|  |  |  |  |
| --- | --- | --- | --- |
| **COMPONENT** | **CHANGE** | **REASON** | **NOTES** |
| **Early Phase Clinical Research Support** | * Eliminate | * Changing nature of early phase clinical trials made it difficult for centers to follow the guidelines, resulting in poor merit scores for this component | * Centers do not have to report on EPCRS in next competitive (Type 2) application * Centers that currently have EPCRS funds can continue to budget for it in non- competitive years (until the next competitive application) and should report progress on RPPR * Developmental Funds (Pilot Projects) can be used for early phase clinical studies without the restrictions formerly imposed on use of   EPCRS |
| **Shared Resources** | * Reduce page limit from 12 to 6 pages | * At NIH, reducing the burden of the application means reducing page limits – Shared Resources is the best option to do this in the CCSG | * The Shared Resource part of the site visit will be an opportunity for centers to update any information that would not fit the 6- page limit; thus, that part of the site visit   will likely be more useful than currently |
| **Developmental Funds** | * Eliminate “bridge funding” option * New option for support of early stage clinical | * Bridge funding was rarely if ever, used * May help retain early stage clinical investigators in research in face of institutional pressure to generate clinical revenue | * Early stage clinical investigators of all disciplines (including nursing) can be considered for support * Cannot be used to support K or T32 recipients – per NSRA rules |
| **Cancer Research Career Enhancement and Related Activities** | * New component * 6-page limit | * Raises the profile of education and training activities of the center in review and at the institution * Consolidates review criteria from several components into on * Will give reviewers a single narrative to evaluate * Frees up space in the Director’s Overview and Research Programs for | * We were not allowed by NIH to call this what this really is – Cancer Research Education and Training * Activities at any level – from mentoring junior faculty to formal, NIH-funding training programs – should be discussed * Per the review criteria, discussion of inclusion of underserved populations in training activities, and institutional |

|  |  |  |  |
| --- | --- | --- | --- |
| **COMPONENT** | **CHANGE** | **REASON** | **NOTES** |
|  |  | other topics | commitment to training, is encouraged   * All training grants and contracts should be reported as an attachment in this component, not in DT2A nor in Research   Programs |
| **Community Outreach and Engagement** | * New component * 12 pages | * Gives centers a component to discuss catchment area issues in a unified narrative * Gives centers further opportunity to describe their uniqueness in the cancer centers program * Raises the profile of outreach and engagement activities at the institution and in review * Gives centers a place to describe networks and affiliates - including those outside their catchment area * Gives centers the opportunity to discuss how they reduce the incidence and mortality of cancer in their catchment area through implementation of health policy recommendations * Frees up space in the Director’s Overview for other topics | * All catchment area issues should be discussed in this component * This component is not required from basic cancer centers * Retained as review criterion in Research Programs, as it is important for reviewers to understand whether a particular Research Program is seizing scientific opportunities in the catchment area * Retained as a criterion for comprehensiveness |
| **Administration and Planning and Evaluation** | * Senior Leaders moved from Administration to Planning and Evaluation – now called Leadership, | * Per NCAB recommendations, the review criteria of Senior Leaders align better with Planning and Evaluation than Administration * Provides more space in the Administration section to discuss its   many activities | * Centers should discuss how Leadership implements the vision developed by Planning and Evaluation activities |

|  |  |  |  |
| --- | --- | --- | --- |
| **COMPONENT** | **CHANGE** | **REASON** | **NOTES** |
|  | Planning and  Evaluation |  |  |
| **Research Programs** | * Minimum size of peer-reviewed funding is increased | * Per NCAB recommendation, a Research Program that meets the current minimum size (5 projects and 3 PI) will fare poorly in review | * Each program must have at least seven fully cancer-focused, peer-reviewed funded research projects equivalent to an NIH R01 from a minimum of five different, independent PD/PI to be eligible * R01-equivalence equals a project funded for 3 years minimum with at least $125,000 direct costs per year * Grants under no-cost extension do not count |
| **Consortium** | * Requirements for consortium arrangements are quantified | * Per NCAB recommendations, each consortium partner needs to have a minimum size of peer-reviewed funding | * Each consortium partner must hold a minimum of 7 R01 – equivalent, active cancer-relevant grants, held by 5 independent PI * Partners that don’t meet this and the other review criteria should be called affiliates (or other name of the center’s choosing) * Review will consider each consortium for eligibility under several review criteria and vote Acceptable / Unacceptable. Final approval of consortium arrangements is by   NCI |
| **All Components** | * Revise and clarify review criteria | * Per NCAB Working Group recommendations, we tried to align the review criteria with what the NOFO asks for in the narrative | * Revise criteria to align with what reviewers actually consider |

**Other changes and clarifications:**

* CCSG Budget
  + T1 applicants can request up to $1.2 million (basic center), $1.4 million (clinical center), or $1.5 million (comprehensive center) in direct costs per year
  + T2 applicants should formulate their budget request at 10% above their last non-competing award. Two months prior to CCSG submission, please contact OCC to determine ultimate budget eligibility based on NIH cancer-relevant research project funding, as recommended by the NCAB and BSA Working Groups
* A Letter of intent is not necessary