Behavioral Research Program

Webinar to Address Six New Funding Opportunities

NIH NATIONAL CANCER INSTITUTE

cancercontrol.cancer.gov/brp

Using WebEx and Webinar Logistics

Sarah Bernal

Communication Specialist
National Cancer Institute

- Submit questions at any time during the presentation. Type into the Q&A feature on the right of the interface and press “submit.”
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  - Conference #: 1-855-244-8681 / 1-650-479-3207
    Access Code: 735 205 667
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Cancer Special Interest Group (SIG) Members

SOCIETY of BEHAVIORAL MEDICINE

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Moderator:
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- No conflict of interest
- No financial support provided/received
- Webinar presented by NCI to broadly disseminate research priorities to entire research community

Webinar Format

- Overview of exciting new research priorities of the Behavioral Research Program (BRP) within the National Cancer Institute
  - There may be time for some written questions at the end
  - Email questions to BRP anytime at ncidccpsbrpadvances@mail.nih.gov
  - Questions about specific aims or grant application details will not be addressed and are best directed to the Program Director contact of each Funding Opportunity Announcement

- When available, an archive of the webinar and FAQs will be posted at http://cancercontrol.cancer.gov/funding-foa-applicants.html

Additional Resources

- Links to all NCI/BRP announcements and contact information can be found at http://cancercontrol.cancer.gov/brp/funding/funding-opportunities.html
  - Funding for Extramural Cancer Training by the NCI Cancer Training Branch: http://www.cancer.gov/grants-training/training/funding

- Subscribe or unsubscribe from NCI/BRP email updates at http://cancercontrol.cancer.gov/brp/e-newsletter/subscribe.html

- Information about the Society of Behavioral Medicine (SBM) can be found at http://www.sbm.org

Today's Speaker

William Klein, PhD

Associate Director
Behavioral Research Program
National Cancer Institute

Behavioral Research Program

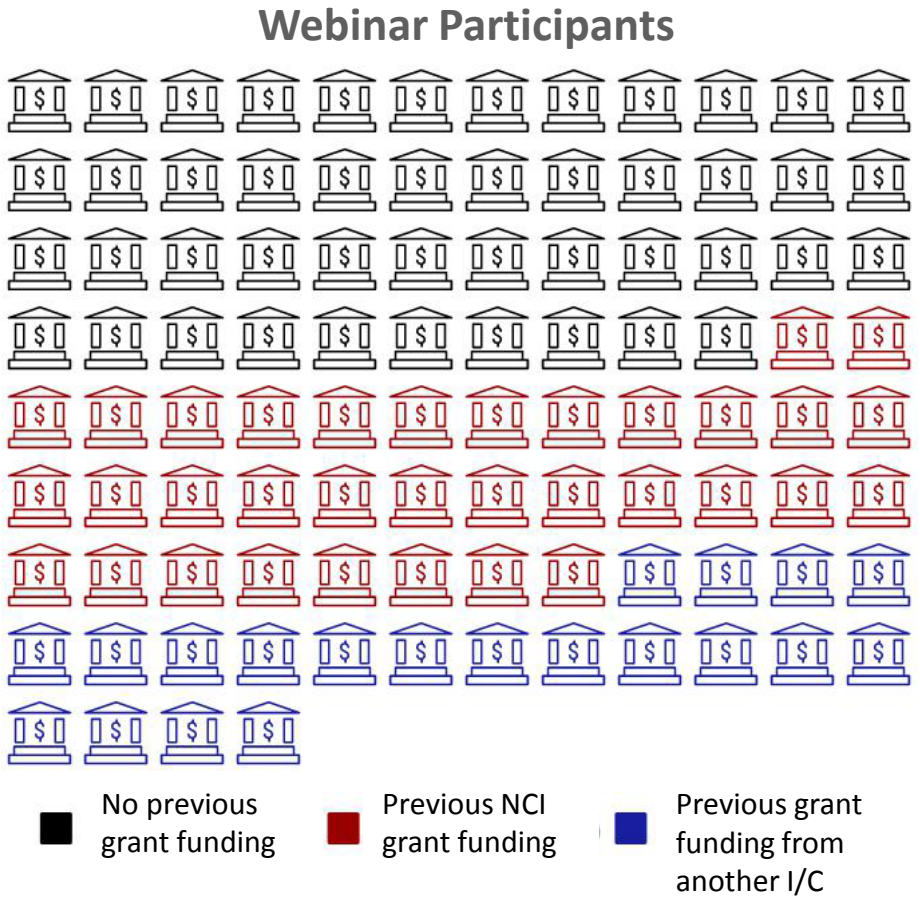
Webinar to Address Six New Funding Opportunities

NIH NATIONAL CANCER INSTITUTE

August 12, 2016

Welcome!

- We had well over 400 registrants as of yesterday
  - Most participants are interested in more than one of our new Funding Announcements
- We are also joined by NCI scientists in each priority area, as well as communication and grants specialists
- Feedback and suggestions for future webinar topics will be accepted at the end via an exit survey



Today's Agenda

- Organizational Structure
- Grant Portfolio
- Overview of New Opportunities
  - Cognitive Neuroscience
  - Behavioral Responses
  - Smoking Cessation
  - Cancer Communication
  - Integrating Existing Data
  - Innovations in Behavioral Intervention Research
- Resources and More Info
- Future Research Priorities
- Questions

