A., Health & Safety Code § 102.251(c).

My affidavit addresses the grant review process for the application stated above that is recommended for a CPRIT grant award by the Program Integration Committee (PIC). This application was submitted pursuant to *Multi-Investigator Research Awards* Request for Applications (RFA). CPRIT received 31 applications for this RFA. This application was assigned to the Clinical and Translational Cancer Research and Translational Cancer Research panel for review. A preliminary evaluation process as described by 25 T.A.C. § 703.6(e)(1) was not used for applications in this cycle.

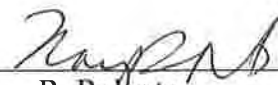
CPRIT staff and CPRIT’s third-party grants management vendor have recorded information and prepared documents during the course of their employment that are related to CPRIT’s grant review process described by Health & Safety Code Chapter 102. I have reviewed the information prepared by CPRIT staff and CPRIT’s third-party grants management vendor in my capacity as CPRIT’s CEO to prepare this affidavit. Some information (“CEO Affidavit-Supporting Information”) is applicable to all applications recommended for awards submitted pursuant to this RFA. The information listed below has been compiled as one packet and is incorporated herein by reference:

- The applicable Request for Applications (RFA) for this grant cycle
- An overview of the conflict of interest process, including any conflict of interest waivers granted
- The third party observer report(s) documenting that CPRIT’s grant review processes were followed by the review panel evaluating the applications in this grant cycle
- The de-identified list of the overall evaluation scores for applications submitted pursuant to the applicable RFA for this grant cycle
- A final overall evaluation score and rank order score submitted by the SRPP committees for the grant applications recommended by the PIC in this cycle

Pursuant to the process set out by 25 T.A.C. § 703.7, this application was deferred by the PIC on May 3, 2016, to a later date in FY2016. The PIC considered the application again on August 2, 2016, and voted to recommend it to the Oversight Committee to be considered at an open meeting on August 17, 2016. Additionally, at the August 2, 2016, PIC meeting, the Chief Scientific Officer recommended reducing the budget of this application by 20%. The recommendation was approved unanimously by PIC members; therefore, the award will be recommended to the Oversight Committee with a lower budget.


In addition to the CEO Affidavit-Supporting Information that is applicable to all applications submitted pursuant to the applicable RFA and recommended for grant awards this cycle, I have also reviewed the application's grant pedigree. The grant pedigree for the application listed above has been attached to this affidavit. The application pedigree provides an overview of the conflict of interest process applicable to this application, including any conflicts of interest reported by the review panel or by the PIC. I note that the following PIC members have approved conflict of interest waivers on file for FY2016: Dr. John Hellerstedt, Department of State Health Services Commissioner, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(3); and Dr. Becky Garcia, Chief Prevention Officer, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(1). At the time of signing this affidavit, the Oversight Committee has not yet reviewed the application; however, I note that members Will Montgomery and Amy Mitchell also have conflict of interest waivers on file for FY2016 applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(4).

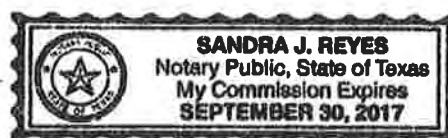
I personally reviewed the information for the grant application listed above and referenced herein. Based upon my review of the information and to the best of my knowledge, I swear or affirm that the peer review process for the grant application was consistent, in all material aspects, with the process described in the statute and CPRIT's administrative rules. This statement is true."


Wayne R. Roberts,
CEO, Cancer Prevention and Research Institute of Texas

State of Texas
County of Travis

SWORN to and SUBSCRIBED before me, the undersigned authority, on
the 3rd day of August, 2016,
by WAYNE R. ROBERTS.


Sandra Reyes
Notary Public, State of Texas



Notary without Bond

| Category | Document / Topic / Discussion | Information | Project End Date |
|--|--|-------------|------------------|
| 1. Pre Receipt | MFA Agreement by COO | N/A | 04/21/16 |
| | MFA published in Trade Register | 1/27/2015 | 04/21/16 |
| | CRIM Agreements between Sweden (CRIM) signed | 10/01/15 | 04/21/16 |
| | CRIM Agreements between Sweden (CRIM) signed | 10/01/15 | 04/21/16 |
| | CRIM Agreements submitted | 09/15/15 | 04/21/16 |
| | Start of submission | N/A | 04/21/16 |
| | Initial opening period | YES | 04/21/16 |
| | Request for extension to submit information after CRIM closed | N/A | 04/21/16 |
| | Request for extension for late application submission accepted | N/A | 04/21/16 |
| | Administrative review completed | N/A | 04/21/16 |
| | Comments (re: to CRIM) Foundation | NO | 04/21/16 |
| | Assigned to primary interests | 11/23/15 | 04/21/16 |
| | Appendix 10/10/15 of review panel assigned | 11/23/15 | 04/21/16 |
| | OVERALL MMA PROJECT | | |
| | Primary Reviewer: 1 COO signed | 11/24/15 | 04/21/16 |
| | Primary Reviewer: 2 COO signed | 12/04/15 | 04/21/16 |
| | Primary (Adjudicator) Reviewer: 3 COO signed | 12/18/15 | 04/21/16 |
| | PROJECT 1: | N/A | 04/21/16 |
| | Primary Reviewer: 1 COO signed | 12/24/15 | 04/21/16 |
| | Primary Reviewer: 2 COO signed | 12/04/15 | 04/21/16 |
| | Primary Reviewer: 3 COO signed | 12/18/15 | 04/21/16 |
| | PROJECT 2: | N/A | 04/21/16 |
| | Primary Reviewer: 1 COO signed | 12/24/15 | 04/21/16 |
| | Primary Reviewer: 2 COO signed | 12/04/15 | 04/21/16 |
| | Primary Reviewer: 3 COO signed | 12/18/15 | 04/21/16 |
| Primary (Adjudicator) Reviewer: 4 COO signed | N/A | 04/21/16 | |
| PROJECT 3: | | | |
| Primary Reviewer: 1 COO signed | 12/24/15 | 04/21/16 | |
| Primary Reviewer: 2 COO signed | 12/04/15 | 04/21/16 | |
| Primary Reviewer: 3 COO signed | 12/18/15 | 04/21/16 | |
| Primary (Adjudicator) Reviewer: 4 COO signed | N/A | 04/21/16 | |
| OVERALL MMA PROJECT | | | |
| Primary Reviewer: 1 COO signed | 12/24/15 | 04/21/16 | |
| Primary Reviewer: 2 COO signed | 12/04/15 | 04/21/16 | |
| Primary Reviewer: 3 COO signed | 12/18/15 | 04/21/16 | |
| Primary (Adjudicator) Reviewer: 4 COO signed | N/A | 04/21/16 | |
| PROJECT 4: | | | |
| Primary Reviewer: 1 COO signed | 12/24/15 | 04/21/16 | |
| Primary Reviewer: 2 COO signed | 12/04/15 | 04/21/16 | |
| Primary Reviewer: 3 COO signed | 12/18/15 | 04/21/16 | |
| Primary (Adjudicator) Reviewer: 4 COO signed | N/A | 04/21/16 | |
| OVERALL MMA PROJECT | | | |
| Primary Reviewer: 1 COO signed | 12/24/15 | 04/21/16 | |
| Primary Reviewer: 2 COO signed | 12/04/15 | 04/21/16 | |
| Primary Reviewer: 3 COO signed | 12/18/15 | 04/21/16 | |
| Primary (Adjudicator) Reviewer: 4 COO signed | N/A | 04/21/16 | |
| PROJECT 5: | | | |
| Primary Reviewer: 1 COO signed | 12/24/15 | 04/21/16 | |
| Primary Reviewer: 2 COO signed | 12/04/15 | 04/21/16 | |
| Primary Reviewer: 3 COO signed | 12/18/15 | 04/21/16 | |
| Primary (Adjudicator) Reviewer: 4 COO signed | N/A | 04/21/16 | |
| OVERALL MMA PROJECT | | | |
| Primary Reviewer: 1 COO signed | 12/24/15 | 04/21/16 | |
| Primary Reviewer: 2 COO signed | 12/04/15 | 04/21/16 | |
| Primary Reviewer: 3 COO signed | 12/18/15 | 04/21/16 | |
| Primary (Adjudicator) Reviewer: 4 COO signed | N/A | 04/21/16 | |
| PROJECT 6: | | | |
| Primary Reviewer: 1 COO signed | 12/24/15 | 04/21/16 | |
| Primary Reviewer: 2 COO signed | 12/04/15 | 04/21/16 | |
| Primary Reviewer: 3 COO signed | 12/18/15 | 04/21/16 | |
| Primary (Adjudicator) Reviewer: 4 COO signed | N/A | 04/21/16 | |
| OVERALL MMA PROJECT | | | |
| Primary Reviewer: 1 COO signed | 12/24/15 | 04/21/16 | |
| Primary Reviewer: 2 COO signed | 12/04/15 | 04/21/16 | |
| Primary Reviewer: 3 COO signed | 12/18/15 | 04/21/16 | |
| Primary (Adjudicator) Reviewer: 4 COO signed | N/A | 04/21/16 | |
| PROJECT 7: | | | |
| Primary Reviewer: 1 COO signed | 12/24/15 | 04/21/16 | |
| Primary Reviewer: 2 COO signed | 12/04/15 | 04/21/16 | |
| Primary Reviewer: 3 COO signed | 12/18/15 | 04/21/16 | |
| Primary (Adjudicator) Reviewer: 4 COO signed | N/A | 04/21/16 | |
| OVERALL MMA PROJECT | | | |
| Primary Reviewer: 1 COO signed | 12/24/15 | 04/21/16 | |
| Primary Reviewer: 2 COO signed | 12/04/15 | 04/21/16 | |
| Primary Reviewer: 3 COO signed | 12/18/15 | 04/21/16 | |
| Primary (Adjudicator) Reviewer: 4 COO signed | N/A | 04/21/16 | |
| PROJECT 8: | | | |
| Primary Reviewer: 1 COO signed | 12/24/15 | 04/21/16 | |
| Primary Reviewer: 2 COO signed | 12/04/15 | 04/21/16 | |
| Primary Reviewer: 3 COO signed | 12/18/15 | 04/21/16 | |
| Primary (Adjudicator) Reviewer: 4 COO signed | N/A | 04/21/16 | |
| OVERALL MMA PROJECT | | | |
| Primary Reviewer: 1 COO signed | 12/24/15 | 04/21/16 | |
| Primary Reviewer: 2 COO signed | 12/04/15 | 04/21/16 | |
| Primary Reviewer: 3 COO signed | 12/18/15 | 04/21/16 | |
| Primary (Adjudicator) Reviewer: 4 COO signed | N/A | 04/21/16 | |
| PROJECT 9: | | | |
| Primary Reviewer: 1 COO signed | 12/24/15 | 04/21/16 | |
| Primary Reviewer: 2 COO signed | 12/04/15 | 04/21/16 | |
| Primary Reviewer: 3 COO signed | 12/18/15 | 04/21/16 | |
| Primary (Adjudicator) Reviewer: 4 COO signed | N/A | 04/21/16 | |
| OVERALL MMA PROJECT | | | |
| Primary Reviewer: 1 COO signed | 12/24/15 | 04/21/16 | |
| Primary Reviewer: 2 COO signed | 12/04/15 | 04/21/16 | |
| Primary Reviewer: 3 COO signed | 12/18/15 | 04/21/16 | |
| Primary (Adjudicator) Reviewer: 4 COO signed | N/A | 04/21/16 | |
| PROJECT 10: | | | |
| Primary Reviewer: 1 COO signed | 12/24/15 | 04/21/16 | |
| Primary Reviewer: 2 COO signed | 12/04/15 | 04/21/16 | |
| Primary Reviewer: 3 COO signed | 12/18/15 | 04/21/16 | |
| Primary (Adjudicator) Reviewer: 4 COO signed | N/A | 04/21/16 | |
| OVERALL MMA PROJECT | | | |
| Primary Reviewer: 1 COO signed | 12/24/15 | 04/21/16 | |
| Primary Reviewer: 2 COO signed | 12/04/15 | 04/21/1 | |

