



**STRONGER**TOGETHER

**Request for Proposals (RFP)**

**Quality Improvement in Molecular Testing Pathways for Metastatic  
Colorectal Cancer (mCRC)**

**Geographic Scope/Location of Project:** United States

**RFP Date Issued:** January 26, 2026

**Proposals Due:** March 31, 2026 (23:59 EST)

**Issued by:**

**American Society for Clinical Pathology (ASCP) in collaboration with Pfizer Inc.**

## **Overview**

### **1. Program Overview**

The American Society for Clinical Pathology (ASCP), in collaboration with Pfizer Inc. and with participation from the American Society of Clinical Oncology (ASCO, invites proposals for pathology-centric Quality Improvement (QI) initiatives aimed at optimizing molecular testing pathways in the management of metastatic colorectal cancer (mCRC). This grant opportunity seeks to fund sustainable projects that improve biomarker testing practices, strengthen targeted therapy selection, and support care teams in implementing patient-centered protocols.

### **2. Goal and Objectives**

There are significant advances in molecular diagnostics for metastatic colorectal cancer (mCRC), and these have been incorporated into NCCN Guidelines for frontline therapy. Despite such advances and guidelines, **there is significant variability in biomarker testing practices and delays in communicating results that continue to hinder optimal patient treatment decision-making. Current protocols for ordering and reporting critical biomarkers - such as RAS (KRAS/NRAS) and BRAF mutations, HER2 amplification, and microsatellite instability (MSI)/mismatch repair (MMR) status - are inconsistent across institutions, leading to gaps in diagnostic excellence and frontline therapy alignment with NCCN guidelines.**

These challenges result in fragmented workflows, prolonged turnaround times, and insufficient coordination between pathology, laboratory professionals, and oncology teams. Consequently, patients may experience delays in receiving appropriate, evidence-based therapies. Furthermore, the lack of standardized pathways and effective communication tools limits the ability of care teams to deliver timely, patient-centered decisions.

The overarching goal of this program is to advance diagnostic excellence and improve treatment decision-making for patients with mCRC. To address these issues, there is an urgent need for collaborative, multidisciplinary initiatives that leverage data-driven approaches to:

- Assess current practices and identify variations in the ordering of various biomarker tests such as RAS (KRAS/NRAS) mutations, BRAF mutations, HER2 amplification, and microsatellite instability (MSI)/mismatch repair (MMR) status.
- Evaluate timeliness and efficiency by analyzing various turnaround times such as pre-analytical (order to collection and collection to receipt), analytical (receipt to result) and post-analytical (result to time of action).
- Identify variations across institutions in receiving and integrating biomarker test results into a patient's Electronic Medical Record (EMR).
- Address communication gaps to ensure effective, timely dissemination of biomarker results, thereby supporting prompt initiation of appropriate frontline treatment.
- Ensure that the right patients receive timely, appropriate, evidence-based, biomarker-informed therapies in accordance with NCCN guidelines.

- Strengthen multidisciplinary team coordination by equipping pathologists and laboratory professionals with skills and tools to improve communication and care coordination, enabling oncologists to make informed diagnostic and therapeutic decisions.

### **3. Participation in ASCP Performance and Diagnostics Insights (PDI)**

ASCP's **Performance and Diagnostics Insights (PDI)** ([Performance & Diagnostics Insights \(PDI\) – Analyze. Benchmark. Optimize.](#)) is a cutting-edge data-driven analytics and benchmarking platform to analyze performance, benchmark and optimize operations using real-time data to elevate patient care. PDI has dedicated dashboards for anatomic pathology, which provide niche solutions for institutions and research teams, supporting biomarker testing advancements, and helping mitigate unnecessary patient treatments. This specialized functionality makes PDI particularly valuable for pathology departments focused on innovation and research.

**Participation in ASCP's PDI is a required component of this grant program.** Funded organizations will be expected to:

- Sign a PDI participation agreement and Business Associate Agreement (BAA) with ASCP.
- Share their real-time Laboratory and Pathology data from their Laboratory Information System (LIS) or Electronic Health Record (EHR) with ASCP through the secured interface between the ASCP and the institution.
- Use PDI tools and resources to support planning, benchmarking, evaluation, and quality improvement.

### **4. Quality Improvement Approach**

Grant proposals must outline a QI project that will:

- **Utilize QI Methodology:** Employ formal frameworks such as Plan-Do-Study-Act (PDSA) cycles.
- **Multi-disciplinary team:** The project team should include all essential care team stakeholders, including pathologists and oncologists, to ensure meaningful impact and informed decision-making.
- **Conduct a Root Cause Analysis:** Identify local barriers to biomarker testing (e.g., workflow inefficiencies, reporting delays, limited testing access, provider knowledge gaps).
- **Implement Targeted Interventions:** Design practical solutions such as streamlined ordering processes or enhanced result communication.
- **Track Key Metrics:** Monitor outcomes aligned with recognized QI measures (e.g., ordering protocols, testing rates, turnaround times, treatment alignment).