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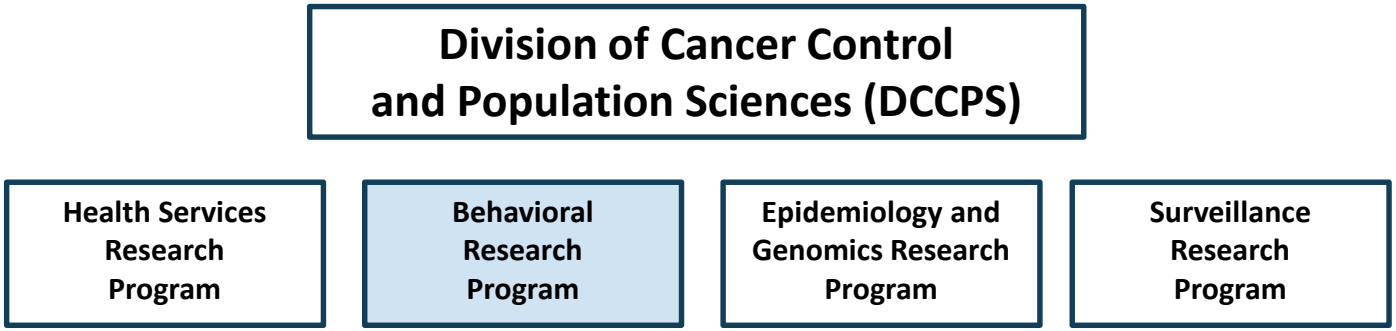
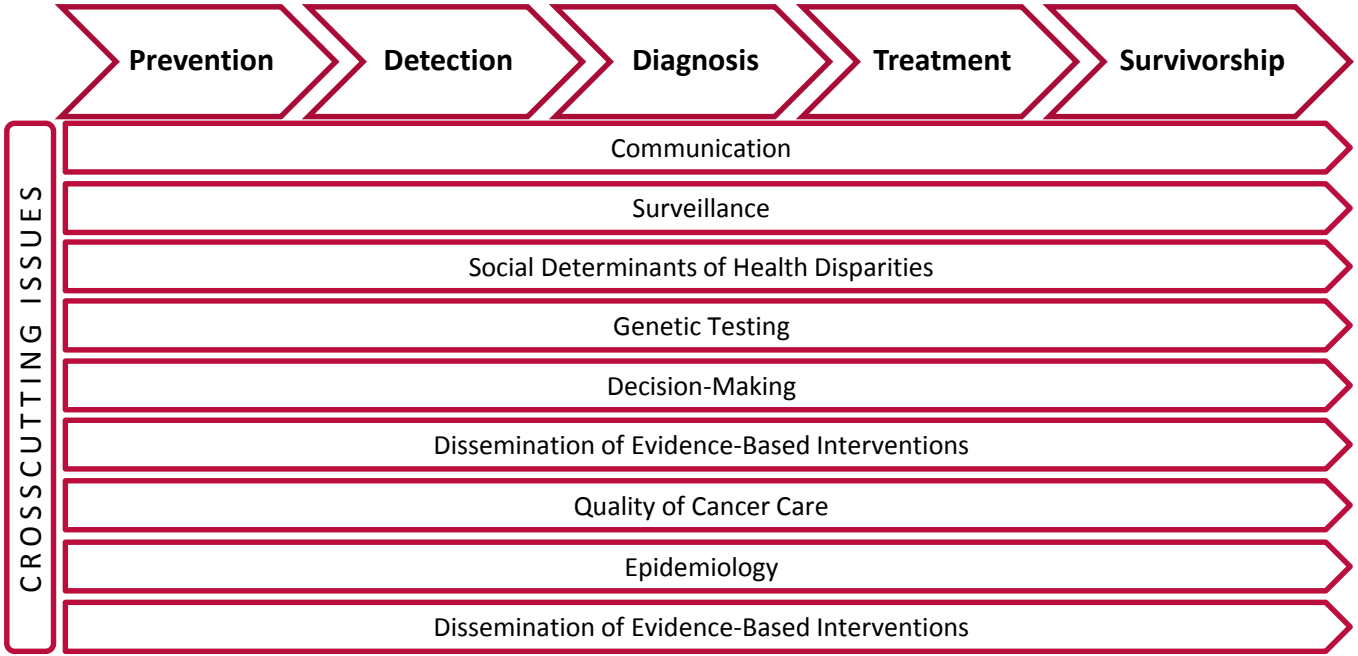
NCI DCCPS Organizational Structure



The **Behavioral Research Program (BRP)** initiates, supports, and evaluates a comprehensive program of research including basic behavioral and psychological science as well as the development, testing, and dissemination of interventions in cancer control areas such as tobacco use, diet and energy balance, and sun protection.

cancercontrol.cancer.gov/brp/

Health Behaviors Across the Cancer Control Continuum



Adapted from David B. Abrams. See cancercontrol.cancer.gov

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How We Fund Grants

- Although most of our portfolio consists of investigator-initiated (unsolicited) grants, BRP may also support grant applications in a specific area of interest
  - Requests for Applications (RFA)
    - Identifies the specific receipt date(s), the estimated amount of funds earmarked for the initiative, the number of awards likely to be funded, and any specific criteria for scientific peer review; applications received in response to a particular RFA are reviewed by an Institute's Scientific Review Group
  - Program Announcements (PA)
    - Most PA applications are submitted with a standing receipt date and are reviewed with all other applications received at that time using standard peer-review processes
  - Program Announcement Reviewed in an Institute (PAR)
    - Program announcements with special receipt, referral, and/or review considerations

For more information: cancer.gov/grants-training/grants-process/grants-process.pdf

Grant Recipients

- A grant provides federal financial assistance, including money, property, or both to an eligible entity to perform approved scientific activities with little or no government involvement
  - Nonprofit organizations
  - For-profit organizations
  - Institutions of higher education
  - Hospitals
  - Research foundations
  - State, local, and tribal governments
  - Federal institutions
  - Foreign institutions and international organizations (varies by announcement)
  - Other organizations (e.g., school districts, faith-based, public housing)
  - **See each FOA for scientific disciplines of interest and transdisciplinary considerations**