*The bill was discussed by the PIC in a large meeting in FY2010.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO AFFIDAVIT
Application RP160667
Multi-Investigator Research Awards

THE STATE OF TEXAS

COUNTY OF TRAVIS

BEFORE ME, the undersigned authority, on this day personally appeared Wayne R. Roberts, who swore or affirmed to tell the truth, and stated as follows:

“My name is Wayne R. Roberts, the Chief Executive Officer (CEO) of the Cancer Prevention and Research Institute of Texas (CPRIT). I am of sound mind and capable of making this sworn statement. I submit this affidavit pursuant to the legal requirement imposed by V.T.C.A., Health & Safety Code § 102.251(c).

My affidavit addresses the grant review process for the application stated above that is recommended for a CPRIT grant award by the Program Integration Committee (PIC). This application was submitted pursuant to *Multi-Investigator Research Awards* Request for Applications (RFA). CPRIT received 31 applications for this RFA. This application was assigned to the Basic Cancer Research-2 panel for review. A preliminary evaluation process as described by 25 T.A.C. § 703.6(e)(1) was not used for applications in this cycle.

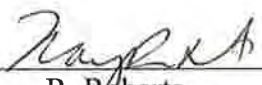
CPRIT staff and CPRIT’s third-party grants management vendor have recorded information and prepared documents during the course of their employment that are related to CPRIT’s grant review process described by Health & Safety Code Chapter 102. I have reviewed the information prepared by CPRIT staff and CPRIT’s third-party grants management vendor in my capacity as CPRIT’s CEO to prepare this affidavit. Some information (“CEO Affidavit-Supporting Information”) is applicable to all applications recommended for awards submitted pursuant to this RFA. The information listed below has been compiled as one packet and is incorporated herein by reference:

- The applicable Request for Applications (RFA) for this grant cycle
- An overview of the conflict of interest process, including any conflict of interest waivers granted
- The third party observer report(s) documenting that CPRIT’s grant review processes were followed by the review panel evaluating the applications in this grant cycle
- The de-identified list of the overall evaluation scores for applications submitted pursuant to the applicable RFA for this grant cycle
- A final overall evaluation score and rank order score submitted by the SRPP committees for the grant applications recommended by the PIC in this cycle

Pursuant to the process set out by 25 T.A.C. § 703.7, this application was deferred by the PIC on May 3, 2016, to a later date in FY2016. The PIC considered the application again on August 2, 2016, and voted to recommend it to the Oversight Committee to be considered at an open meeting on August 17, 2016. Additionally, at the August 2, 2016, PIC meeting, the Chief Scientific Officer recommended reducing the budget of this application by 20%. The recommendation was approved unanimously by PIC members; therefore, the award will be recommended to the Oversight Committee with a lower budget.


In addition to the CEO Affidavit-Supporting Information that is applicable to all applications submitted pursuant to the applicable RFA and recommended for grant awards this cycle, I have also reviewed the application's grant pedigree. The grant pedigree for the application listed above has been attached to this affidavit. The application pedigree provides an overview of the conflict of interest process applicable to this application, including any conflicts of interest reported by the review panel or by the PIC. I note that the following PIC members have approved conflict of interest waivers on file for FY2016: Dr. John Hellerstedt, Department of State Health Services Commissioner, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(3); and Dr. Becky Garcia, Chief Prevention Officer, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(1). At the time of signing this affidavit, the Oversight Committee has not yet reviewed the application; however, I note that members Will Montgomery and Amy Mitchell also have conflict of interest waivers on file for FY2016 applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(4).

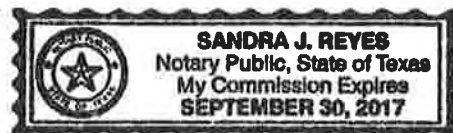
I personally reviewed the information for the grant application listed above and referenced herein. Based upon my review of the information and to the best of my knowledge, I swear or affirm that the peer review process for the grant application was consistent, in all material aspects, with the process described in the statute and CPRIT's administrative rules. This statement is true."


Wayne R. Roberts,
CEO, Cancer Prevention and Research Institute of Texas

State of Texas
County of Travis

SWORN to and SUBSCRIBED before me, the undersigned authority, on
the 3rd day of August, 2016,
by WAYNE R. ROBERTS.


Sandra Reyes
Notary Public, State of Texas



Notary without Bond

CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

APPLICATION SUMMARY

FY 2016
CYCLE 2
PROGRAM Research
AWARD MECHANISM Multi-Investigator Research Awards (MIRA)
APPLICATION ID RP160667
APPLICATION TITLE DNA Protein Crosslink Repair Pathways and Cancer Therapy
APPLICANT NAME Chen, Junli
ORGANIZATION The University of Texas M. D. Anderson Cancer Center
PANEL NAME L6 2 Basic Cancer Research 2 (L6 2 BCR 2)

| Category | Comments/Action/Event | Date/Action | Reviewer/Action/Event |
|------------------------------------|--|-------------|-----------------------|
| 1. Pre-Review | IRB approved by COO | N/A | 08/11/16 |
| | IRB published in IRB Register | 07/26/16 | 08/11/16 |
| | CPRIT Application for Research System (CARS) accepted | 08/11/16 | 08/11/16 |
| | CPRIT Application Review System (CARS) closed | 10/01/16 | 08/11/16 |
| | Grant application submitted | 10/01/16 | 08/11/16 |
| | Method of submission | CARS | 08/11/16 |
| | Written review period | N/A | 08/11/16 |
| | Request for extension to submit application after CARS closed | N/A | 08/11/16 |
| | Request for extension for late application submission accepted | N/A | 08/11/16 |
| | Application after review conference | N/A | 08/11/16 |
| 2. Receipt, Review, and Assignment | Document(s) made in CARS/IRB system | N/A | 08/11/16 |
| | Assigned to primary reviewer | 11/22/16 | 08/11/16 |
| | Application received of review panel assignment | 11/22/16 | 08/11/16 |
| | OVERALL MIRA PROJECT | | |
| | Primary Reviewer 1 COI signed | 11/22/16 | 08/11/16 |
| | Primary Reviewer 2 COI signed | 11/22/16 | 08/11/16 |
| | Primary (Advisory) Reviewer 1 COI signed | 11/22/16 | 08/11/16 |
| | Primary (Advisory) Reviewer 4 COI signed | N/A | 08/11/16 |
| | PROJECT 1 | | |
| | Primary Reviewer 1 COI signed | 11/22/16 | 08/11/16 |
| 3. Review | Primary Reviewer 2 COI signed | 11/22/16 | 08/11/16 |
| | Primary (Advisory) Reviewer 1 COI signed | 11/22/16 | 08/11/16 |
| | Primary (Advisory) Reviewer 4 COI signed | N/A | 08/11/16 |
| | PROJECT 2 | | |
| | Primary Reviewer 1 COI signed | 11/22/16 | 08/11/16 |
| | Primary Reviewer 2 COI signed | 11/22/16 | 08/11/16 |
| | Primary Reviewer 3 COI signed | 11/22/16 | 08/11/16 |
| | Primary (Advisory) Reviewer 4 COI signed | N/A | 08/11/16 |
| | PROJECT 3 | | |
| | Primary Reviewer 1 COI signed | 11/22/16 | 08/11/16 |
| 4. Peer Review Meeting | Primary Reviewer 2 COI signed | 11/22/16 | 08/11/16 |
| | Primary Reviewer 3 COI signed | 11/22/16 | 08/11/16 |
| | Primary (Advisory) Reviewer 4 COI signed | N/A | 08/11/16 |
| | PROJECT 4 | | |
| | Primary Reviewer 1 COI signed | 11/22/16 | 08/11/16 |
| | Primary Reviewer 2 COI signed | 11/22/16 | 08/11/16 |
| | Primary Reviewer 3 COI signed | 11/22/16 | 08/11/16 |
| | Primary (Advisory) Reviewer 4 COI signed | N/A | 08/11/16 |
| | PROJECT 5 | | |
| | Primary Reviewer 1 COI signed | 11/22/16 | 08/11/16 |
| 5. Final SRC Recommendation | Primary Reviewer 2 COI signed | 11/22/16 | 08/11/16 |
| | Primary Reviewer 3 COI signed | 11/22/16 | 08/11/16 |
| | Primary (Advisory) Reviewer 4 COI signed | N/A | 08/11/16 |
| | PROJECT 6 | | |
| | Primary Reviewer 1 COI signed | 11/22/16 | 08/11/16 |
| | Primary Reviewer 2 COI signed | 11/22/16 | 08/11/16 |
| | Primary Reviewer 3 COI signed | 11/22/16 | 08/11/16 |
| | Primary (Advisory) Reviewer 4 COI signed | N/A | 08/11/16 |
| | PROJECT 7 | | |
| | Primary Reviewer 1 COI signed | 11/22/16 | 08/11/16 |
| 6. PIC Review | Primary Reviewer 2 COI signed | 11/22/16 | 08/11/16 |
| | Primary Reviewer 3 COI signed | 11/22/16 | 08/11/16 |
| | Primary (Advisory) Reviewer 4 COI signed | N/A | 08/11/16 |
| | PROJECT 8 | | |
| | Primary Reviewer 1 COI signed | 11/22/16 | 08/11/16 |
| | Primary Reviewer 2 COI signed | 11/22/16 | 08/11/16 |
| | Primary Reviewer 3 COI signed | 11/22/16 | 08/11/16 |
| | Primary (Advisory) Reviewer 4 COI signed | N/A | 08/11/16 |
| | PROJECT 9 | | |
| | Primary Reviewer 1 COI signed | 11/22/16 | 08/11/16 |
| 7. Oversight Committee Approval | Primary Reviewer 2 COI signed | 11/22/16 | 08/11/16 |
| | Primary Reviewer 3 COI signed | 11/22/16 | 08/11/16 |
| | Primary (Advisory) Reviewer 4 COI signed | N/A | 08/11/16 |
| | PROJECT 10 | | |
| | Primary Reviewer 1 COI signed | 11/22/16 | 08/11/16 |
| | Primary Reviewer 2 COI signed | 11/22/16 | 08/11/16 |
| | Primary Reviewer 3 COI signed | 11/22/16 | 08/11/16 |
| | Primary (Advisory) Reviewer 4 COI signed | N/A | 08/11/16 |
| | PROJECT 11 | | |
| | Primary Reviewer 1 COI signed | 11/22/16 | 08/11/16 |