Projects should align with evidence-based, patient-centered oncology quality standards and certification/accreditation models.

## **5. Project Budget and Duration**

- **Grant Size:** \$150,000 to \$250,000 per project. Applicants should request a grant amount based upon their proposed project budget. Each funded grant site will be required to pay a fee of **\$50,000 to ASCP** to support participation in PDI for data analysis and benchmarking evaluation. **This fee should be included in the total grant request amount and incorporated into the proposed project budget.**
- **Total Available Funding:** Up to \$1.5 million. Multiple grants will be awarded.
- **Project Duration:** Approximately 18 months. Grantees will be expected to participate in quarterly calls beginning June 2026 through the end of the project in December 2027.
- **Allowable Costs:** Direct costs and indirect costs (Institutional Overhead fee capped at 28% of the requested grant amount per Pfizer policy).
- **Staffing:** Proposals including new positions must include a sustainability plan for those roles beyond the grant period.

## **6. Eligibility Criteria**

Proposals are invited from various patient care organizations actively engaged in mCRC management. Eligible organizations must be affiliated with a laboratory capable of performing biomarkers testing for mCRC or have established processes to refer such testing to one or more qualified reference laboratories. Examples of organizations that may qualify include:

- Healthcare systems and networks
- Community hospitals
- Cancer centers

Additional requirements:

- Only organizations, not individuals, are eligible to apply.
- The applicant organization must designate two **Principal Investigators (PIs)** to lead the project.
- One PI must be a **Pathologist** and the other as an **Oncologist** (roles may be interchanged as PI and co-PI).
- PI serves as the primary point of contact for the applicant's organization.
- Pathologist PI/co-PI must be an active member of ASCP at the time of award.
- Both PI and co-PI must be part of the multi-disciplinary team.
- The PI must be an employee or contractor of the requesting organization. Intra- and inter-institutional collaborations are encouraged, provided all partners have a defined role, and the requesting organization plays a central leadership role in the project.

## **7. Proposal Requirements**

Length: Proposals must not exceed 10 pages (excluding references and optional appendices).

Your proposal must include the following sections:

A) **Project Goals and Objectives**

Clearly articulate the goal of the project and specify how the requested funding will be utilized to achieve the stated objectives. Define clear, specific, measurable objectives that you aim to achieve through this project.

B) **Assessment of Need for the Project**

**Background and Rationale**

Provide an overview of known or perceived gaps across the pre-analytical, analytical, and post-analytical phases of care. Describe challenges in ordering and coordinating biomarker tests and explain how these issues impact timely and effective initiation of frontline treatment for mCRC patients. Include baseline data to support these gaps, if available.

C) **Target Audience**

Highlight patient volumes, demographic diversity, and any unique characteristics relevant to mCRC care.

D) **Project Design and Methods**

Provide a detailed plan for achieving your objectives, including:

- Project Design and Methodology: Concise description of the overall approach.
- Data Analysis: Strategies to evaluate biomarker ordering practices.
- Turnaround Time: Plans to assess and improve reporting timelines.
- Communication: Approaches to enhance result sharing across multidisciplinary teams.
- Diagnostics: Methods to accelerate molecular testing processes.
- Therapy Initiation: Plans to ensure timely initiation of frontline treatment.

E) **Evaluation and Outcomes**

**Evaluation and Metrics**

Outline how success will be measured, including:

- Key performance indicators (KPIs) and measurable outcomes
- Methods for assessing effectiveness and impact
- How your program will quantify results and outcomes

**Sustainability and Dissemination**

Describe strategies for:

- Embedding successful interventions into routine workflows
- Sustaining improvements beyond the project period

- Disseminating findings within your institution and to relevant stakeholders as well as broader communities (e.g., conferences and publications)

F) **Anticipated project timeline**

Provide a timeline for the proposed project that outlines the milestones and deliverables for the project based on the timeline included in section 9.

G) **Organizational Details**

**Description of Institution**

Provide a comprehensive overview of your institution, including clinical specialties, teaching and research components (if applicable). Highlight patient volumes, demographic diversity, and any unique characteristics relevant to mCRC care.

**Multidisciplinary team and QI Experience**

Describe the attributes of the institutions that will support and facilitate the execution of the project and the leadership of the proposed project. Articulate the specific role of each individual involved in the proposed project. Outline relevant QI expertise to lead the project within the QI framework.