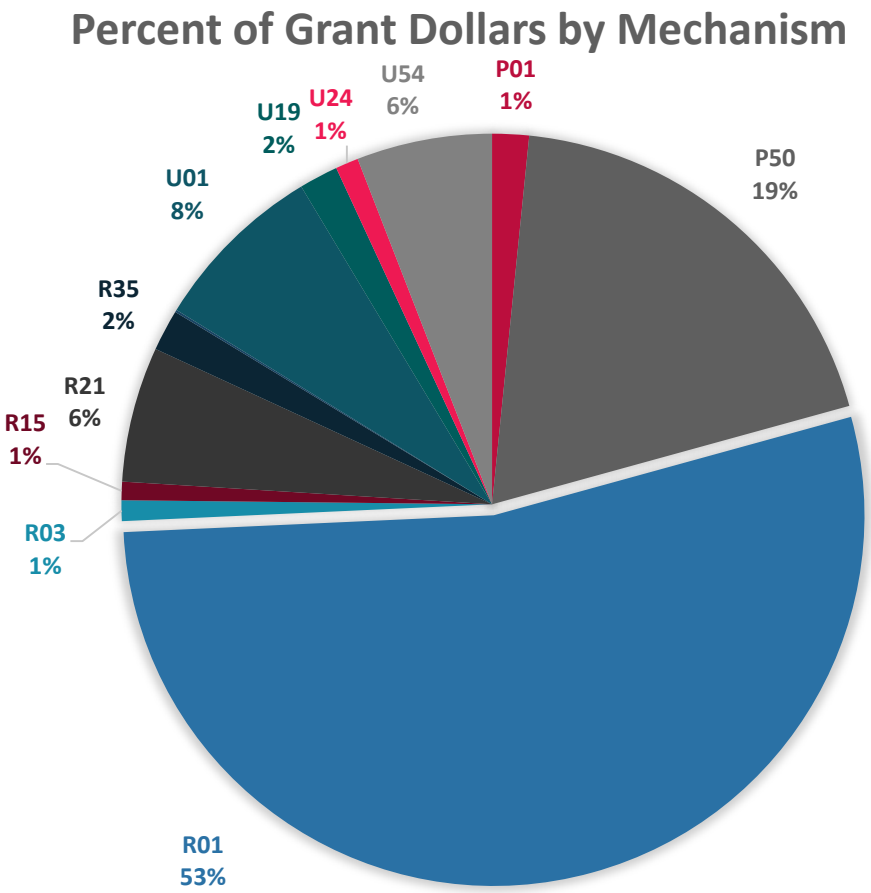
For more information: cancer.gov/grants-training/grants-process/grants-process.pdf

General Information about Fundable Ranges

- NCI Funding Policy for 2016 states that most R01 applications with scores up to and including the 10th percentile and R21 applications with scores up to and including the 7th percentile will be funded without additional review
  - Most Traditional R01 selections submitted by ESIs with scores up to the 12th percentile will be funded without additional review
- Final funding decisions on individual grants within this range are based on review of the applications by NCI program staff and grants management specialists and the negotiation of awards
- Applications with higher scores may require NCI division and Scientific Program Leader (SPL) review before final funding decisions are made

For more information: deainfo.nci.nih.gov/grantspolicies/FinalFundLtr.htm

Current Grant Portfolio, Behavioral Research Program 2015

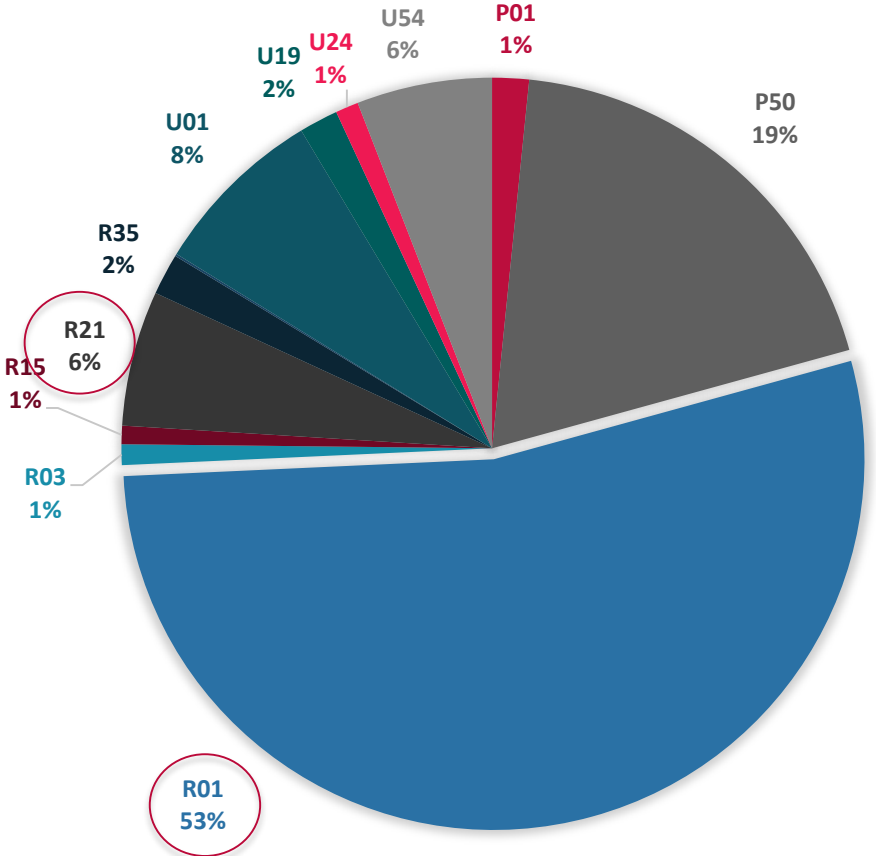


P01 - Research Program Projects	1
P50 - Specialized Center	7
P60 - Comprehensive Center	1
R01 - Research Project	172
R03 - Small Research Grants	17
R13 - Conferences	5
R15 - Academic Research Enhancement Awards (AREA)	3
R21 - Exploratory/Developmental Grants	51
R35 - Outstanding Investigator Award	3
R44 - Small Business Innovation Research Grants (SBIR) - Phase II	1
U01 - Research Project (Cooperative Agreements)	11
U19 - Research Program (Cooperative Agreement)	1
U24 - Resource-Related Research (Cooperative Agreements)	2
U54 - Specialized Center (Cooperative Agreements)	5
Total:	**280**