*This application was referred by the PIC to a later meeting in FY2016

The identity of the attesting party is retained by CPRIT.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO AFFIDAVIT
Application RP160674
Multi-Investigator Research Awards

THE STATE OF TEXAS

COUNTY OF TRAVIS

BEFORE ME, the undersigned authority, on this day personally appeared Wayne R. Roberts, who swore or affirmed to tell the truth, and stated as follows:

“My name is Wayne R. Roberts, the Chief Executive Officer (CEO) of the Cancer Prevention and Research Institute of Texas (CPRIT). I am of sound mind and capable of making this sworn statement. I submit this affidavit pursuant to the legal requirement imposed by V.T.C.A., Health & Safety Code § 102.251(c).

My affidavit addresses the grant review process for the application stated above that is recommended for a CPRIT grant award by the Program Integration Committee (PIC). This application was submitted pursuant to *Multi-Investigator Research Awards* Request for Applications (RFA). CPRIT received 31 applications for this RFA. This application was assigned to the Cancer Prevention Research panel for review. A preliminary evaluation process as described by 25 T.A.C. § 703.6(e)(1) was not used for applications in this cycle.

CPRIT staff and CPRIT’s third-party grants management vendor have recorded information and prepared documents during the course of their employment that are related to CPRIT’s grant review process described by Health & Safety Code Chapter 102. I have reviewed the information prepared by CPRIT staff and CPRIT’s third-party grants management vendor in my capacity as CPRIT’s CEO to prepare this affidavit. Some information (“CEO Affidavit-Supporting Information”) is applicable to all applications recommended for awards submitted pursuant to this RFA. The information listed below has been compiled as one packet and is incorporated herein by reference:

- The applicable Request for Applications (RFA) for this grant cycle
- An overview of the conflict of interest process, including any conflict of interest waivers granted
- The third party observer report(s) documenting that CPRIT’s grant review processes were followed by the review panel evaluating the applications in this grant cycle
- The de-identified list of the overall evaluation scores for applications submitted pursuant to the applicable RFA for this grant cycle
- A final overall evaluation score and rank order score submitted by the SRPP committees for the grant applications recommended by the PIC in this cycle

Pursuant to the process set out by 25 T.A.C. § 703.7, this application was deferred by the PIC on May 3, 2016, to a later date in FY2016. The PIC considered the application again on August 2, 2016, and voted to recommend it to the Oversight Committee to be considered at an open meeting on August 17, 2016. Additionally, at the August 2, 2016, PIC meeting, the Chief Scientific Officer recommended reducing the budget of this application by 20%. The recommendation was approved unanimously by PIC members; therefore, the award will be recommended to the Oversight Committee with a lower budget.

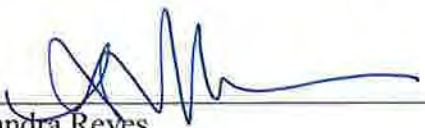
In addition to the CEO Affidavit-Supporting Information that is applicable to all applications submitted pursuant to the applicable RFA and recommended for grant awards this cycle, I have also reviewed the application's grant pedigree. The grant pedigree for the application listed above has been attached to this affidavit. The application pedigree provides an overview of the conflict of interest process applicable to this application, including any conflicts of interest reported by the review panel or by the PIC. I note that the following PIC members have approved conflict of interest waivers on file for FY2016: Dr. John Hellerstedt, Department of State Health Services Commissioner, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(3); and Dr. Becky Garcia, Chief Prevention Officer, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(1). At the time of signing this affidavit, the Oversight Committee has not yet reviewed the application; however, I note that members Will Montgomery and Amy Mitchell also have conflict of interest waivers on file for FY2016 applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(4).

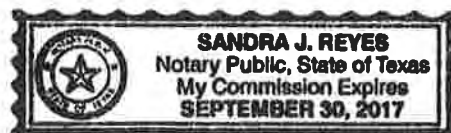
I personally reviewed the information for the grant application listed above and referenced herein. Based upon my review of the information and to the best of my knowledge, I swear or affirm that the peer review process for the grant application was consistent, in all material aspects, with the process described in the statute and CPRIT's administrative rules. This statement is true."


Wayne R. Roberts,
CEO, Cancer Prevention and Research Institute of Texas

State of Texas
County of Travis

SWORN to and SUBSCRIBED before me, the undersigned authority, on
the 3rd day of August, 2016,
by WAYNE R. ROBERTS.


Sandra Reyes
Notary Public, State of Texas



Notary without Bond

CANCER PREVENTION RESEARCH INSTITUTE OF TEXAS
APPLICATION RESUME

PV 2016
CYCLE 2
PROGRAM Research
AWARD MECHANISM Multi Investigator Research Awards (MIRA)
APPLICATION ID RP160674

APPLICATION TITLE Comparative Effectiveness Research on Cancer in Texas (CERCT) 2.0

APPLICANT NAME Goodwin, James
ORGANIZATION The University of Texas Medical Branch at Galveston
PANEL NAME 16.2 Cancer Prevention Research (16.2 CPR)

| Category | Item | Decision | Date |
|------------------------------------|---------------------------------|----------|----------|
| 1. Pre-Receipt | IRB approved by IRB | N/A | 04/11/14 |
| | IRB approved by Texas Registrar | 07/22/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| 2. Receipt, Referral, and Approval | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| 3. Post-Receipt Meeting | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| 4. Final IRB Recommendation | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| 5. IRB Review | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| 6. IRB Review | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| 7. Oversight Committee Approval | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |
| | IRB approved by Texas Registrar | 08/11/13 | 06/11/14 |

*This application was approved by the PIR in a letter meeting in 2014.

The identity of the attesting party is retained by CPRIT.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO AFFIDAVIT
Application RP160693
Multi-Investigator Research Awards

THE STATE OF TEXAS

COUNTY OF TRAVIS

BEFORE ME, the undersigned authority, on this day personally appeared Wayne R. Roberts, who swore or affirmed to tell the truth, and stated as follows:

“My name is Wayne R. Roberts, the Chief Executive Officer (CEO) of the Cancer Prevention and Research Institute of Texas (CPRIT). I am of sound mind and capable of making this sworn statement. I submit this affidavit pursuant to the legal requirement imposed by V.T.C.A., Health & Safety Code § 102.251(c).

My affidavit addresses the grant review process for the application stated above that is recommended for a CPRIT grant award by the Program Integration Committee (PIC). This application was submitted pursuant to *Multi-Investigator Research Awards* Request for Applications (RFA). CPRIT received 31 applications for this RFA. This application was assigned to the Clinical and Translational Cancer Research and Translational Cancer Research panel for review. A preliminary evaluation process as described by 25 T.A.C. § 703.6(e)(1) was not used for applications in this cycle.

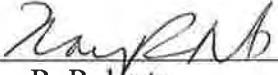
CPRIT staff and CPRIT’s third-party grants management vendor have recorded information and prepared documents during the course of their employment that are related to CPRIT’s grant review process described by Health & Safety Code Chapter 102. I have reviewed the information prepared by CPRIT staff and CPRIT’s third-party grants management vendor in my capacity as CPRIT’s CEO to prepare this affidavit. Some information (“CEO Affidavit-Supporting Information”) is applicable to all applications recommended for awards submitted pursuant to this RFA. The information listed below has been compiled as one packet and is incorporated herein by reference:

- The applicable Request for Applications (RFA) for this grant cycle
- An overview of the conflict of interest process, including any conflict of interest waivers granted
- The third party observer report(s) documenting that CPRIT’s grant review processes were followed by the review panel evaluating the applications in this grant cycle
- The de-identified list of the overall evaluation scores for applications submitted pursuant to the applicable RFA for this grant cycle
- A final overall evaluation score and rank order score submitted by the SRPP committees for the grant applications recommended by the PIC in this cycle

Pursuant to the process set out by 25 T.A.C. § 703.7, this application was deferred by the PIC on May 3, 2016, to a later date in FY2016. The PIC considered the application again on August 2, 2016, and voted to recommend it to the Oversight Committee to be considered at an open meeting on August 17, 2016. Additionally, at the August 2, 2016, PIC meeting, the Chief Scientific Officer recommended reducing the budget of this application by 20%. The recommendation was approved unanimously by PIC members; therefore, the award will be recommended to the Oversight Committee with a lower budget.


In addition to the CEO Affidavit-Supporting Information that is applicable to all applications submitted pursuant to the applicable RFA and recommended for grant awards this cycle, I have also reviewed the application's grant pedigree. The grant pedigree for the application listed above has been attached to this affidavit. The application pedigree provides an overview of the conflict of interest process applicable to this application, including any conflicts of interest reported by the review panel or by the PIC. I note that the following PIC members have approved conflict of interest waivers on file for FY2016: Dr. John Hellerstedt, Department of State Health Services Commissioner, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(3); and Dr. Becky Garcia, Chief Prevention Officer, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(1). At the time of signing this affidavit, the Oversight Committee has not yet reviewed the application; however, I note that members Will Montgomery and Amy Mitchell also have conflict of interest waivers on file for FY2016 applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(4).

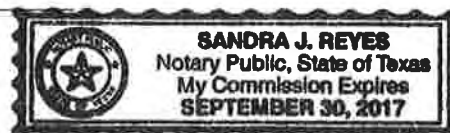
I personally reviewed the information for the grant application listed above and referenced herein. Based upon my review of the information and to the best of my knowledge, I swear or affirm that the peer review process for the grant application was consistent, in all material aspects, with the process described in the statute and CPRIT's administrative rules. This statement is true."


Wayne R. Roberts,
CEO, Cancer Prevention and Research Institute of Texas

State of Texas
County of Travis

SWORN to and SUBSCRIBED before me, the undersigned authority, on
the 3rd day of August, 2016,
by WAYNE R. ROBERTS.


