



A publication of the Office of Sponsored Projects and Research

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OSPR Website:
<http://www.usip.edu/research/ospr/>
 Log on to the OSPR website to view the full text of articles or link to program information.

The next Institutional Review Board (IRB) Meeting is February 3, 2009. Other meeting dates are listed below:

Meeting Date	-	Protocols due in OSPR
April 7, 2009		March 24, 2009
June 2, 2009		May 19, 2009

IN THE NEWS

.....The **Lindback Foundation** has asked the University of the Sciences to nominate 3 Junior Minority Faculty for its **Junior Minority Faculty Award**. The individual participants must be of Native America, African American, Asian or similar origin. Grants will range from \$5,000 to \$15,000. Chairs are asked to nominate candidates by notifying the office of Sponsored Projects. Guidelines and instructions are available by emailing k.logan@usp.edu All completed applications are due in the OSPR by **Monday, February 2, 2009**. The Foundation Deadline is February 27, 2009.

... **NIH** Transition to Adobe officially began on December 5, 2008, when **NIH** updated more than 500 active Funding Opportunity Announcements (FOAs) with Adobe-based application packages and closed their PureEdge predecessors. The new Adobe forms are required for submission for most receipt dates in January and beyond.

The Office of Sponsored Research Training Schedule for 2008/2009.

Faculty, staff and students are welcome to attend. To register call X7490 and indicate which class you will attend.

Date	Class	Room	Time
March 17, 2009	Grants.gov/NSF Fastlane	RH 100	11:30 am – 1:00pm
May 12, 2009	Do's and Don'ts of Grant Getting	RH 100	1:00 – 3:00pm
June 16, 2009	Progress Reports and Effort Reporting (lunch)	RH 100	11:30am - 1:00pm



.....the attainment of wealth, favor, or eminence.

Remember an unwritten proposal is never funded!

American Cancer Society
Request for Applications (RFA):
The Role of Healthcare and Insurance in Improving Outcomes in Cancer Prevention, Early Detection and Treatment

Application deadline (electronic and paper):
April 1st, 2009

PURPOSE: The American Cancer Society is announcing this RFA to investigate the impact of healthcare costs, healthcare system and capacity, insurance status, social factors and delivery of health care services, on outcomes in cancer prevention, early detection and treatment. The purpose of this RFA is to stimulate research on the effects of the US healthcare system structure and the role of insurance on access to screenings and treatment. Of particular interest is research using linked databases such as SEER, Medicare payment data, State data and NCHS data; other existing databases. Studies may be at the state, multi-state, or national levels, or otherwise involve large populations. Respondents should specifically describe how their results would generalize to the broader corresponding U.S. populations.

Significant gaps in knowledge remain on how healthcare costs, healthcare system structure and capacity, socioeconomic factors (including insurance status), personal characteristics (such as race and ethnicity), and delivery of healthcare services affect outcomes related to cancer prevention, early detection, and treatment. Studies investigating how one or more of these factors affect access, and how these mechanisms interact with other factors known to affect access to healthcare services should be considered. The goal is to use new knowledge derived from these studies to inform policy development and enhance outcomes in cancer prevention, early detection and treatment

For this RFA in health policy and health services research, ACS is particularly interested in developing new knowledge specifically about the role played by insurance within the context of other factors, such as costs, capacity and personal characteristics, that affect outcomes in cancer prevention, early detection

and treatment. In particular, studies should explore these issues within the uninsured and underinsured populations, Medicaid, and types of private insurance (HMO, PPO, etc.).



Program Highlight

Three areas of investigation will receive special consideration:

1. How does the structure and capacity of the healthcare system affect appropriate and timely access to cancer screening, early detection, treatment and palliative care? Examples of such studies include (but are not limited to):
 - a. How do insurance plan benefit designs or costs affect access to cancer screening and treatment? How do plans with high deductibles/co-payments/coinsurance, low annual or lifetime maximums, or significant benefit limits such as number of hospital days or physicians visits, influence use of cancer screening and treatment services as well as treatment patterns and quality of care? How do these design effects vary across geographic regions and/or at-risk populations?
 - b. Do high risk pools and new insurance instruments (including insurance pools for those diagnosed with cancer such as the programs in Maine and Delaware) increase access to screening and treatment? How do these various products compare with private insurance in affecting access to screening and detection services?
 - c. Is there sufficient capacity (facilities and personnel) within the healthcare system for cancer prevention, screening, treatment and palliative care needs? Would there be sufficient capacity if access to care is increased? What are the root causes of incapacities?
2. What provider and system factors affect treatment patterns and quality of cancer care within the current healthcare systems? Examples of such studies include (but are not limited to):