For more information: cancercontrol.cancer.gov/current_research.html

Current Grant Portfolio, Behavioral Research Program 2015

Percent of Grant Dollars by Mechanism



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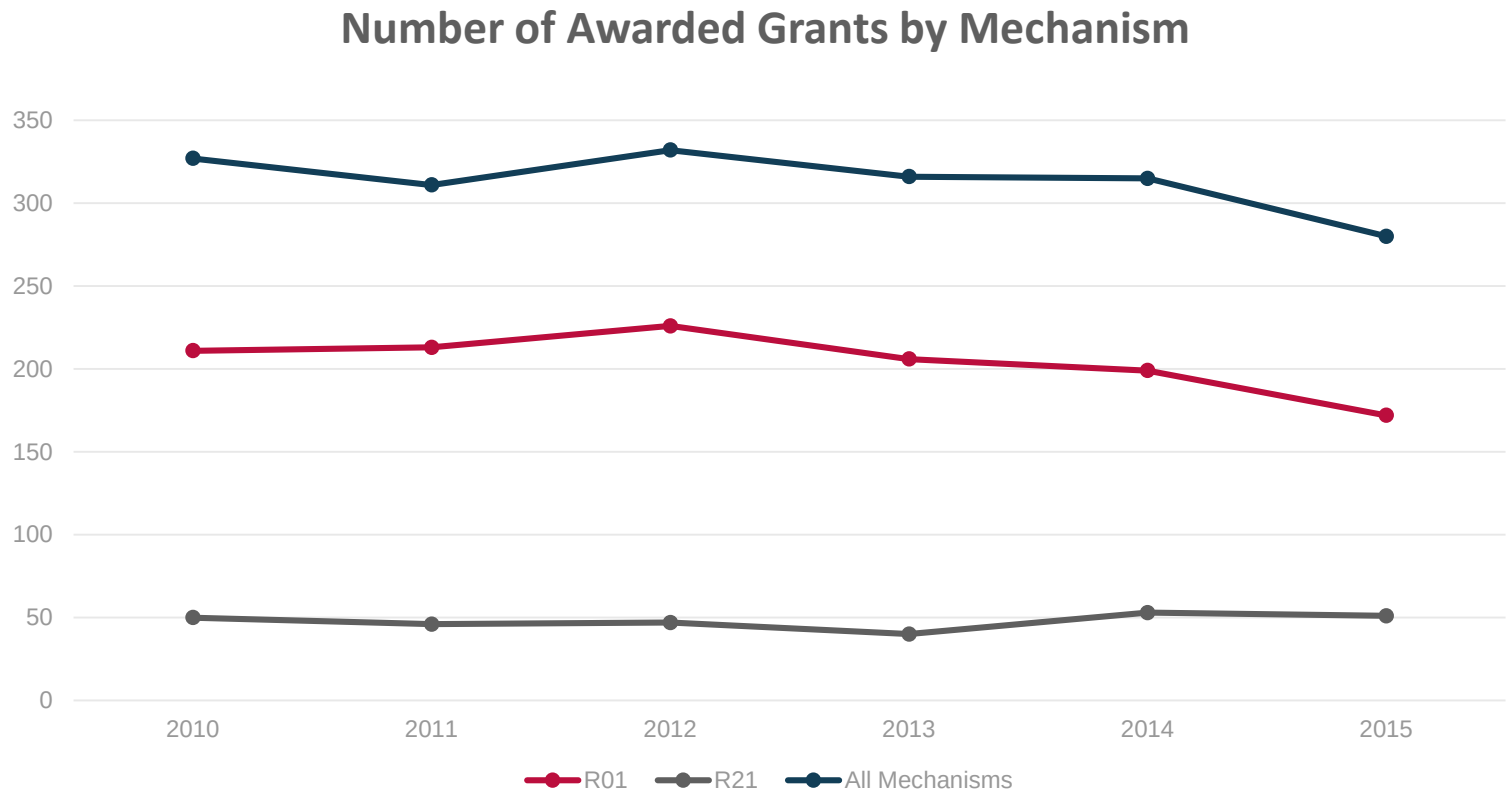
Funding Trends, Behavioral Research Program 2015



For more information: cancercontrol.cancer.gov/current_research.html

Grant Mechanisms – R01 and R21

NIH Research Project Grant (R01)	NIH Exploratory/Developmental Grant (R21)
▪ Used to support a discrete, specified, and circumscribed research project ▪ NIH's most commonly used grant program ▪ No specific dollar limit unless specified in Funding Opportunity Announcement (FOA) ▪ Advance permission required for $500K or more (direct costs) in any year ▪ Generally awarded for 3-5 years	▪ Encourages new, exploratory, and developmental research projects by providing support for early stages of project development ▪ Sometimes used for pilot and feasibility studies ▪ Limited to up to two years of funding ▪ Combined budget for direct costs for the two-year project period usually may not exceed $275,000 ▪ No preliminary data is generally required

For more information: grants.nih.gov/grants/funding/funding_program.htm#RSeries

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Leveraging Cognitive Neuroscience Research to Improve Assessment of Cancer Treatment Related Cognitive Impairment