Sandra Reyes
Notary Public, State of Texas



Notary without Bond

CANCER PREVENTION AND RESEARCH INSTITUTE (CPRI) TEAM
APPLICATION FEEDBACK

FF: J016
CURE: J
PROTOCOL: Research
AWARD MECHANISM: Multi-Investigator Research Awards (MIRA)
APPLICATION ID: HPC0005
APPLICATION TITLE: Acute Myeloid Leukemia in the Immunosuppressed
APPLICANT NAME: Andreiell, Michael
ORGANIZATION: The University of Texas M. D. Anderson Cancer Center
PANEL NAME: 16-2 Clinical / Translational Cancer Research (16-2 CTR)

| Category | Comments/Action Item | Agreement | Agreement Date |
|--------------------------------------|--|-----------|----------------|
| 1. Pre-Review | IRB approved by CCR | N/A | 04/01/16 |
| | IRB approved by Texas A&M | N/A | 04/01/16 |
| | CPRIT Application Review System (CARS) opened | 07/24/15 | 04/01/16 |
| | CPRIT Application Review System (CARS) closed | 06/21/15 | 04/01/16 |
| | IRB application submitted | 10/11/15 | 04/01/16 |
| | Method of submission | CARS | 04/01/16 |
| | Within receipt period | YES | 04/01/16 |
| | Request for extension to submit application after CARS closed | N/A | 04/01/16 |
| | Request for extension for late application submission received | N/A | 04/01/16 |
| | Application after receipt notification | N/A | 04/01/16 |
| 2. Receipt, Referral, and Assignment | Consent(s) made to CPRIT Foundation | NO | 04/01/16 |
| | Assigned to primary reviewers | 01/19/16 | 04/01/16 |
| | Application notified of review panel assignment | 01/25/16 | 04/01/16 |
| | OVERALL MIRA PROJECT | | |
| | Primary Reviewer 1 CCR signed | 11/20/15 | 04/01/16 |
| | Primary Reviewer 2 CCR signed | 11/20/15 | 04/01/16 |
| | Primary (Advocate) Reviewer 3 CCR signed | 11/05/15 | 04/01/16 |
| | Primary (Advocate) Reviewer 4 CCR signed | N/A | 04/01/16 |
| | PROJECT 1: | | |
| | Primary Reviewer 1 CCR signed | 11/20/15 | 04/01/16 |
| 3. Review Meeting | Primary Reviewer 2 CCR signed | 11/20/15 | 04/01/16 |
| | Primary Reviewer 3 CCR signed | 11/20/15 | 04/01/16 |
| | Primary (Advocate) Reviewer 4 CCR signed | N/A | 04/01/16 |
| | PROJECT 2: | | |
| | Primary Reviewer 1 CCR signed | 11/20/15 | 04/01/16 |
| | Primary Reviewer 2 CCR signed | 11/20/15 | 04/01/16 |
| | Primary Reviewer 3 CCR signed | 11/20/15 | 04/01/16 |
| | Primary (Advocate) Reviewer 4 CCR signed | N/A | 04/01/16 |
| | PROJECT 3: | | |
| | Primary Reviewer 1 CCR signed | 11/20/15 | 04/01/16 |
| 4. Review Meeting | Primary Reviewer 2 CCR signed | 11/20/15 | 04/01/16 |
| | Primary Reviewer 3 CCR signed | 11/20/15 | 04/01/16 |
| | Primary (Advocate) Reviewer 4 CCR signed | N/A | 04/01/16 |
| | PROJECT 4: | | |
| | Primary Reviewer 1 CCR signed | 11/20/15 | 04/01/16 |
| | Primary Reviewer 2 CCR signed | 11/20/15 | 04/01/16 |
| | Primary Reviewer 3 CCR signed | 11/20/15 | 04/01/16 |
| | Primary (Advocate) Reviewer 4 CCR signed | N/A | 04/01/16 |
| | PROJECT 5: | | |
| | Primary Reviewer 1 CCR signed | 11/20/15 | 04/01/16 |
| 5. Post Review Meeting | Primary Reviewer 2 CCR signed | 11/20/15 | 04/01/16 |
| | Primary Reviewer 3 CCR signed | 11/20/15 | 04/01/16 |
| | Primary (Advocate) Reviewer 4 CCR signed | N/A | 04/01/16 |
| | PROJECT 6: | | |
| | Primary Reviewer 1 CCR signed | 11/20/15 | 04/01/16 |
| | Primary Reviewer 2 CCR signed | 11/20/15 | 04/01/16 |
| | Primary Reviewer 3 CCR signed | 11/20/15 | 04/01/16 |
| | Primary (Advocate) Reviewer 4 CCR signed | N/A | 04/01/16 |
| | PROJECT 7: | | |
| | Primary Reviewer 1 CCR signed | 11/20/15 | 04/01/16 |
| 6. Final Review Recommendation | Primary Reviewer 2 CCR signed | 11/20/15 | 04/01/16 |
| | Primary Reviewer 3 CCR signed | 11/20/15 | 04/01/16 |
| | Primary (Advocate) Reviewer 4 CCR signed | N/A | 04/01/16 |
| | PROJECT 8: | | |
| | Primary Reviewer 1 CCR signed | 11/20/15 | 04/01/16 |
| | Primary Reviewer 2 CCR signed | 11/20/15 | 04/01/16 |
| | Primary Reviewer 3 CCR signed | 11/20/15 | 04/01/16 |
| | Primary (Advocate) Reviewer 4 CCR signed | N/A | 04/01/16 |
| | PROJECT 9: | | |
| | Primary Reviewer 1 CCR signed | 11/20/15 | 04/01/16 |
| 7. Oversight Committee Approval | Primary Reviewer 2 CCR signed | 11/20/15 | 04/01/16 |
| | Primary Reviewer 3 CCR signed | 11/20/15 | 04/01/16 |
| | Primary (Advocate) Reviewer 4 CCR signed | N/A | 04/01/16 |
| | PROJECT 10: | | |
| | Primary Reviewer 1 CCR signed | 11/20/15 | 04/01/16 |
| | Primary Reviewer 2 CCR signed | 11/20/15 | 04/01/16 |
| | Primary Reviewer 3 CCR signed | 11/20/15 | 04/01/16 |
| | Primary (Advocate) Reviewer 4 CCR signed | N/A | 04/01/16 |
| | PROJECT 11: | | |
| | Primary Reviewer 1 CCR signed | 11/20/15 | 04/01/16 |

*This application was deferred by the PIC to a later meeting in FY2016

The identity of the attesting party is retained by CPRIT.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO AFFIDAVIT
Application RP160710
Multi-Investigator Research Awards

THE STATE OF TEXAS

COUNTY OF TRAVIS

BEFORE ME, the undersigned authority, on this day personally appeared Wayne R. Roberts, who swore or affirmed to tell the truth, and stated as follows:

“My name is Wayne R. Roberts, the Chief Executive Officer (CEO) of the Cancer Prevention and Research Institute of Texas (CPRIT). I am of sound mind and capable of making this sworn statement. I submit this affidavit pursuant to the legal requirement imposed by V.T.C.A., Health & Safety Code § 102.251(c).

My affidavit addresses the grant review process for the application stated above that is recommended for a CPRIT grant award by the Program Integration Committee (PIC). This application was submitted pursuant to *Multi-Investigator Research Awards* Request for Applications (RFA). CPRIT received 31 applications for this RFA. This application was assigned to the Clinical and Translational Cancer Research and Translational Cancer Research panel for review. A preliminary evaluation process as described by 25 T.A.C. § 703.6(e)(1) was not used for applications in this cycle.

CPRIT staff and CPRIT’s third-party grants management vendor have recorded information and prepared documents during the course of their employment that are related to CPRIT’s grant review process described by Health & Safety Code Chapter 102. I have reviewed the information prepared by CPRIT staff and CPRIT’s third-party grants management vendor in my capacity as CPRIT’s CEO to prepare this affidavit. Some information (“CEO Affidavit-Supporting Information”) is applicable to all applications recommended for awards submitted pursuant to this RFA. The information listed below has been compiled as one packet and is incorporated herein by reference:

- The applicable Request for Applications (RFA) for this grant cycle
- An overview of the conflict of interest process, including any conflict of interest waivers granted
- The third party observer report(s) documenting that CPRIT’s grant review processes were followed by the review panel evaluating the applications in this grant cycle
- The de-identified list of the overall evaluation scores for applications submitted pursuant to the applicable RFA for this grant cycle
- A final overall evaluation score and rank order score submitted by the SRPP committees for the grant applications recommended by the PIC in this cycle

Pursuant to the process set out by 25 T.A.C. § 703.7, this application was deferred by the PIC on May 3, 2016, to a later date in FY2016. The PIC considered the application again on August 2, 2016, and voted to recommend it to the Oversight Committee to be considered at an open meeting on August 17, 2016. Additionally, at the August 2, 2016, PIC meeting, the Chief Scientific Officer recommended reducing the budget of this application by 20%. The recommendation was approved unanimously by PIC members; therefore, the award will be recommended to the Oversight Committee with a lower budget.

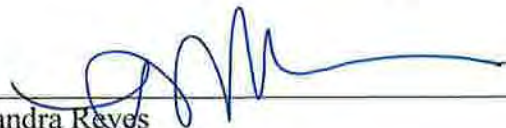
In addition to the CEO Affidavit-Supporting Information that is applicable to all applications submitted pursuant to the applicable RFA and recommended for grant awards this cycle, I have also reviewed the application's grant pedigree. The grant pedigree for the application listed above has been attached to this affidavit. The application pedigree provides an overview of the conflict of interest process applicable to this application, including any conflicts of interest reported by the review panel or by the PIC. I note that the following PIC members have approved conflict of interest waivers on file for FY2016: Dr. John Hellerstedt, Department of State Health Services Commissioner, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(3); and Dr. Becky Garcia, Chief Prevention Officer, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(1). At the time of signing this affidavit, the Oversight Committee has not yet reviewed the application; however, I note that members Will Montgomery and Amy Mitchell also have conflict of interest waivers on file for FY2016 applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(4).

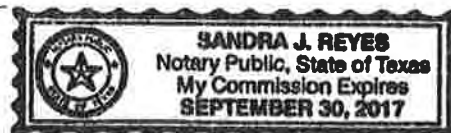
I personally reviewed the information for the grant application listed above and referenced herein. Based upon my review of the information and to the best of my knowledge, I swear or affirm that the peer review process for the grant application was consistent, in all material aspects, with the process described in the statute and CPRIT's administrative rules. This statement is true."


Wayne R. Roberts,
CEO, Cancer Prevention and Research Institute of Texas

State of Texas
County of Travis

SWORN to and SUBSCRIBED before me, the undersigned authority, on
the 3rd day of August, 2016,
by WAYNE R. ROBERTS.


