



Request for Proposals (RFP) Improving the Precision Oncology Care Pathway

I. Introduction

Association of Cancer Care Centers (ACCC) and Lilly are collaborating to offer community cancer centers a grant opportunity seeking proposals for Quality Improvement (QI)/ Implementation Science (IS) initiatives that reduce clinical care gaps for patients with solid tumors. We are looking for community hospital-based programs and physician group practices that are interested in addressing the most significant points of patient loss along the precision oncology care pathway. Any ACCC member institution is eligible to apply.

Lilly is committed to supporting Quality Improvement (QI) efforts that foster the translation of scientific evidence into evidence-based clinical practice using QI theory, process, and models to ultimately improve the safe, effective, efficient, equitable and timely delivery of optimal patient care. Lilly seeks to support QI programs that demonstrate sustainability and scalability with the potential for widespread transferability and dissemination to other healthcare organizations (e.g. based on insights from Implementation Science (IS), and/or using IS methods). For all independent quality improvement grants, the grant requester (and ultimately the grantee) is responsible for the design, implementation, and supervision of the independent initiative. Lilly shall not be involved in any aspect of project development nor the conduct or execution of the quality improvement initiative. Lilly does not support initiatives or any medical activities for the purpose of encouraging off-label use of any product. It is not the intent of this RFP to support clinical research projects. Research projects, such as those evaluating novel therapeutic or diagnostic agents, will not be considered.

ACCC, a not-for-profit alliance of more than 45,000 multidisciplinary practitioners and 1,700 cancer programs and practices nationwide, provides education and advocacy support in adapting and responding to complex changes and challenges in the delivery of quality cancer care. ACCC provides resources on operations and management for programs and practices, reimbursement issues, policy and regulatory changes at the state and national levels, trends in cancer care, integrating new technologies and therapies, and more.

This Request for Proposals (RFP) is being issued by both organizations. ACCC is the lead organization for review and evaluation of applications. A review committee, led by ACCC, will make decisions on which proposals will receive funding. Grant funding will be provided by Lilly. Collectively, \$1.0 million is available to fund between approximately 7-10 projects.

II. Background

Evidence demonstrates there are multiple points along the precision oncology care pathway where patients who are eligible for personalized treatment do not receive guideline-concordant care. In non-small cell lung cancer (NSCLC), for example, the most significant drivers of these losses are a lack of biomarker test ordering, initiation of treatment before biomarker testing is completed, issues with performance of selected biomarker testing (incomplete or inadequate assessment of relevant biomarker targets), and inappropriate treatment decisions (failure to act appropriately on biomarker results)¹. However, these points of patient loss are not exclusive to NSCLC, and in fact extend to all solid tumors. With an increasing number of targeted therapies and clinical trials available as well as updated recommendations and/or guidelines for biomarker testing across oncology, community clinicians are challenged to keep abreast of the latest clinical developments and make evidence-based choices for their patients.

According to the National Cancer Institute, about 80% of cancer patients in the US are treated by community oncologists. Community oncologists treat multiple types of cancers and see a large volume of patients. Participants from previous ACCC educational programs indicated that the overwhelming amount of clinical information available for cancer therapies resulted in a significant knowledge and competency gap and reiterated the need for additional education on new classes of drugs, updated clinical practice guidelines, biomarker testing, quality improvement strategies, and optimizing healthcare delivery.

III. Scope

ACCC and Lilly encourage proposals for quality improvement initiatives focused on addressing the most significant points of patient loss along the precision oncology care pathway. Proposals that directly measure process improvement will be prioritized. The sustainability and broad applicability of the approach will be important considerations when evaluating projects.

Quality improvement projects can use any accepted methodology such as PDSA (Plan Do Study Act) cycles, root cause analysis, and other data-driven approaches. They may be pilot projects or build on already existing projects. It is expected that projects will be evidence-based, and the proposed research/evaluation will follow generally accepted scientific principles.

Multi-disciplinary collaborations are encouraged, when appropriate, but all partners must have a relevant role. Although educational efforts for grantees and patients may be entirely appropriate components in responses to this RFP, educational objectives should be secondary to the quality improvement objectives of the proposed project and should include a quantitative endpoint or outcome measure to demonstrate an improvement in patient care.

During review, the intended outcome of the project is given careful consideration and, if appropriate based on the project goal, projects with the maximum likelihood to directly impact patient care (e.g., system-based changes) will be given high priority.

ACCC will gather the outcomes data across all the projects with a goal of disseminating the results from the quality improvement projects to a larger audience. To gather consistent metrics across all projects, following notification of grant support, individual grantees will be contacted by ACCC to provide guidance on data collection for their project. Grantees will be required to capture and report data back to ACCC throughout the project. ACCC will have regular touch points with the individual grantees to monitor the progress of the projects.

The intent of this RFP is to encourage organizations to submit concepts and ideas for projects aimed at reducing treatment gaps for patients with advanced solid tumors, with the ultimate goal of improving patient outcomes.

All proposals funded must:

- Be based on evidence-based care
- Be sustainable after the award funding is complete
- Collect data and report outcomes, including (but not limited to) improved
 - Ordering of appropriate testing (complete biomarker assessment prior to treatment decision)
 - Test ordering rates
 - Result interpretation
 - Clinical trial enrollment
- Be flexible to address patient variability
- Promote administrative and system efficiency.

Successful proposals will have a plan for improving biomarker test ordering and the utilization of results. Grant funding may not be used for testing or treatment costs.