PAR-16-212 (R01) & PAR-16-213 (R21)

Contact:
Jerry Suls
240-276-6811
jerry.suls@nih.gov

Cognitive Neuroscience – R01/R21

- **Background –** Current assessment of cognitive impairment following cancer treatment for non-CNS malignancies through self-reports and traditional neuropsychological tests has limitations
  - A better understanding is needed to help inform clinical assessment protocols with downstream implications for survivorship care plans
- **PAR Purpose –** Improve traditional assessment of acute- and late-term cognitive changes by including cognitive neuroscience-informed paradigms to advance fundamental knowledge about the specific nature and underlying mechanisms responsible for cognitive impairment

Cognitive Neuroscience – R01/R21

Example Research Questions:

- Which specific cognitive subcomponent processes are impaired following chemotherapy and/or molecular-targeted therapies for non-central nervous system malignancies? Alternatively, are impairments generalized across all or most cognitive domains?

- To what extent can reliable and sensitive cognitive neuroscience task paradigms be integrated into the standard of cancer care for persons undergoing treatment for non-CNS malignancies?

Cognitive Neuroscience – R01/R21

Study Design Considerations:

- Prospective longitudinal designs with pre-treatment baseline assessment prior to therapy and repeated assessments over time
- Include cognitive neuroscience-informed paradigm to identify impaired processes (Required)
- Structural and/or functional neuroimaging
- Use of traditional clinical neuropsychological assessment tools as comparisons
- Inclusion of QOL and functional outcomes
- Comparison group may involve cancer patients not receiving chemotherapy and/or healthy age-matched controls
  - Choice depends on cancer site, stage, and treatment regimen

Cognitive Neuroscience – R01/R21

- **Targeted Subpopulations–** Understudied and demographically diverse samples (low SES, rural, race/ethnicity) are encouraged
- **Transdisciplinary Approach–** Disciplines such as cognitive science, medical oncology, cancer epidemiology, clinical neuropsychology, psychometrics, human development and aging, preclinical models of human cancer, statistical modeling, behavioral science
- ***Not* intended to support:**
  - Analysis of existing data
  - Retrospective or cross-sectional research designs
  - Brain imaging technologies, exclusively

A webinar will be held
September 14 at 11 a.m. EST to focus on:

Leveraging Cognitive Neuroscience Research to Improve Assessment of Cancer Treatment Related Cognitive Impairment

Sign up for email updates at:
cancercontrol.cancer.gov/brp/e-newsletter/subscribe.html

SAVE the DATE!
September 14, 11 a.m. EST

Predicting Behavioral Responses to Population-Level Cancer Control Strategies

PAR-16-257 (R21)

Contact:
Rebecca Ferrer
301-852-1167
rebecca.ferrer@nih.gov

Predicting Behavioral Response – R21

- **Background –** An individual's personal knowledge, attitudes, emotional state, and social environment are significant determinants of behavior change, even in the context of population-level strategies
  - A "one-size-fits-all" approach to population-level cancer prevention and control strategies may not be effective for subpopulations in most need
- **PAR Purpose –** Identify individual influences on the effectiveness of population-level strategies that target cancer-related behaviors in order to improve current population-level strategies, shape the development of new strategies, and communicate strategies most effectively

Predicting Behavioral Response – R21

Example Research Questions:

- How do attitudes about choice and autonomy affect responses to strategies (e.g., mandated/institutionalized HPV vaccination, insurance mandates)?

- How do the importance of positive social image and social norms influence responses to strategies (e.g., smoke-free policies)?

- How do reactions to stress predict responses to strategies (e.g., tobacco taxation)?

Predicting Behavioral Response – R21

- **Study Design Considerations –** Projects may involve experimental methods (i.e., behavioral experiments conducted in well-controlled or in applied/field/"real-life" settings)
  - Hypotheses can also be tested by analyses of extant data sources through integrated data analysis, computational modeling, predictive analytics
- **Transdisciplinary Approach –** Leverage disciplines such as health policy research and implementation; psychological science (e.g., social, developmental); affective and cognitive neuroscience; judgment and decision-making; consumer behavior and marketing; organizational behavior; sociology; cultural anthropology; behavioral economics; linguistics; political science

Predicting Behavioral Response – R21

- ***Not* Intended to Support:**
  - Research focused exclusively on demographic factors that predict effectiveness of cancer prevention and control policies
  - Research focused exclusively on randomized controlled trials or dissemination trials

Improving Smoking Cessation in Socioeconomically Disadvantaged Populations via Scalable Interventions

PAR-16-202 (R01) & PAR-16-201 (R21)

Contact:
Yvonne Hunt
240-276-6975
yvonne.hunt@nih.gov

Improving Smoking Cessation – R01/R21

- **Background –** Smoking in the U.S. is increasingly concentrated among socioeconomically disadvantaged (SED) populations, leading to marked smoking-related health disparities
  - SED populations have less access to empirically validated treatments, face more obstacles to engage in and maintain behavior change, and are less likely to use treatments
- **PAR Purpose –** Develop and test scalable smoking cessation interventions with the potential to improve cessation outcomes among socioeconomically disadvantaged populations

Improving Smoking Cessation – R01/R21

- **Emphasis:**
  - Interventions that have the potential to be **scalable**, implementable, and sustainable in real-world settings
- **General Research Approaches:**
  - Test enhancements of interventions currently scaled or ready to scale
  - Evaluation of existing interventions which could be scaled if evidence supports
- **Requirements:**
  - Justify how the intervention can be scaled and packaged for broad use
  - Propose a testable hypothesis related to the scalability of the intervention

Improving Smoking Cessation – R01/R21

Example Research Questions:

- In what ways can scalable interventions be developed or modified to increase engagement with treatment and enhance long-term behavioral change?
- What strategies might be used to systematically increase access to and utilization of cessation services in socioeconomically disadvantaged populations?
- How might available infrastructures that provide services to socioeconomically disadvantaged populations be utilized to also deliver smoking cessation interventions?