Sandra Reyes
Notary Public, State of Texas



Notary without Bond

| | |
|-----------------|---|
| FY | 2016 |
| CYCLE | 2 |
| PROGRAM | Research |
| AWARD MECHANISM | Multi Investigator Research Awards (MIRA) |
| APPLICATION ID | RP160710 |

[illegible]

*This application was deferred by the PIC to a later meeting in FY2016.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO AFFIDAVIT
Application RR160066
Recruitment of First-Time, Tenure-Track Faculty Members
Nomination of Dr. Alec Nielsen

THE STATE OF TEXAS

COUNTY OF TRAVIS

BEFORE ME, the undersigned authority, on this day personally appeared Wayne R. Roberts, who swore or affirmed to tell the truth, and stated as follows:

“My name is Wayne R. Roberts, the Chief Executive Officer (CEO) of the Cancer Prevention and Research Institute of Texas (CPRIT). I am of sound mind and capable of making this sworn statement. I submit this affidavit pursuant to the legal requirement imposed by V.T.C.A., Health & Safety Code § 102.251(c).

My affidavit addresses the grant review process for the application stated above that is recommended for a CPRIT grant award by the Program Integration Committee (PIC). This application was submitted pursuant to *Recruitment of First-Time, Tenure-Track Faculty Members* Request for Applications (RFA). CPRIT received nine applications for this cycle 16.10 RFA. This application was assigned to the Scientific Review Council for review. A preliminary evaluation process as described by 25 T.A.C. § 703.6(e)(1) was not used for applications in this cycle.

CPRIT staff and CPRIT’s third-party grants management vendor have recorded information and prepared documents during the course of their employment that are related to CPRIT’s grant review process described by Health & Safety Code Chapter 102. I have reviewed the information prepared by CPRIT staff and CPRIT’s third-party grants management vendor in my capacity as CPRIT’s CEO to prepare this affidavit. Some information (“CEO Affidavit-Supporting Information”) is applicable to all applications recommended for awards submitted pursuant to this RFA. The information listed below has been compiled as one packet and is incorporated herein by reference:


- The applicable Request for Applications (RFA) for this grant cycle
- An overview of the conflict of interest process, including any conflict of interest waivers granted
- The third party observer report(s) documenting that CPRIT’s grant review processes were followed by the review panel evaluating the applications in this grant cycle
- A de-identified list of the overall evaluation scores for applications submitted pursuant to the applicable RFA for this grant cycle

- A final overall evaluation score and rank order score submitted by the SRPP committees for the grant applications recommended by the PIC in this cycle

Pursuant to 25 T.A.C. § 702.19, I granted Dr. Willson a waiver from the general prohibition against communicating with applicant institutions. The waiver allows him to discuss with applicant institutions CPRIT's plan for reviewing recruitment applications submitted in April, May, or June of this year and projected timelines for final decisions. The time-sensitive nature of recruitment offers, especially during the traditional summer recruiting season, necessitates CPRIT feedback on the status of the pending applications. Dr. Willson has not and will not discuss the individual merits of the pending applications with applicant institutions. Notice of this waiver was sent to the Oversight Committee on June 27, 2016.

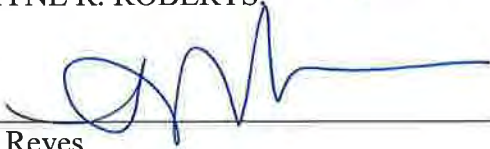
In addition to the CEO Affidavit-Supporting Information that is applicable to all applications submitted pursuant to the applicable RFA and recommended for grant awards this cycle, I have also reviewed the application's grant pedigree. The grant pedigree for the application listed above has been attached to this affidavit. The application pedigree provides an overview of the conflict of interest process applicable to this application, including any conflicts of interest reported by the review panel or by the PIC. I note that the following PIC members have approved conflict of interest waivers on file for FY2016: Dr. John Hellerstedt, Department of State Health Services Commissioner, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(3); and Dr. Becky Garcia, Chief Prevention Officer, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(1). At the time of signing this affidavit, the Oversight Committee has not yet reviewed the application; however, I note that members Will Montgomery and Amy Mitchell also have conflict of interest waivers on file for FY2016 applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(4).

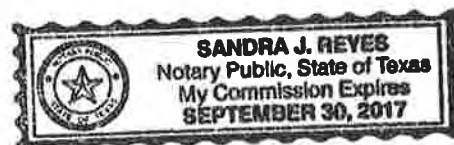
I personally reviewed the information for the grant application listed above and referenced herein. Based upon my review of the information and to the best of my knowledge, I swear or affirm that the peer review process for the grant application was consistent, in all material aspects, with the process described in the statute and CPRIT's administrative rules. This statement is true."


Wayne R. Roberts,
CEO, Cancer Prevention and Research Institute of Texas

State of Texas
County of Travis

SWORN to and SUBSCRIBED before me, the undersigned authority, on
the 3rd day of August, 2016,
by WAYNE R. ROBERTS.


Sandra Reyes
Notary Public, State of Texas



Notary without Bond

CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS
APPLICATION PEDIGREE

FY 2016
CYCLE 10
PROGRAM Research
AWARD MECHANISM Recruitment of First-Time Faculty Members (RFTFM)
APPLICATION ID RR160066
APPLICATION TITLE Recruitment of First-Time, Tenure-Track Faculty Member - Dr. Alec Nielsen
NOMINATOR NAME Thomas, Edwin
CANDIDATE NAME Nielsen, Alec
ORGANIZATION Rice University
PANEL NAME Recruitment FY16 Cycle 10 (REC 16.10)

| Category | Compliance Requirement | Information | Attestation Date |
|---|---|---------------|------------------|
| 1. Pre-Receipt | RFA Approved by CSO | 09/18/15 | 07/18/16 |
| | RFA published in Texas Register | 09/11/15 | 07/18/16 |
| | CPRIT Application Receipt Cycle opened | 03/21/16 | 07/01/16 |
| | CPRIT Application Receipt Cycle closed | 04/20/16 | 07/01/16 |
| | Date application submitted | 04/13/16 | 07/01/16 |
| | Method of submission | CARS | 07/01/16 |
| | Within receipt period | YES | 07/01/16 |
| 2. Receipt, Referral, and Assignment | Administrative review notification | N/A | 07/01/16 |
| | Donation(s) made to CPRIT/foundation | NO | 07/01/16 |
| | Assigned to primary reviewers | 05/01/16 | 07/01/16 |
| | Applicant notified of review panel assignment | N/A | 07/01/16 |
| | Primary Reviewer 1 COI signed | 04/30/16 | 07/01/16 |
| | Primary Reviewer 2 COI signed | 05/26/16 | 07/01/16 |
| 3. Peer Review Meeting | Primary Reviewer 1 critique submitted | 05/25/16 | 07/01/16 |
| | Primary Reviewer 2 critique submitted | 05/10/16 | 07/01/16 |
| | COI indicated by non-primary reviewer | NONE | 07/01/16 |
| | COI recused from participation | N/A | 07/01/16 |
| | Discussed at Peer Review Meeting | YES | 07/01/16 |
| | Peer Review Meeting | 05/26/16 | 07/01/16 |
| | Post review statements signed | 06/22/16 | 07/01/16 |
| | Third Party Observer Report | 06/03/16 | 07/01/16 |
| | Score report delivered to CSO | 06/10/16 | 07/01/16 |
| 4. Final SRC Recommendation | Recommended for SRC Review | YES | 07/01/16 |
| | COI indicated by SRC member | NONE | 07/01/16 |
| | COI recused from participation | N/A | 07/01/16 |
| | SRC Meeting | 05/26/16 | 07/01/16 |
| | Third Party Observer Report | 06/03/16 | 07/01/16 |
| | Recommended for grant award | YES | 07/01/16 |
| 5. PIC Review | SRC Chair Notification to PIC and OC | 07/26/16 | 07/26/16 |
| | Applicant not employed by grantee prior to SRC date | YES | 08/02/16 |
| | COI indicated by PIC member | NONE | 08/02/16 |
| | COI recused from participation | J. Willson* | 08/02/16 |
| | PIC review meeting | 08/02/16 | 08/02/16 |
| 6. Oversight Committee Approval | Recommended for grant award | YES | 08/02/16 |
| | CEO Notification to Oversight Committee | DATE | |
| | COI indicated by Oversight Committee member | NAME or NONE | |
| | COI recused from participation | YES/NO or N/A | |
| | Donation(s) made to CPRIT/foundation | YES/NO | |
| | Presented to CPRIT Oversight Committee | 08/17/16 | |
| | Award approved by Oversight Committee | YES/NO | |
| | Authority to advance funds requested | YES/NO | |
| | Advance authority approved by Oversight Committee | YES/NO | |

*Pursuant to 25 TAC 702.19, CPRIT CEO granted Dr. Willson a waiver from the general prohibition against communicating with grant applicant institutions submitting recruitment grant award applications between April-June. At the PIC meeting, Dr. Willson did not vote on cycle 16.10 recruitment applications.

The identity of the attesting party is retained by CPRIT.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO AFFIDAVIT
Application RR160067
Recruitment of First-Time, Tenure-Track Faculty Members
Nomination of Dr. Prabodh Kapoor

THE STATE OF TEXAS

COUNTY OF TRAVIS

BEFORE ME, the undersigned authority, on this day personally appeared Wayne R. Roberts, who swore or affirmed to tell the truth, and stated as follows:

“My name is Wayne R. Roberts, the Chief Executive Officer (CEO) of the Cancer Prevention and Research Institute of Texas (CPRIT). I am of sound mind and capable of making this sworn statement. I submit this affidavit pursuant to the legal requirement imposed by V.T.C.A., Health & Safety Code § 102.251(c).

My affidavit addresses the grant review process for the application stated above that is recommended for a CPRIT grant award by the Program Integration Committee (PIC). This application was submitted pursuant to *Recruitment of First-Time, Tenure-Track Faculty Members* Request for Applications (RFA). CPRIT received nine applications for this cycle 16.10 RFA. This application was assigned to the Scientific Review Council for review. A preliminary evaluation process as described by 25 T.A.C. § 703.6(e)(1) was not used for applications in this cycle.

