



ENACCT

Education Network to Advance
CANCER CLINICAL TRIALS

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QUESTIONS/ANSWERS FROM TELECONFERENCE FOR PROSPECTIVE PEP APPLICANTS – 6/15/05

Definition/Types of Eligible Partnerships

Q1. Can a community hospital be considered and eligible partnership for the grant?

A. Yes, as long as the partnership equally involves 3 groups—those persons affected by the condition, community leaders and healthcare professionals.

Q2. Are there any criteria/restrictions for bringing new partnerships into existing criteria?

A. There are no restrictions; however, it is essential that most partnership members have worked together for at least 3 years. A few new partners are welcome to join the partnership and especially if a partnership is not already engaged in cancer work, it should consider adding a new partner(s) with an established track record in the cancer arena.

Q3. In reference to the responsibilities of the grant recipients on page 10, please explain the meaning of the last 2 bullets:

- Coordinate all aspects of local train-the-trainer programs conducted by ENACCT staff.
- Deliver all subsequent community training based on ENACCT training programs.

A. 1. ENACCT staff will provide “Train the Trainer” programs to partnership members designated as trainees, but grantees must organize the training (obtaining space to hold the training and organizing the group who will receive the training).
2. The training the partnership members deliver will be based on the training and information provided from ENACCT.

Q4. Can you provide examples of partnerships that might serve as models for PEP?

A. We are reluctant to provide specific examples, but Prevention Research Centers which are funded by the Center for Disease Control may be illustrative. They have local partnerships that involve universities/community based partnerships. Equitable decision making exists and they address disparities in community health. For more information on Prevention Research Partnerships, log onto www.cdc.gov/prc.

Q5. Do all members of the partnership need to have worked together?

A. No, but the majority of the partnership members have to have worked together for at least 3 years.

Definition/Types of Eligible Partnerships (continued)

Q6. How do applicants demonstrate cohesive partnerships? Does it need to be a formal partnership? What determines a Partnership being “real”?

A. It does not have to be a formal partnership, but reviewers will be looking for specific examples of an established, working, collaborative relationship for at least 3 years (i.e. bylaws, brochures/flyers, news articles). There is no need to attach copies of bylaws or fliers in the Letter of Intent, rather simply reference the items which are available. Based on the references given thru out the application and the specific criteria we are requesting will help to ensure that the partnership is in fact real.

Q7. If a Partnership has been working together for 3 years and has been exclusive of community leaders, are they eligible to apply?

A. No. The partnership must equally involve 3 groups over the three year period—those persons affected by the condition, community leaders and healthcare professionals.

Funding/Indirect Costs

Q8. How will indirect costs be covered and will they come out of the \$150,000/year grant?

A. Caps of roughly 10-12% will be applied to indirect costs, but this issue has to be finalized and approved by the Board. This percentage will come out of the yearly grant of \$150,000. However all training, travel to group meetings and evaluation services will be covered by ENACCT.

Q9. Will there be any metrics required during the project implementation?

A. Data will be required and it will be in outlined in more detail in the RFP.

Definition of Community

Q10. In reference to Question 9 on page 14, what is the desired information regarding cancer care in your community- naming areas in your community that list cancer trials? What is an example of types of local health care professional associations?

A. 1. The focus should be the availability of **cancer care** in your area. If someone is diagnosed with cancer in your community, the applicant needs to indicate the most common locations for treatment. For example, a list of local oncology practices might be referenced.
2. Examples are the AOSW, Black Nurses Association, State Chapter of ASCO, State Chapter of ONS, etc.

Responsibilities of the Grant Recipient

Q11. Are there any guidelines for how to implement the PEP over the 3 year period?

A. Responsibilities of the grant recipient are listed on page 10 of the Letter of Intent. ENACCT staff will provide “Train the Trainer” programs to partnership members designated as trainees; however, the manner in which core training activities will be implemented by trainees will vary based on site. For example, training delivered by one partnership might be “one-on-one,” another could be church based, and still another could be a town hall meeting.

General Questions

Q12. Why was the number 40 chosen as the amount of clinical trial staff to train over 3 years and does it include data managers?

A. The number was chosen by the Program Committee; and data managers are included as long as they have contact with actual patients.

Q13. How is the phrase “people who are affected by cancer” defined? Does it include people who are considering participation in both treatment and prevention trials?

A. Yes, it includes both persons considering/who have considered participation both in treatment and prevention trials. “Those affected” may include family members of cancer survivors/patients; and people at a high risk for cancer.

Q14. In reference to Question 6, on page 13, what kind of health disparities are being requested?

A. It would be any and all health disparities that are affecting your community.

Q15. Are you focusing on Therapeutic or Non-Therapeutic trials?

A. We are focusing on increasing literacy around all clinical trials; but with a focus on treatment trials.

Q16. If not chosen as a grantee, can we still attend the February training conference?

A. No, this training will be strictly for the 3 sites funded.

Q17. Please provide some clarification for the fiscal agent.

A. A 501(c)(3) designated organization may apply on behalf of the partnership if the partnership does not have such designation. The fiscal agent should have had a prior relationship with the partnership and/or members of the partnership. In the final RFP it will be required for applicants to detail how funds will be accessed by the partnership; any fees must be reflected in the overhead noted in Q8. Universities and hospitals may apply as a fiscal agent.

Q18. How often will financial reports be submitted?

A. This has not been finalized; it will likely be quarterly. The Board will make a final decision on this and once it is final it will be noted in the RFP.

Q19. Must the previous work of the partnership be cancer specific?

A. No, but the partnership must have at least 3 years of experience on health related issues, at least one of these related to cancer.

Q20. In reference to page 15, Section 4, can individual partnership members fit under more than one category?

A. Yes, just specify all categories each member fits under.

Q21. Will there be in leniency in page limits?

A. No, the page limits are not negotiable and if not adhered to your application will be disqualified.

- Q22. In reference to page 13, Question 7, what are the “rate/trend comparisons” and are breast, colon, prostate, and lung cancers the only ones that should be listed?**
- A. We are looking for data on those cancers only. There was an error in the application, however. That website lists mortality data; only mortality data needs to be sent.