Improving Smoking Cessation – R01/R21

- **Targeted Subpopulations–** SED smokers (e.g., low income, low educational attainment, un- or underemployed, un- or underinsured, racial/ethnic groups living in low-resource communities, other disadvantaged groups such as veterans, incarcerated)
- **Transdisciplinary Approach–** Teams may include public health, clinical, behavioral, and social scientists, statisticians, economists, technology developers, researchers with expertise in dissemination and implementation
- ***Not* Intended to Support:**
  - Observational studies describing factors that influence cessation behavior, treatment engagement, implementation or dissemination in real-world contexts; studies for which smoking cessation is not an endpoint; studies to test interventions for cessation of non-combustible tobacco products

Innovative Approaches to Studying Cancer Communication in the New Media Environment

PAR-16-249 (R01) & PAR-16-248 (R21)

Contact:
Kelly Blake
240-281-5934
kelly.blake@nih.gov

New Media Environment – R01/R21

- **Background –** The cancer communication landscape is changing rapidly from "one-way" to "participative," allowing users to interact and collaborate to generate content and data
  - Non-traditional data sources provide a more complete view of individual- and population-level exposures and trends
  - We need new conceptual models, measurement techniques, and data sources to address critical behavioral targets
- **PAR Purpose –** Apply innovative methodologies in communication research across the cancer control continuum using non-traditional analytic approaches, methods, and data sources

New Media Environment – R01/R21

Research Opportunities:

- Cancer Communication Surveillance Approaches
  - Track and identify communication inequalities, examine modes of communication used by individuals, communities, and population subgroups; monitor real-time public opinion, sentiment, social norms, peer-to-peer interactions, and reported behaviors related to cancer control; evaluate media effects on individual or population health
- Innovative Methodologies for Cancer Communication Interventions
  - Test participative communication strategies and examine effectiveness at the individual and population levels
- Cancer Communication Conceptual Models
  - Develop and test models for the participative communication environment and identify pathways by which participative communication affects cancer

New Media Environment – R01/R21

Example Research Questions:

- What is the impact of online user-generated content on individual- and population-level beliefs, attitudes, behaviors related to cancer control?
- How can participative media be leveraged to complement traditional media channels to help address communication inequalities and cancer health disparities?
- How can public participation in the creation of content, including engagement in the form of commentary, “liking,” and sharing, be optimally operationalized and measured?

New Media Environment – R01/R21

- **Behavioral Targets–** Related to cancer prevention and control
  - Cancer risk factors
  - Positive behavior change
  - Navigating health care system and effectively utilizing cancer treatments
  - Support for decision-making and cancer screening and treatment
  - Maximizing QOL for survivors and caregivers
  - Utilizing palliative care
- **Applicable across multiple contexts (e.g., health systems, family settings)**
- **Targeted Subpopulations–** Low SES and/or rural populations encouraged

Cancer-related Behavioral Research through Integrating Existing Data

PAR-16-256 (R01) & PAR-16-255 (R21)

Contact:
Richard Moser
240-276-6915
richard.moser@nih.gov

Integrating Existing Data – R01/R21

- **Background –** New technology and methodologies allow for data integration and linkages not previously possible
  - Integrative Data Analysis (IDA) can be used to leverage data from existing sources (e.g., Health Information National Trends Survey, grantee data, funded cohorts/centers, healthdata.gov), and "big data" (e.g., social media), to answer important research questions about behavioral risk factors for cancer such as weight management, tobacco use, and adherence to screening guidelines
- **PAR Purpose –** Integrate two or more existing, independent data sets to answer novel cancer control and prevention questions related to behavioral risk factors for cancer

Integrating Existing Data – R01/R21

Research Opportunities:

- Multiple retrospective cohorts
- Assess small populations (e.g., LGBT, racial/ethnic subgroups)
- Study rare cancers (e.g., head and neck)
- Combine across diverse data sources - cells to society (e.g., melanoma risk by GIS and behavioral sun safety measures)

Integrating Existing Data – R01/R21

Example Research Questions:

- How do personal attitudes toward vaccination and sexual behavior (as measured within parents, adolescents, and young adults) together with physician recommendations and accessibility to health care interact to influence HPV vaccination uptake?

- What biological, self-report, environmental, and policy factors explain trends in cancer incidence/mortality inequalities? What can be learned to inform behavioral interventions based on these data?

Integrating Existing Data – R01/R21

- **Requirements:**
  - Data should be from two or more data sets, different sources and types, and should include at least one source of behavioral data
  - Use existing data sources rather than collect new data
  - Answer a cancer-related behavioral research question that cannot be addressed with one data set alone
- **Transdisciplinary Approach–** Leverage disciplines such as health policy research and implementation; psychological science; genetics; biology; urban planning; consumer behavior and marketing; cultural anthropology; behavioral economics

Stimulating Innovations in Behavioral Intervention Research for Cancer Prevention and Control

PAR-16-278 (R21)

Contact:
Tanya Agurs-Collins
240-276-6956
tanya.agurs-collins@nih.gov

Behavioral Intervention – R21

- **Background –** Estimates are that 50% of new cancer cases could be eliminated through a combination of healthy lifestyles and improvements in health care delivery
  - Although rates for smoking cessation, physical activity, obesity, and cancer screening have improved, they remain below levels needed for optimal impact on cancer risk and outcomes
- **PAR Purpose –** Develop innovative approaches to promote healthy behaviors and delivery of cancer-related health care in a variety of settings and across diverse racial/ethnic populations