CPRIT staff and CPRIT’s third-party grants management vendor have recorded information and prepared documents during the course of their employment that are related to CPRIT’s grant review process described by Health & Safety Code Chapter 102. I have reviewed the information prepared by CPRIT staff and CPRIT’s third-party grants management vendor in my capacity as CPRIT’s CEO to prepare this affidavit. Some information (“CEO Affidavit-Supporting Information”) is applicable to all applications recommended for awards submitted pursuant to this RFA. The information listed below has been compiled as one packet and is incorporated herein by reference:

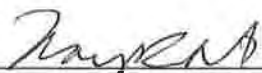
- The applicable Request for Applications (RFA) for this grant cycle
- An overview of the conflict of interest process, including any conflict of interest waivers granted
- The third party observer report(s) documenting that CPRIT’s grant review processes were followed by the review panel evaluating the applications in this grant cycle
- A de-identified list of the overall evaluation scores for applications submitted pursuant to the applicable RFA for this grant cycle

- A final overall evaluation score and rank order score submitted by the SRPP committees for the grant applications recommended by the PIC in this cycle

Pursuant to 25 T.A.C. § 702.19, I granted Dr. Willson a waiver from the general prohibition against communicating with applicant institutions. The waiver allows him to discuss with applicant institutions CPRIT's plan for reviewing recruitment applications submitted in April, May, or June of this year and projected timelines for final decisions. The time-sensitive nature of recruitment offers, especially during the traditional summer recruiting season, necessitates CPRIT feedback on the status of the pending applications. Dr. Willson has not and will not discuss the individual merits of the pending applications with applicant institutions. Notice of this waiver was sent to the Oversight Committee on June 27, 2016.


In addition to the CEO Affidavit-Supporting Information that is applicable to all applications submitted pursuant to the applicable RFA and recommended for grant awards this cycle, I have also reviewed the application's grant pedigree. The grant pedigree for the application listed above has been attached to this affidavit. The application pedigree provides an overview of the conflict of interest process applicable to this application, including any conflicts of interest reported by the review panel or by the PIC. I note that the following PIC members have approved conflict of interest waivers on file for FY2016: Dr. John Hellerstedt, Department of State Health Services Commissioner, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(3); and Dr. Becky Garcia, Chief Prevention Officer, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(1). At the time of signing this affidavit, the Oversight Committee has not yet reviewed the application; however, I note that members Will Montgomery and Amy Mitchell also have conflict of interest waivers on file for FY2016 applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(4).

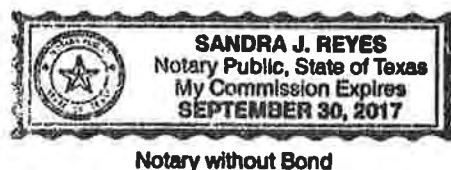
I personally reviewed the information for the grant application listed above and referenced herein. Based upon my review of the information and to the best of my knowledge, I swear or affirm that the peer review process for the grant application was consistent, in all material aspects, with the process described in the statute and CPRIT's administrative rules. This statement is true."


Wayne R. Roberts,
CEO, Cancer Prevention and Research Institute of Texas

State of Texas
County of Travis

SWORN to and SUBSCRIBED before me, the undersigned authority, on
the 8th day of August, 2016,
by WAYNE R. ROBERTS.


Sandra Reyes
Notary Public, State of Texas



CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS
APPLICATION PEDIGREE

FY 2016
CYCLE 10
PROGRAM Research
AWARD MECHANISM Recruitment of First-Time Faculty Members (RFTFM)
APPLICATION ID RR160067
APPLICATION TITLE Recruitment of First-Time, Tenure-Track Faculty Member - Dr. Prabodh Kapoor
NOMINATOR NAME Idell, Steven
CANDIDATE NAME Kapoor, Prabodh
ORGANIZATION The University of Texas Health Center at Tyler
PANEL NAME Recruitment FY16 Cycle 10 (REC 16.10)

| Category | Compliance Requirement | Information | Attestation Date |
|---|---|---------------|------------------|
| 1. Pre-Receipt | RFA Approved by CSO | 09/18/15 | 07/18/16 |
| | RFA published in Texas Register | 09/11/15 | 07/18/16 |
| | CPRIT Application Receipt Cycle opened | 03/21/16 | 07/01/16 |
| | CPRIT Application Receipt Cycle closed | 04/20/16 | 07/01/16 |
| | Date application submitted | 04/19/16 | 07/01/16 |
| | Method of submission | CARS | 07/01/16 |
| | Within receipt period | YES | 07/01/16 |
| 2. Receipt, Referral, and Assignment | Administrative review notification | N/A | 07/01/16 |
| | Donation(s) made to CPRIT/foundation | NO | 07/01/16 |
| | Assigned to primary reviewers | 05/01/16 | 07/01/16 |
| | Applicant notified of review panel assignment | N/A | 07/01/16 |
| | Primary Reviewer 1 COI signed | 05/25/16 | 07/01/16 |
| | Primary Reviewer 2 COI signed | 05/26/16 | 07/01/16 |
| 3. Peer Review Meeting | Primary Reviewer 1 critique submitted | 05/20/16 | 07/01/16 |
| | Primary Reviewer 2 critique submitted | 05/03/16 | 07/01/16 |
| | COI indicated by non-primary reviewer | NONE | 07/01/16 |
| | COI recused from participation | N/A | 07/01/16 |
| | Discussed at Peer Review Meeting | YES | 07/01/16 |
| | Peer Review Meeting | 05/26/16 | 07/01/16 |
| | Post review statements signed | 06/22/16 | 07/01/16 |
| | Third Party Observer Report | 06/03/16 | 07/01/16 |
| 4. Final SRC Recommendation | Score report delivered to CSO | 06/10/16 | 07/01/16 |
| | Recommended for SRC Review | YES | 07/01/16 |
| | COI indicated by SRC member | NONE | 07/01/16 |
| | COI recused from participation | N/A | 07/01/16 |
| | SRC Meeting | 05/26/16 | 07/01/16 |
| | Third Party Observer Report | 06/03/16 | 07/01/16 |
| 5. PIC Review | Recommended for grant award | YES | 07/01/16 |
| | SRC Chair Notification to PIC and OC | 07/26/16 | 07/26/16 |
| | Applicant not employed by grantee prior to SRC date | YES | 08/02/16 |
| | COI indicated by PIC member | NONE | 08/02/16 |
| | COI recused from participation | J. Willson* | 08/02/16 |
| 6. Oversight Committee Approval | PIC review meeting | 08/02/16 | 08/02/16 |
| | Recommended for grant award | YES | 08/02/16 |
| | CEO Notification to Oversight Committee | DATE | |
| | COI indicated by Oversight Committee member | NAME or NONE | |
| | COI recused from participation | YES/NO or N/A | |
| | Donation(s) made to CPRIT/foundation | YES/NO | |
| | Presented to CPRIT Oversight Committee | 08/17/16 | |
| | Award approved by Oversight Committee | YES/NO | |
| | Authority to advance funds requested | YES/NO | |
| | Advance authority approved by Oversight Committee | YES/NO | |

*Pursuant to 25 TAC 702.19, CPRIT CEO granted Dr. Willson a waiver from the general prohibition against communicating with grant applicant institutions submitting recruitment grant award applications between April-June. At the PIC meeting, Dr. Willson did not vote on cycle 16.10 recruitment applications.

The identity of the attesting party is retained by CPRIT.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO AFFIDAVIT
Application RR160070
Recruitment of First-Time, Tenure-Track Faculty Members
Nomination of Myriam Chaumeil, Ph.D.

THE STATE OF TEXAS

COUNTY OF TRAVIS

BEFORE ME, the undersigned authority, on this day personally appeared Wayne R. Roberts, who swore or affirmed to tell the truth, and stated as follows:

“My name is Wayne R. Roberts, the Chief Executive Officer (CEO) of the Cancer Prevention and Research Institute of Texas (CPRIT). I am of sound mind and capable of making this sworn statement. I submit this affidavit pursuant to the legal requirement imposed by V.T.C.A., Health & Safety Code § 102.251(c).

My affidavit addresses the grant review process for the application stated above that is recommended for a CPRIT grant award by the Program Integration Committee (PIC). This application was submitted pursuant to *Recruitment of First-Time, Tenure-Track Faculty Members* Request for Applications (RFA). CPRIT received nine applications for this cycle 16.10 RFA. This application was assigned to the Scientific Review Council for review. A preliminary evaluation process as described by 25 T.A.C. § 703.6(e)(1) was not used for applications in this cycle.

CPRIT staff and CPRIT’s third-party grants management vendor have recorded information and prepared documents during the course of their employment that are related to CPRIT’s grant review process described by Health & Safety Code Chapter 102. I have reviewed the information prepared by CPRIT staff and CPRIT’s third-party grants management vendor in my capacity as CPRIT’s CEO to prepare this affidavit. Some information (“CEO Affidavit-Supporting Information”) is applicable to all applications recommended for awards submitted pursuant to this RFA. The information listed below has been compiled as one packet and is incorporated herein by reference:


- The applicable Request for Applications (RFA) for this grant cycle
- An overview of the conflict of interest process, including any conflict of interest waivers granted
- The third party observer report(s) documenting that CPRIT’s grant review processes were followed by the review panel evaluating the applications in this grant cycle
- A de-identified list of the overall evaluation scores for applications submitted pursuant to the applicable RFA for this grant cycle

- A final overall evaluation score and rank order score submitted by the SRPP committees for the grant applications recommended by the PIC in this cycle

Pursuant to 25 T.A.C. § 702.19, I granted Dr. Willson a waiver from the general prohibition against communicating with applicant institutions. The waiver allows him to discuss with applicant institutions CPRIT's plan for reviewing recruitment applications submitted in April, May, or June of this year and projected timelines for final decisions. The time-sensitive nature of recruitment offers, especially during the traditional summer recruiting season, necessitates CPRIT feedback on the status of the pending applications. Dr. Willson has not and will not discuss the individual merits of the pending applications with applicant institutions. Notice of this waiver was sent to the Oversight Committee on June 27, 2016.

In addition to the CEO Affidavit-Supporting Information that is applicable to all applications submitted pursuant to the applicable RFA and recommended for grant awards this cycle, I have also reviewed the application's grant pedigree. The grant pedigree for the application listed above has been attached to this affidavit. The application pedigree provides an overview of the conflict of interest process applicable to this application, including any conflicts of interest reported by the review panel or by the PIC. I note that the following PIC members have approved conflict of interest waivers on file for FY2016: Dr. John Hellerstedt, Department of State Health Services Commissioner, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(3); and Dr. Becky Garcia, Chief Prevention Officer, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(1). At the time of signing this affidavit, the Oversight Committee has not yet reviewed the application; however, I note that members Will Montgomery and Amy Mitchell also have conflict of interest waivers on file for FY2016 applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(4).

I personally reviewed the information for the grant application listed above and referenced herein. Based upon my review of the information and to the best of my knowledge, I swear or affirm that the peer review process for the grant application was consistent, in all material aspects, with the process described in the statute and CPRIT's administrative rules.
This statement is true."



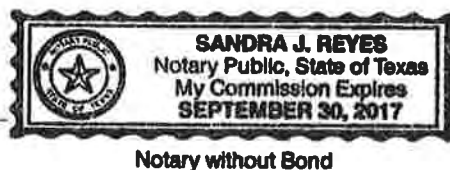
Wayne R. Roberts,
CEO, Cancer Prevention and Research Institute of Texas

State of Texas
County of Travis

SWORN to and SUBSCRIBED before me, the undersigned authority, on
the 3rd day of August, 2016,
by WAYNE R. ROBERTS.