Specific Areas of Interest:

- Quality of care assessments around guideline-concordant use of biomarker testing
 - Includes molecular tumor boards, tissue optimization practices, and the integration of liquid biopsy in addition to tissue biopsy.
- Development of standard workflows for biomarker testing
- Collaborative efforts across the multidisciplinary cancer care team to improve biomarker testing.
- Standard assessment of patients for clinical trial eligibility
- Multidisciplinary care planning
- Treatment selection based on biomarker test results.
- Targeted education for providers and/or patients, within the construct of a measurable QI initiative
- Addressing system-oriented issues that impact resource utilization
 - Includes testing turnaround time, quality of in-house testing, and adequate staffing
- Mitigating equity and access barriers to biomarker testing for underserved patient populations
- Other areas may be considered if system-wide deficiencies in biomarker testing process are documented.

IV. Proposals

Successful applicants will be able to describe the specific clinical practice gaps that exist for their own providers, health care system, or patient community and describe what they will do to close these gaps or problems. Site-specific obstacles to success should be identified and coupled with strategies to overcome the obstacles.

Programs must describe how the intervention, when implemented, will directly affect patient care and provide evidence of sustainability (e.g., integration with an electronic medical record system), scalability (e.g., plan for dissemination/applicability beyond the proposed institution), and feasibility to be completed within the timeframe specified.

Researchers seeking funding for clinical research projects will not be considered under this RFP.

The ACCC Planning Committee has been formed to oversee this process and will utilize a formalized review procedure to select the proposals of highest scientific merit. The ACCC Planning Committee has overseen the development of the RFP and will perform the peer review of applications.

The members of the ACCC Planning Committee are as follows:

Stacey A. Cohen, MD
Associate Professor, Division of Hematology/Oncology
University of Washington School of Medicine
Associate Professor, Clinical Research Division
Fred Hutchinson Cancer Center

Lila Joseph, MD
Chief of Pathology, Medical Director of Pathology and laboratory medicine
Lowell General Hospital
Lowell, Massachusetts

Bridget O'Brien Fagan, DNP, APN, FNP-BC, AOCNP
Assistant Professor, College of Nursing
Rush University
Chicago, IL

Frank dela Rama, R.N., MSN, CNS, AGN-BC, AOCNS
Senior Oncology/Cancer Genetics Nurse Navigator
Sutter Health, Palo Alto Medical Foundation
Palo Alto, CA

Luis Raez, MD, MHSc
Medical Director
Memorial Cancer Institute
Miramar, FL

Mark Zangardi, PharmD
Pharmacy coordinator, Oncology Precision Medicine
Ohio Health
Columbus, OH

V. Requirements

Clinical Area:	Pan-tumor
Target Audience:	Members of the health care team and administrators involved in the care of adult patients with advanced solid tumors
Applicant Eligibility Criteria:	ACCC member community hospital-based programs and large physician group practices

<p>Expected Approximate Monetary Range of Grant Applications:</p>	<p>Individual projects requesting up to \$150,000 will be considered. The total available budget related to this RFP is \$1,000,000.</p> <p>The amount of the grant Lilly will be prepared to fund for any project will depend upon the ACCC-led review committee evaluation of the proposal and costs involved. The approval amount will be stated clearly in the approval notification.</p> <p>The grant amounts requested must be proportional to the impact of the grant. For example, costs would be expected to be higher for multiple-site versus single-site projects. Smaller, lower-cost projects are strongly encouraged.</p>
<p>Key Dates:</p>	<p>Date RFP Issued: Nov 15th, 2024</p> <p>Full Proposal Deadline: Jan 15th, 2025</p> <p>Anticipated Full Proposal Notification Date: Feb 28, 2025</p> <p>Grants distributed following execution of fully signed Letter of Agreement</p> <p>Anticipated period of performance:</p> <p>Project Start and End Dates: April 2025-April 2027 (2-year project maximum; projects may be shorter)</p>
<p>Submission Instructions:</p>	<p>When submitting your proposal, you must include “RFP: [title of program]” in your grant submission.</p> <p>We encourage proposals to be around 10 pages in length. While it’s important to provide all necessary information, we recommend focusing on clarity and brevity.</p> <p>All responses to this RFP are to be submitted online through the Lilly Grant Office grant application system at https://portal.lillygrantoffice.com.</p> <p>Please select the Quality Improvement Grant Type on Screen 2 of 6 in the application portal.</p>
<p>Questions</p>	<p>Questions: If you have questions regarding this RFP, please direct them in writing to the Lilly Oncology Healthcare Improvement Lead, Rebeccah Bodine (rbodine@lilly.com) or to the ACCC at resources@acc-cancer.org.</p>
<p>Mechanism by which Applicants will be notified:</p>	<p>All applicants will be notified via email by the anticipated dates noted above.</p> <p>Applicants may be asked for additional clarification or to make a summary presentation during the review period.</p>

VI. Terms and Conditions

1. This RFP does not commit Lilly or its partners to award a grant or a grant of any size if one is awarded, nor to pay any costs incurred in the preparation of a response to this request.
2. Lilly reserves the right to accept or reject any or all applications received as a result of this request or to cancel this RFP in part or in its entirety, if it determines it is in the best interest of Lilly to do so.
3. For compliance reasons and in fairness to all applicants, all communications about the RFP must come exclusively to Lilly at the email address lillygrantoffice@lilly.com. Applicants should not contact other departments within Lilly regarding this RFP. Failure to comply will disqualify applicants.
4. If your grant is approved, your institution will be required to enter into a written letter of agreement with Lilly.

References

1. [Helen Sadik et al.](#), Impact of Clinical Practice Gaps on the Implementation of Personalized Medicine in Advanced Non–Small-Cell Lung Cancer. *JCO Precis Oncol* **6**, e2200246(2022). DOI:[10.1200/PO.22.00246](https://doi.org/10.1200/PO.22.00246)