Behavioral Intervention – R21

Research Opportunities:

- Basic behavioral and social sciences research to better understand factors that influence health-related behaviors and health care delivery (e.g., patient, provider and/or system behaviors)
- Early-phase research that translates findings from basic behavioral studies into novel interventions (e.g., using the ORBIT model to guide behavioral treatment development)
- Use of new and alternative intervention designs (e.g., n-of-1 studies, fractional factorial, and adaptive designs that respond in real time to changing intrapersonal and contextual factors)
- Multilevel interventions (e.g., targeting combinations of physiological, social, and environmental factors, and those focused on multiple health behaviors)
- Use of new data collection systems and delivery methods (e.g., smart phone-based, personal sensor, EHRs)

Behavioral Intervention – R21

- **Targeted Cancer-related Health Behaviors –** Diet, obesity, physical activity and sedentary behavior, smoking, sleep and circadian dysfunction, alcohol use, and/or adherence to cancer-related medical regimens
- **Scope –** Research can involve any aspect of the cancer control continuum and any phase of the translational spectrum
- **Study Design Considerations –** Can use new and innovative research designs alone or in combination

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Application Deadlines

Subject to change – always check the NIH Guide

	Cycle 1	Cycle 2	Cycle 3	Cycle 4	Cycle 5	Cycle 6
Cognitive Neuroscience	10/13/16	4/11/17	10/10/17	4/11/18	10/10/18	4/11/19
Predicting Behavioral Responses	10/7/16	4/11/17	10/10/17	4/11/18	10/10/18	4/11/19
Improving Smoking Cessation	10/11/16	6/13/17	10/11/17	6/13/18	10/11/18	6/13/19
New Media Environment	10/11/16	6/13/17	10/11/17	6/13/18	10/11/18	6/13/19
Integrating Existing Data	2/7/17	6/7/17	2/7/18	6/7/18	2/7/19	6/7/19
Behavioral Intervention	10/16/16	2/16/17	6/16/17	10/16/18	2/16/18	6/16/18

Resources for new Funding Announcements

- Today's webinar and list of FAQs (both leading up to and following the webinar) will be posted online:
  - http://cancercontrol.cancer.gov/funding-foa-applicants.html
  - There, you can also find links to FOAs and Program Director contact information
- Connect with any BRP staff member via contact information listed on:
  - http://staffprofiles.cancer.gov/brp/
  - Email questions to BRP anytime at ncidccpsbrpadvances@mail.nih.gov
  - Subscribe or unsubscribe from NCI/BRP email updates at http://cancercontrol.cancer.gov/brp/e-newsletter/subscribe.html

Focus on Small Grants

- The R03 Omnibus (PAR-14-007) has historically been an excellent outlet for Small Grants Funding at NCI
- There are currently several R03 opportunities available that also may be relevant to behavioral researchers – for example:

Title	RFA/PA/PAR	Expiration Date
Advancing the Science of Geriatric Palliative Care (R03)	PA-13-356	01-08-2017
Dissemination and Implementation Research in Health (R03)	PAR-16-237	05-08-2019
Early-life Factors and Cancer Development Later in Life (R03)	PA-15-124	01-08-2018
Education and Health: New Frontiers (R03)	PAR-16-079	01-08-2019
Ethical, Legal, and Social Implications (ELSI) of Genomic Research (R03)	PA-14-277	09-08-2017
Linking the Provider Recommendation to Adolescent HPV Vaccine Uptake (R03)	PAR-16-337	07-17-2019
Multidisciplinary Studies of HIV/AIDS and Aging (R03)	PAR-15-281	09-08-2018
NCI Small Grants Program for Cancer Research (NCI Omnibus R03)	PAR-14-007	01-06-2017
Nutrition and Alcohol-Related Health Outcomes (R03)	PA-13-360	01-08-2017
Research to Characterize and Reduce Stigma to Improve Health (R03)	PA-13-247	09-08-2016
Spatial Uncertainty: Data, Modeling, and Communication (R03)	PA-15-011	01-08-2018
The Health of Sexual and Gender Minority (SGM) Populations (R03)	PA-15-262	09-08-2018
Tobacco Regulatory Science Small Grant Program for New Investigators (R03)	RFA-OD-15-004	02-24-2017

Selected Additional Funding Opportunities of interest to Behavioral Researchers

Fundamental Mechanisms of Affective and Decisional Processes in Cancer Control PAR-16-380 (R01) PAR-14-067 (U01)

Basic Biopsychosocial Mechanisms and Processes in the Management of Chronic Conditions PAR-16-095 (R21)

Advancing Interventions to Improve Medication Adherence PA-14-334 (R01) PA-14-335 (R21)

Education and Health: New Frontiers PAR-16-080 (R01) PAR-16-079 (R03) PAR-16-078 (R21)

Research on the Mechanisms and/or Behavioral Outcomes of Multisensory Processing PA-15-347 (R01)

Neural Regulation of Cancer PAR-16-245 (R01) PAR-16-246 (R21)

Science of Behavior Change: Use-inspired Basic Research to Optimize Behavior Change Interventions (Admin Supp) PA-16-334

Advancing Basic Behavioral and Social Research on Resilience: An Integrative Science Approach PAR-16-326 (UG3/UH3)

Interventions for Health-Enhancing Physical Activity PAR-14-321 (R21/R33) PAR-14-315 (R01)

Exploratory/Developmental Clinical Research Grants in Obesity PA-15-163 (R21)

Physical Activity and Weight Interventions Among Cancer Survivors: Effects on Biomarkers PAR-16-122 (R01) PAR-16-123 (R21)

Time-Sensitive Obesity Policy and Program Evaluation PAR-15-346 (R01)

Visit the Behavioral Research Grants page or the Division of Cancer Control and Population Sciences (DCCPS) Funding Opportunities page for a complete listing.