- a. What provider and system incentives affect treatment patterns and quality of care, for underserved populations?
 - b. How does level of reimbursement for cancer prevention, screening, and treatment services affect access to care and outcomes?
 - c. How does standardization of cancer treatment patterns affect outcomes? What are the benefits of standardization of care?
 - d. What is the impact of coordination of care and/or having a “medical home” on treatment patterns and outcomes for cancer patients?
 - e. How do discontinuities or changes in health insurance (i.e., losing and gain coverage over relatively short periods of time) affect access to care, treatment patterns, and outcomes, and quality of care for individuals with cancer?
3. Explore life course patterns of the entire spectrum of cancer care (from prevention and screening through diagnosis, treatment, survivorship, and supportive/palliative care) by linking diverse data sources for broad patient populations. Examples of such studies include (but are not limited to):
 - a. What factors (such as changes in insurance status, community resources, policy interventions, etc.) are associated with differences in lifecourse patterns throughout the spectrum of cancer care?
 - b. What prevention, screening, and/or treatment patterns can be demonstrated for broad populations of individuals with cancer by linking diverse sources of existing data?

ELIGIBILITY REQUIREMENTS:

Applications may be submitted by not-for-profit institutions located within the United States, its territories and the Commonwealth of Puerto Rico. Independent investigators at *all* stages of their career are eligible to apply. Thus, the usual ACS restriction to investigators within the

first six years of their initial independent research appointment does *not* apply to this RFA.

MECHANISM OF SUPPORT and BUDGET:

- **Mechanism:** This RFA will use the Research Scholar Grant in Cancer Control and Prevention: Health Services and Health Policy Research mechanism. Complete and detailed instructions and information on this mechanism can be found at www.cancer.org [Research Program and Funding; Funding Opportunities; Index of Grants; Research Scholar Grants in Cancer Control and Prevention: Health Services and Health Policy Research.]
- **Length of Study:** Awards may not exceed a period of 4 years, although it is anticipated that most applications will require no more than two years to complete the research.
- **Budget:** Awards may not exceed \$200,000 per year (direct costs) plus 20% indirect costs.

AWARDS: It is anticipated that a total of \$1,000,000 per year for five years (starting in 2006) will be available for applications selected through the Society’s peer review system.

DEADLINES: There are two deadlines for receipt of applications per year as for all other ACS applications. The next one is October 15th, 2009. Applications must be submitted both electronically and with a paper copy as per guidelines on www.cancer.org

For additional information not covered on this announcement, please contact Dr. Ronit Elk by email: Ronit.Elk@cancer.org

Agency	Title	Deadline	Description
National Hemophilia Foundation	Physical Therapy Excellence Fellowship http://www.hemophilia.org/NHFWeb/MainPgs/MainNHF.aspx?menuid=77&contentid=61&rptname=research	Feb 23, 2009	The objectives of the Fellowship is to improve the delivery of physical therapy care and expand the knowledge base specific to hemophilia. It is expected that the fellowship will provide support for a physical therapist currently employed or interested in hemophilia care to conduct physical therapy research, or clinical projects related to the care of the patient with hemophilia. Current topics of interest may include, but are not limited to, the following: 1. Development of clinical pathways 2. Physical therapy protocols 3. Physical therapy utilization 4. Measurable outcome studies 5. Rehabilitation programs 6. Use of modalities and other interventions commonly used by physical therapists in the treatment of the patient with hemophilia
Elsa U. Pardee Foundation	Cancer Research Grants http://www.pardeefoundation.org/grants.aspx	Continuous	Foundation funds investigators proposing research directed toward identifying new treatments or cures for cancer. The foundation particularly encourages grant applications for a one-year period which will allow establishment of capabilities of new cancer researchers, or new cancer approaches by established cancer researchers. It is anticipated that this early stage funding by the foundation may lead to subsequent and expanded support using government agency funding. Project relevance to cancer detection, treatment, or cure should be clearly identified. A final report summarizing financial expenditure and research achievement is required.
Spencer Foundation	Teaching, Learning and Instructional Resources http://www.spencer.org/programs/grants/research_grants.htm	Continuous	The Foundation provides funding for investigations that promise to yield new knowledge about education in the United States or abroad. It funds research grants that range in size from smaller grants that can be completed within a year, to larger, multi-year endeavors. Concerned with advancing the learning and development of children and adults, Spencer is interested in studies that lead to better understanding and improvements in the intellectual, material, and organizational resources that contribute to successful teaching and learning. A key aim of research in this initiative is to support investigations of questions that are grounded directly in teaching practice as well as in research about important aspects of teaching and learning processes that hold promise for enriching opportunities to learn and for guiding informed policymaking. The foundation is particularly interested in studies of teaching and teacher development. Research grants can range from less than \$5,000 to slightly more than \$400,000.