Sandra Reyes
Notary Public, State of Texas



CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS
APPLICATION PEDIGREE

FY 2016
CYCLE 10
PROGRAM Research
AWARD MECHANISM Recruitment of First-Time Faculty Members (RFTFM)
APPLICATION ID RR160070
APPLICATION TITLE Nomination of Myriam M. Chaumeil, Ph.D. for a First-Time, Tenure-Track Faculty Member Award
NOMINATOR NAME Fitz, John
CANDIDATE NAME Chaumeil, Myriam
ORGANIZATION The University of Texas Southwestern Medical Center
PANEL NAME Recruitment FY16 Cycle 10 (REC 16.10)

| Category | Compliance Requirement | Information | Attestation Date |
|---|---|---------------|------------------|
| 1. Pre-Receipt | RFA Approved by CSO | 09/18/15 | 07/18/16 |
| | RFA published in Texas Register | 09/11/15 | 07/18/16 |
| | CPRIT Application Receipt Cycle opened | 03/21/16 | 07/01/16 |
| | CPRIT Application Receipt Cycle closed | 04/20/16 | 07/01/16 |
| | Date application submitted | 04/11/16 | 07/01/16 |
| | Method of submission | CARS | 07/01/16 |
| | Within receipt period | YES | 07/01/16 |
| 2. Receipt, Referral, and Assignment | Administrative review notification | N/A | 07/01/16 |
| | Donation(s) made to CPRIT/foundation | NO | 07/01/16 |
| | Assigned to primary reviewers | 05/01/16 | 07/01/16 |
| | Applicant notified of review panel assignment | N/A | 07/01/16 |
| | Primary Reviewer 1 COI signed | 04/30/16 | 07/01/16 |
| | Primary Reviewer 2 COI signed | 05/31/16 | 07/01/16 |
| 3. Peer Review Meeting | Primary Reviewer 1 critique submitted | 05/25/16 | 07/01/16 |
| | Primary Reviewer 2 critique submitted | 05/09/16 | 07/01/16 |
| | COI indicated by non-primary reviewer | NONE | 07/01/16 |
| | COI recused from participation | N/A | 07/01/16 |
| | Discussed at Peer Review Meeting | YES | 07/01/16 |
| | Peer Review Meeting | 05/26/16 | 07/01/16 |
| | Post review statements signed | 06/22/16 | 07/01/16 |
| | Third Party Observer Report | 06/03/16 | 07/01/16 |
| | Score report delivered to CSO | 06/10/16 | 07/01/16 |
| | Recommended for SRC Review | YES | 07/01/16 |
| 4. Final SRC Recommendation | COI indicated by SRC member | NONE | 07/01/16 |
| | COI recused from participation | N/A | 07/01/16 |
| | SRC Meeting | 05/26/16 | 07/01/16 |
| | Third Party Observer Report | 06/03/16 | 07/01/16 |
| | Recommended for grant award | YES | 07/01/16 |
| | SRC Chair Notification to PIC and OC | 07/26/16 | 07/26/16 |
| 5. PIC Review | Applicant not employed by grantee prior to SRC date | YES | 08/02/16 |
| | COI indicated by PIC member | NONE | 08/02/16 |
| | COI recused from participation | J. Willson* | 08/02/16 |
| | PIC review meeting | 08/02/16 | 08/02/16 |
| | Recommended for grant award | YES | 08/02/16 |
| 6. Oversight Committee Approval | CEO Notification to Oversight Committee | DATE | |
| | COI indicated by Oversight Committee member | NAME or NONE | |
| | COI recused from participation | YES/NO or N/A | |
| | Donation(s) made to CPRIT/foundation | YES/NO | |
| | Presented to CPRIT Oversight Committee | 08/17/16 | |
| | Award approved by Oversight Committee | YES/NO | |
| | Authority to advance funds requested | YES/NO | |
| | Advance authority approved by Oversight Committee | YES/NO | |

*Pursuant to 25 TAC 702.19, CPRIT CEO granted Dr. Willson a waiver from the general prohibition against communicating with grant applicant institutions submitting recruitment grant award applications between April-June. At the PIC meeting, Dr. Willson did not vote on cycle 16.10 recruitment applications.

The identity of the attesting party is retained by CPRIT.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO AFFIDAVIT
Application RR160075
Recruitment of First-Time, Tenure-Track Faculty Members
Nomination of Cheng-Zhong Zhang, Ph.D.

THE STATE OF TEXAS

COUNTY OF TRAVIS

BEFORE ME, the undersigned authority, on this day personally appeared Wayne R. Roberts, who swore or affirmed to tell the truth, and stated as follows:

“My name is Wayne R. Roberts, the Chief Executive Officer (CEO) of the Cancer Prevention and Research Institute of Texas (CPRIT). I am of sound mind and capable of making this sworn statement. I submit this affidavit pursuant to the legal requirement imposed by V.T.C.A., Health & Safety Code § 102.251(c).

My affidavit addresses the grant review process for the application stated above that is recommended for a CPRIT grant award by the Program Integration Committee (PIC). This application was submitted pursuant to *Recruitment of First-Time, Tenure-Track Faculty Members* Request for Applications (RFA). CPRIT received nine applications for this cycle 16.10 RFA. This application was assigned to the Scientific Review Council for review. A preliminary evaluation process as described by 25 T.A.C. § 703.6(e)(1) was not used for applications in this cycle.

CPRIT staff and CPRIT’s third-party grants management vendor have recorded information and prepared documents during the course of their employment that are related to CPRIT’s grant review process described by Health & Safety Code Chapter 102. I have reviewed the information prepared by CPRIT staff and CPRIT’s third-party grants management vendor in my capacity as CPRIT’s CEO to prepare this affidavit. Some information (“CEO Affidavit-Supporting Information”) is applicable to all applications recommended for awards submitted pursuant to this RFA. The information listed below has been compiled as one packet and is incorporated herein by reference:

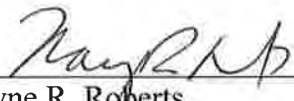
- The applicable Request for Applications (RFA) for this grant cycle
- An overview of the conflict of interest process, including any conflict of interest waivers granted
- The third party observer report(s) documenting that CPRIT’s grant review processes were followed by the review panel evaluating the applications in this grant cycle
- A de-identified list of the overall evaluation scores for applications submitted pursuant to the applicable RFA for this grant cycle

- A final overall evaluation score and rank order score submitted by the SRPP committees for the grant applications recommended by the PIC in this cycle

Pursuant to 25 T.A.C. § 702.19, I granted Dr. Willson a waiver from the general prohibition against communicating with applicant institutions. The waiver allows him to discuss with applicant institutions CPRIT's plan for reviewing recruitment applications submitted in April, May, or June of this year and projected timelines for final decisions. The time-sensitive nature of recruitment offers, especially during the traditional summer recruiting season, necessitates CPRIT feedback on the status of the pending applications. Dr. Willson has not and will not discuss the individual merits of the pending applications with applicant institutions. Notice of this waiver was sent to the Oversight Committee on June 27, 2016.


In addition to the CEO Affidavit-Supporting Information that is applicable to all applications submitted pursuant to the applicable RFA and recommended for grant awards this cycle, I have also reviewed the application's grant pedigree. The grant pedigree for the application listed above has been attached to this affidavit. The application pedigree provides an overview of the conflict of interest process applicable to this application, including any conflicts of interest reported by the review panel or by the PIC. I note that the following PIC members have approved conflict of interest waivers on file for FY2016: Dr. John Hellerstedt, Department of State Health Services Commissioner, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(3); and Dr. Becky Garcia, Chief Prevention Officer, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(1). At the time of signing this affidavit, the Oversight Committee has not yet reviewed the application; however, I note that members Will Montgomery and Amy Mitchell also have conflict of interest waivers on file for FY2016 applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(4).

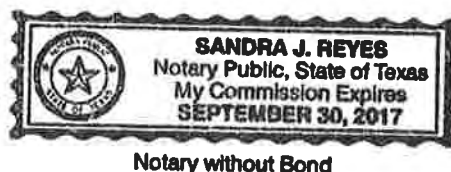
I personally reviewed the information for the grant application listed above and referenced herein. Based upon my review of the information and to the best of my knowledge, I swear or affirm that the peer review process for the grant application was consistent, in all material aspects, with the process described in the statute and CPRIT's administrative rules. This statement is true."


Wayne R. Roberts,
CEO, Cancer Prevention and Research Institute of Texas

State of Texas
County of Travis

SWORN to and SUBSCRIBED before me, the undersigned authority, on
the 3rd day of August, 2016,
by WAYNE R. ROBERTS.


Sandra Reyes
Notary Public, State of Texas



CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS
APPLICATION PEDIGREE

FY 2016
CYCLE 10
PROGRAM Research
AWARD MECHANISM Recruitment of First-Time Faculty Members (RFTFM)
APPLICATION ID RR160075
APPLICATION TITLE Nomination of Cheng-Zhong Zhang, Ph.D. for a CPRIT Recruitment of First-Time, Tenure-Track Faculty Member Award
NOMINATOR NAME Fitz, John
CANDIDATE NAME Zhang, Cheng-Zhong
ORGANIZATION The University of Texas Southwestern Medical Center
PANEL NAME Recruitment FY16 Cycle 10 (REC 16.10)