Selected Additional Funding Opportunities of interest to Behavioral Researchers

Population Health Interventions: Integrating Individual and Group Level Evidence PA-16-146 (R01) PA-16-147 (R21)

Obesity Policy Evaluation Research PA-16-165 (R01)

Modeling Social Behavior PAR-13-374 (R01)

Systems Science and Health in the Behavioral and Social Sciences PAR-15-048 (R01) PAR-15-047 (R21)

Tobacco Regulatory Science Small Grant Program for New Investigators RFA-OD-15-004 (R03)

Exploratory Studies of Smoking Cessation Interventions for People with Schizophrenia PAR-14-230 (R21) PAR-14-231 (R33)

Novel Behavioral Targets to Improve Adolescent Substance Abuse Treatment and Prevention Interventions PA-15-035 (R34)

Linking the Provider Recommendation to Adolescent HPV Vaccine Uptake PAR-16-338 (R01) PAR-16-337 (R03) PAR-16-336 (R21)

Intervening with Cancer Caregivers to Improve Patient Outcomes and Optimize Health Care PAR-16-317 (R01) PAR-16-318 (R21)

End-of-Life and Palliative Needs of Adolescents and Young Adults (AYA) with Serious Illnesses PA-15-324 (R01) PA-15-325 (R21)

Dissemination and Implementation Research in Health PAR-16-238 (R01) PAR-16-236 (R21) PAR-16-237 (R03)

Visit the Behavioral Research Grants page or the Division of Cancer Control and Population Sciences (DCCPS) Funding Opportunities page for a complete listing.

Funding for Extramural Cancer Training

Name	Career Stage
F30- Ruth L. Kirschstein National Research Service Awards for Individual Predoctoral MD/PhD and Other Dual Doctoral Degree Fellows	•Predoctoral MD/PhD •Other Dual-Degree Fellows
F31- Ruth L. Kirschstein National Research Service Awards for Individual Predoctoral Fellows	•Predoctoral Fellows
F32- Ruth L. Kirschstein National Research Service Award (NRSA) for Individual Postdoctoral Fellows	•Postdoctoral and Clinical Fellows
F33- NIH National Research Service Award (NRSA) for Senior Fellows	•Established Investigators
F99/K00- The NCI Predoctoral to Postdoctoral Fellow Transition Award	•3rd or 4th year Predoctoral Fellows
K07- Cancer Prevention, Control, Behavioral Sciences, and Population Sciences Career Development Award	•Postdoctoral Fellows •Non-Tenured Early-Career Stage Faculty
K08 - Mentored Clinical Scientist Research Career Development Award	•Non-Tenured Early-Career Stage Faculty with a Clinical Degree
K12- Paul Calabresi Award for Clinical Oncology	•Established Investigators
K22- Transition Career Development Award	•Postdoctoral and Clinical Fellows
K23- Mentored Patient-Oriented Research Career Development Award	•Non-Tenured Early-Career Stage Faculty with a Clinical Degree
K24-Midcareer Investigator Award in Patient-Oriented Research	•Associate Level faculty with a clinical Degree
K25-Mentored Quantitative Research Career Award	•Postdoctoral Fellow to Senior Faculty
K99/R00- The Pathway to Independence Award in Cancer Research	•Postdoctoral Fellows
R25- Cancer Research Education Grants Program	•Established Investigators
T32- Ruth L. Kirschstein National Research Service Award (NRSA) Institutional Research Training Grants	•Established Investigators

All opportunities require U.S. citizenship or permanent residency except the F99/K00 and K99/R00 awards, which are open to non-U.S. citizens

For more information: cancer.gov/grants-training/training/funding

Programmatic Priority Areas

- Cancer-related Health Behaviors:
  - Modifiable behavioral risk factors, including tobacco use, energy balance, and sun exposure
    - Emerging areas include global tobacco control, alcohol use, sleep hygiene, and special diets
- Biopsychosocial Processes of Cancer-related Behaviors:
  - Biological, psychological, and social mechanisms related to cancer prevention, detection, and treatment; maintenance of healthy lifestyle behaviors
    - Emerging areas include comorbidities, perception research, and medical adherence
- Communication, Decision Science, and Policy in Cancer Control:
  - Communication of health information to patients, providers, and policymakers; effects on decision-making and behavior
    - Emerging areas include mHealth, emotion, and palliative care decision-making
- Analytic Methods and New Technologies:
  - Surveillance of social and behavioral predictors of health and the use of big data, theory, and new technologies
    - Emerging areas include emphasis on theoretical frameworks

Key Initiatives, Tools, and Resources

- Cognitive, Affective, and Social Processes in Health Research (CASPHR) Workgroup
- Classification of Laws Associated with School Students (CLASS)
- Family Life, Activity, Sun, Health, and Eating (FLASHE) Study
- Grid-Enabled Measures (GEM)
- Health Disparities Research
- Health Information National Trends Survey (HINTS)
- National Cancer Institute Network on Biobehavioral Pathways in Cancer
- Smokefree.gov & Smokefree Women
- State and Community Tobacco Control Policy and Media Research
- Tobacco Control Monograph Series

Today's Agenda

- Organizational Structure
- Grant Portfolio
- Overview of New Opportunities
  - Cognitive Neuroscience
  - Behavioral Responses
  - Smoking Cessation
  - Cancer Communication
  - Integrating Existing Data
  - Innovations in Behavioral Intervention
- Resources and More Info
- Future Research Priorities
- Questions

Are these funding opportunities only offered to interventions conducted in the U.S.? Are projects conducted overseas going to be funded? Do you have to be a U.S. citizen or have a green card to apply for funds?

Can a new investigator receive special accommodation in review?

How are percentiles calculated for Special Emphasis Panels?

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