H) **Additional Information**

**Budget and Justification**

Provide a detailed budget with clear justification for each cost item. Include PDI fee costs as a separate line item. \$150,000 to \$250,000 per project. Each funded grant site will be required to pay a fee of **\$50,000 to ASCP** to support participation in PDI for data analysis and benchmarking evaluation. This fee should be included in the total grant request amount and incorporated into the proposed project budget.

**Commitment to PDI Participation**

Include a signed Letter of institutional approval ([click to download letter template](#)) from the Head of Information Technology (IT) confirming authorization to participate in the PDI platform and to share Laboratory and Pathology data containing Patient Health Information (PHI) with ASCP for the QI project. The letter can be included in the Optional Appendix. Please do not mail or email the letter separately.

**Optional Appendix**

Include relevant materials, such as logic models or other supporting documents that may assist in the review process. Appendices are excluded from the 10-page limit.

## 8. Review Criteria

All proposals will be peer-reviewed by an **Expert Review Panel (ERP)** convened by ASCP. The ERP will evaluate submissions based on the criteria such as:

- Clear well-defined goals and metrics that directly support RFP objectives.
- Relevance to patient care and unmet needs.
- Potential impact on biomarker-driven diagnosis and treatment.

- Organization capability, infrastructure and collaborative effectively across multidisciplinary teams.
- Strength, feasibility, and innovation of project design and implementation plan.
- QI experience of the applicant team is preferred but not required.
- Defined, measurable outcomes and strategies for sustaining improvements.

Funding recommendations will be made at the sole discretion of the ERP.

## **9. Key Dates**

- **RFP Release Date:** January 26, 2026
- **Full Proposal Due:** March 31, 2026 (23:59 EST)
- **Review Period:** April – May 2026
- **Anticipated Notification:** May 2026
- **Project Period:** June 2026 – December 2027

## **10. Submission Process**

Proposals must be submitted via the CyberGrants portal: <https://www.cybergrants.com/pfizer/QI>.

Submission instructions:

- Select “Yes” for the question “Are you replying to a Request for Proposal as part of the Competitive Grant Program?”
- Choose: **2026 ONC US ASCP QI Molecular Testing Pathways for mCRC**
- Complete all required online sections and upload the full proposal.

Late submissions will not be reviewed.

## **11. Terms and Conditions**

- Funded projects must comply with ethical and regulatory standards.
- Awardees must submit quarterly updates and interim and final progress reports.
- Participation in a grantee kick-off meeting in June 2026.
- Participation in quarterly progress check-in meetings with ERP.
- Participation in a grantee and ERP meeting in November 2027.
- Dissemination of findings within your institution and relevant stakeholders as well as broader communities (e.g., conferences and publications).
- Participation in ASCP PDI is required.
- Pathologist PI/co-PI must be an active member of ASCP at the time of award.
- Grant agreements must be executed with Pfizer. Core terms are available for review in advance; modifications will only be considered if legally required.

## **12. ASCP Biomarker Testing Educational Resources:**

[Biomarker Testing Education](#): Easily digestible and complimentary learning materials designed to provide the most up-to-date information on biomarker testing and emerging biomarkers.

[Biomarker Testing Navigator Certificate Program](#): This complimentary certificate program delivers a comprehensive, modular learning experience designed to strengthen the role of laboratory professionals in cancer biomarker testing and precision medicine.

## **13. Contact Information**

- **Technical Assistance:** Use the “Technical Questions” link in CyberGrants.
- **Program Questions:** Questions should be directed to grants@ascp.org.
- **FAQs:** See Competitive Grant Program FAQs on the CyberGrants portal.

## **14. About Pfizer External Research & Grants**

Pfizer External Research & Grants (ER&G) supports independent research, education, and QI initiatives to improve patient outcomes in areas of unmet need. Competitive grants are awarded through transparent RFPs reviewed by independent expert panels.

For QI grants, the grantee is solely responsible for project design, implementation, and monitoring. Pfizer is not involved in project execution.

## **15. About ASCP**

American Society for Clinical Pathology (ASCP) is the world’s largest professional membership organization for pathologists and laboratory professionals, with more than 100,000 members. ASCP provides excellence in education, certification, and advocacy on behalf of patients and the laboratory workforce. With a portfolio of more than 900 educational activities, ASCP is the worldwide leader in providing CME/CMLE credit for the entire laboratory team.

ASCP has extensive experience supporting practice-based performance improvement initiatives, including biomarker testing education and quality benchmarking. Its **Performance and Diagnostics Insights (PDI)** platform provides real-time data analytics and benchmarking for anatomic pathology operations, supporting biomarker testing optimization and improved patient care.

*ASCP and Pfizer Inc. look forward to supporting innovative QI projects that advance diagnostic precision, improve care coordination, and ensure timely, patient-centered treatment for individuals with metastatic colorectal cancer.*