| Category | Compliance Requirement | Information | Attestation Date |
|---|---|---------------|------------------|
| 1. Pre-Receipt | RFA Approved by CSO | 09/18/15 | 07/18/16 |
| | RFA published in Texas Register | 09/11/15 | 07/18/16 |
| | CPRIT Application Receipt Cycle opened | 03/21/16 | 07/01/16 |
| | CPRIT Application Receipt Cycle closed | 04/20/16 | 07/01/16 |
| | Date application submitted | 04/18/16 | 07/01/16 |
| | Method of submission | CARS | 07/01/16 |
| | Within receipt period | YES | 07/01/16 |
| 2. Receipt, Referral, and Assignment | Administrative review notification | N/A | 07/01/16 |
| | Donation(s) made to CPRIT/foundation | NO | 07/01/16 |
| | Assigned to primary reviewers | 05/01/16 | 07/01/16 |
| | Applicant notified of review panel assignment | N/A | 07/01/16 |
| | Primary Reviewer 1 COI signed | 05/25/16 | 07/01/16 |
| | Primary Reviewer 2 COI signed | 05/26/16 | 07/01/16 |
| 3. Peer Review Meeting | Primary Reviewer 1 critique submitted | 05/20/16 | 07/01/16 |
| | Primary Reviewer 2 critique submitted | 05/16/16 | 07/01/16 |
| | COI indicated by non-primary reviewer | NONE | 07/01/16 |
| | COI recused from participation | N/A | 07/01/16 |
| | Discussed at Peer Review Meeting | YES | 07/01/16 |
| | Peer Review Meeting | 05/26/16 | 07/01/16 |
| | Post review statements signed | 06/22/16 | 07/01/16 |
| | Third Party Observer Report | 06/03/16 | 07/01/16 |
| | Score report delivered to CSO | 06/10/16 | 07/01/16 |
| 4. Final SRC Recommendation | Recommended for SRC Review | YES | 07/01/16 |
| | COI indicated by SRC member | NONE | 07/01/16 |
| | COI recused from participation | N/A | 07/01/16 |
| | SRC Meeting | 05/26/16 | 07/01/16 |
| | Third Party Observer Report | 06/03/16 | 07/01/16 |
| | Recommended for grant award | YES | 07/01/16 |
| 5. PIC Review | SRC Chair Notification to PIC and OC | 07/26/16 | 07/26/16 |
| | Applicant not employed by grantee prior to SRC date | YES | 08/02/16 |
| | COI indicated by PIC member | NONE | 08/02/16 |
| | COI recused from participation | J. Willson* | 08/02/16 |
| | PIC review meeting | 08/02/16 | 08/02/16 |
| 6. Oversight Committee Approval | Recommended for grant award | YES | 08/02/16 |
| | CEO Notification to Oversight Committee | DATE | |
| | COI indicated by Oversight Committee member | NAME or NONE | |
| | COI recused from participation | YES/NO or N/A | |
| | Donation(s) made to CPRIT/foundation | YES/NO | |
| | Presented to CPRIT Oversight Committee | 08/17/16 | |
| | Award approved by Oversight Committee | YES/NO | |
| | Authority to advance funds requested | YES/NO | |
| | Advance authority approved by Oversight Committee | YES/NO | |

*Pursuant to 25 TAC 702.19, CPRIT CEO granted Dr. Willson a waiver from the general prohibition against communicating with grant applicant institutions submitting recruitment grant award applications between April-June. At the PIC meeting, Dr. Willson did not vote on cycle 16.10 recruitment applications.

The identity of the attesting party is retained by CPRIT.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CEO AFFIDAVIT
Application RR160078
Recruitment of First-Time, Tenure-Track Faculty Members
Nomination of Pawel Mazur, Ph.D.

THE STATE OF TEXAS

COUNTY OF TRAVIS

BEFORE ME, the undersigned authority, on this day personally appeared Wayne R. Roberts, who swore or affirmed to tell the truth, and stated as follows:

“My name is Wayne R. Roberts, the Chief Executive Officer (CEO) of the Cancer Prevention and Research Institute of Texas (CPRIT). I am of sound mind and capable of making this sworn statement. I submit this affidavit pursuant to the legal requirement imposed by V.T.C.A., Health & Safety Code § 102.251(c).

My affidavit addresses the grant review process for the application stated above that is recommended for a CPRIT grant award by the Program Integration Committee (PIC). This application was submitted pursuant to *Recruitment of First-Time, Tenure-Track Faculty Members* Request for Applications (RFA). CPRIT received nine applications for this cycle 16.10 RFA. This application was assigned to the Scientific Review Council for review. A preliminary evaluation process as described by 25 T.A.C. § 703.6(e)(1) was not used for applications in this cycle.

CPRIT staff and CPRIT’s third-party grants management vendor have recorded information and prepared documents during the course of their employment that are related to CPRIT’s grant review process described by Health & Safety Code Chapter 102. I have reviewed the information prepared by CPRIT staff and CPRIT’s third-party grants management vendor in my capacity as CPRIT’s CEO to prepare this affidavit. Some information (“CEO Affidavit-Supporting Information”) is applicable to all applications recommended for awards submitted pursuant to this RFA. The information listed below has been compiled as one packet and is incorporated herein by reference:

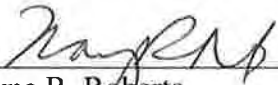
- The applicable Request for Applications (RFA) for this grant cycle
- An overview of the conflict of interest process, including any conflict of interest waivers granted
- The third party observer report(s) documenting that CPRIT’s grant review processes were followed by the review panel evaluating the applications in this grant cycle
- A de-identified list of the overall evaluation scores for applications submitted pursuant to the applicable RFA for this grant cycle

- A final overall evaluation score and rank order score submitted by the SRPP committees for the grant applications recommended by the PIC in this cycle

Pursuant to 25 T.A.C. § 702.19, I granted Dr. Willson a waiver from the general prohibition against communicating with applicant institutions. The waiver allows him to discuss with applicant institutions CPRIT's plan for reviewing recruitment applications submitted in April, May, or June of this year and projected timelines for final decisions. The time-sensitive nature of recruitment offers, especially during the traditional summer recruiting season, necessitates CPRIT feedback on the status of the pending applications. Dr. Willson has not and will not discuss the individual merits of the pending applications with applicant institutions. Notice of this waiver was sent to the Oversight Committee on June 27, 2016.


In addition to the CEO Affidavit-Supporting Information that is applicable to all applications submitted pursuant to the applicable RFA and recommended for grant awards this cycle, I have also reviewed the application's grant pedigree. The grant pedigree for the application listed above has been attached to this affidavit. The application pedigree provides an overview of the conflict of interest process applicable to this application, including any conflicts of interest reported by the review panel or by the PIC. I note that the following PIC members have approved conflict of interest waivers on file for FY2016: Dr. John Hellerstedt, Department of State Health Services Commissioner, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(3); and Dr. Becky Garcia, Chief Prevention Officer, applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(1). At the time of signing this affidavit, the Oversight Committee has not yet reviewed the application; however, I note that members Will Montgomery and Amy Mitchell also have conflict of interest waivers on file for FY2016 applicable to the conflict of interest specified by V.T.C.A., Health & Safety Code § 102.106(c)(4).

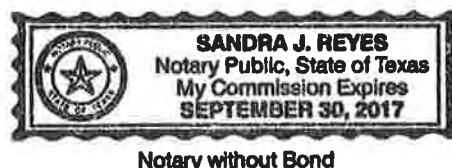
I personally reviewed the information for the grant application listed above and referenced herein. Based upon my review of the information and to the best of my knowledge, I swear or affirm that the peer review process for the grant application was consistent, in all material aspects, with the process described in the statute and CPRIT's administrative rules. This statement is true."


Wayne R. Roberts,
CEO, Cancer Prevention and Research Institute of Texas

State of Texas
County of Travis

SWORN to and SUBSCRIBED before me, the undersigned authority, on
the 3rd day of August, 2016,
by WAYNE R. ROBERTS.


Sandra Reyes
Notary Public, State of Texas



CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS
APPLICATION PEDIGREE

FY 2016
CYCLE 10
PROGRAM Research
AWARD MECHANISM Recruitment of First-Time Faculty Members (RFTFM)
APPLICATION ID RR160078
APPLICATION TITLE Recruitment of First Time Tenure Track- Pawel K. Mazur, Ph.D.
NOMINATOR NAME Dmitrovsky, Ethan
CANDIDATE NAME Mazur, Pawel
ORGANIZATION The University of Texas M. D. Anderson Cancer Center
PANEL NAME Recruitment FY16 Cycle 10 (REC 16.10)

| Category | Compliance Requirement | Information | Attestation Date |
|---|---|---------------|------------------|
| 1. Pre-Receipt | RFA Approved by CSO | 09/18/15 | 07/18/16 |
| | RFA published in Texas Register | 09/11/15 | 07/18/16 |
| | CPRIT Application Receipt Cycle opened | 03/21/16 | 07/01/16 |
| | CPRIT Application Receipt Cycle closed | 04/20/16 | 07/01/16 |
| | Date application submitted | 04/19/16 | 07/01/16 |
| | Method of submission | CARS | 07/01/16 |
| | Within receipt period | YES | 07/01/16 |
| 2. Receipt, Referral, and Assignment | Administrative review notification | N/A | 07/01/16 |
| | Donation(s) made to CPRIT/foundation | NO | 07/01/16 |
| | Assigned to primary reviewers | 05/01/16 | 07/01/16 |
| | Applicant notified of review panel assignment | N/A | 07/01/16 |
| | Primary Reviewer 1 COI signed | 05/31/16 | 07/01/16 |
| | Primary Reviewer 2 COI signed | 04/30/16 | 07/01/16 |
| 3. Peer Review Meeting | Primary Reviewer 1 critique submitted | 05/09/16 | 07/01/16 |
| | Primary Reviewer 2 critique submitted | 05/25/16 | 07/01/16 |
| | COI indicated by non-primary reviewer | NONE | 07/01/16 |
| | COI recused from participation | N/A | 07/01/16 |
| | Discussed at Peer Review Meeting | YES | 07/01/16 |
| | Peer Review Meeting | 05/26/16 | 07/01/16 |
| | Post review statements signed | 06/22/16 | 07/01/16 |
| | Third Party Observer Report | 06/03/16 | 07/01/16 |
| | Score report delivered to CSO | 06/10/16 | 07/01/16 |
| | Recommended for SRC Review | YES | 07/01/16 |
| 4. Final SRC Recommendation | COI indicated by SRC member | NONE | 07/01/16 |
| | COI recused from participation | N/A | 07/01/16 |
| | SRC Meeting | 05/26/16 | 07/01/16 |
| | Third Party Observer Report | 06/03/16 | 07/01/16 |
| | Recommended for grant award | YES | 07/01/16 |
| | SRC Chair Notification to PIC and OC | 07/26/16 | 07/26/16 |
| 5. PIC Review | Applicant not employed by grantee prior to SRC date | YES | 08/02/16 |
| | COI indicated by PIC member | NONE | 08/02/16 |
| | COI recused from participation | J. Willson* | 08/02/16 |
| | PIC review meeting | 08/02/16 | 08/02/16 |
| | Recommended for grant award | YES | 08/02/16 |
| 6. Oversight Committee Approval | CEO Notification to Oversight Committee | DATE | |
| | COI indicated by Oversight Committee member | NAME or NONE | |
| | COI recused from participation | YES/NO or N/A | |
| | Donation(s) made to CPRIT/foundation | YES/NO | |
| | Presented to CPRIT Oversight Committee | 08/17/16 | |
| | Award approved by Oversight Committee | YES/NO | |
| | Authority to advance funds requested | YES/NO | |
| | Advance authority approved by Oversight Committee | YES/NO | |

*Pursuant to 25 TAC 702.19, CPRIT CEO granted Dr. Willson a waiver from the general prohibition against communicating with grant applicant institutions submitting recruitment grant award applications between April-June. At the PIC meeting, Dr. Willson did not vote on cycle 16.10 recruitment applications.

The identity of the attesting party is retained by CPRIT.