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SIP25-003 Scaling What Works within the National Comprehensive Cancer Control Program

Project Description

CDC's National Comprehensive Cancer Control Program (NCCCP) has a 26-year history of working to enhance large scale efforts to reduce cancer risk, improve screening utilization, enhance

the quality of life of cancer survivors, and ameliorate health disparities in the community and within health systems to help achieve health equity among all populations covered (1). Over the years, NCCCP has piloted evidence-based interventions (EBIs) related to cancer survivorship (2), ovarian cancer (3, 4), and prevention of adult cancers during childhood (5) with small subsets of NCCCP recipients, although sustaining these practices and scaling these interventions and practices to additional NCCCP has proved challenging. Implementation science research has shown that practitioners implementing programs require additional support to build capacity around implementing new interventions, given the complexities and competing demands of their work environments (6).

To offer additional implementation support, in FY24, CDC's Division of Cancer Prevention and Control (DCPC) Comprehensive Cancer Control Branch (CCCB) launched Scaling What Works (SWW), a supplemental project through the CPRN network (See [Scaling What Works](#)). SWW conducted a brief assessment of barriers to program implementation, provided opportunities for pilot site staff to mentor other NCCCP programs seeking to implement the successful interventions, developed a 3-day training and technical assistance (TA) symposium that included didactic content and structured breakout sessions for project development, and provided ongoing TA to NCCCP awardees through virtual learning collaboratives to help sites sustain or adopt these successful interventions. The symposium and learning collaboratives were based on an adaptation of the CPRN Putting Public Health Evidence in Action (PPHEA) Training (found here: [Training | CPRN](#)). The SWW project was highly successful. In one year, the SWW project engaged, through at least one these activities, 41 (of 66) geographically diverse NCCCP recipients to implement EBIs based on at least one NCCCP pilot projects (referenced above and described below).

CDC's Division of Cancer Prevention and Control (DCPC), Comprehensive Cancer Control Branch (CCCB) seeks applications to conduct implementation research that help seeks to understand how focused TA and training can help all 66 NCCCP sites either adopt or sustain EBIs already implemented in the NCCCP sites engaged in this work from the previous SWW project. CCCB staff will work with the SIP recipient to reach and engage NCCCP recipients. This work will not only benefit the NCCCP recipients, it will also provide insights that will contribute to the implementation science literature. Research activities will include, but not be limited to, assessing barriers to implementation (particularly for programs not reached in the previous SWW project), exploring the effectiveness of the adaptation of the PPHEA curriculum for NCCCP programmatic use, developing and implementing a TA and training plan for EBI implementation across NCCCP sites, assessing how programs have adapted the interventions to meet the needs of their populations and jurisdictional contexts, and evaluating the reach of the TA and training provided by the SIP recipient. The translational goal for this research is for the SIP recipient to help scale and sustain several successful demonstration projects piloted within NCCCP sites: 1) Using Project ECHO (Extension for Community Healthcare Outcomes) and Patient Navigation to Improve the Health and Wellness of Cancer Survivors in Rural Communities, 2) Increasing Receipt of Ovarian Cancer Care from a Gynecologic Oncologist, 3) Addressing Risk Factors for Adult Cancers during Childhood, and 4) Health System Changes to Address Risk Factors in Cancer. The overall purpose of this research is to: 1) examine barriers and facilitators to scaling up the EBIs used in the 4 pilot projects to all NCCCP sites, 2) identify barriers and facilitators to adoption of these EBIs within NCCCP sites, 3) provide TA and training to NCCCP sites to help them increase the adoption and

of sustainable strategies and EBIs that aim to decrease the burden of cancer and achieve more health equity among US populations and 4) examine the reach and effectiveness of the TA and training services employed by the SIP recipient. NCCCP recipients are continually funded under an ongoing, separate, non-research cooperative agreement to implement specific activities including these four projects; however, it is expected that the SIP recipient will use their research funds to engage NCCCP recipients in a manner that accelerates uptake of the four projects. This engagement could include surveys and key informant interviews to determine barriers to uptake, meetings and symposia where TA and training would be provided, and targeted dissemination of information through manuscripts, success stories and other documents for public health practitioner and research audiences.

Project Objectives and Outcomes

The objective of this project is to integrate a framework, such as the evidence-based system for innovation support (EBSIS) (6), to support a TA and training model to support adoption and implementation of EBIs within a major public health program (NCCCP). Specific EBIs to be supported within NCCCP are: 1) Using Project ECHO and Patient Navigation to Improve the Health and Wellness of Cancer Survivors in Rural Communities, 2) Increasing Receipt of Ovarian Cancer Care from a Gynecologic Oncologist, 3) Addressing Risk Factors for Adult Cancers during Childhood, and 4) Health System Changes to Address Risk Factors in Cancer. Applicants are expected to provide technical assistance (TA) and training to NCCCP recipients as well as to evaluate the reach and efficacy of the TA and training provided. Specific objectives are to: 1) assess facilitators and barriers to implementation, 2) explore how can we best engage TA and training recipients, i.e., NCCCP staff/sites, 3) determine how to best build trust among TA and training providers and TA and training recipients, especially across a diverse range of NCCCP sites, and 4) identify which methods are most effective in providing TA and training for public health programs across diverse jurisdictions.

1) provide TA and training for NCCCP recipients that are already implementing these interventions and strategies to improve and sustain interventions; 2) provide TA and training to NCCCP recipients who have not adopted or implemented these interventions and strategies to adopt and implement and then sustain, and 3) provide TA and training for all recipients to evaluate these interventions and strategies. Applicants are expected to use an evidence-based support system or planning approach, such as PPHEA, to support NCCCP sites in adoption, adaptation, evaluation, and sustaining EBIs.

Outcomes: At the conclusion of the funding period, all 66 NCCCP sites should be adopting, evaluating, and sustaining at least one of these four projects in their programmatic work to decrease cancer risk factors, ensure those diagnosed with ovarian cancer receive proper care, and increase the health and wellness of cancer survivors. Applicants will be expected to provide dissemination products at the end of the period of performance, including an evaluation of the reach of their TA and training activities to all 66 NCCCP sites and a summary of lessons learned, especially related to how to support adaptation in special populations, such as US-affiliated Pacific Islands, US territories, tribal jurisdictions, and rural communities.

Healthy People 2030 Objectives

Goal: Reduce new cases of cancer and cancer-related illness, disability, and death.

Objectives:

- Increase quality of life for cancer survivors (C-R01)
- Increase the proportion of people who discuss interventions to prevent cancer with their providers (C-R02)
- Reduce the proportion of students in grades 9 through 12 who report sunburn (C-10)
- Reduce infections of HPV types prevented by the vaccine in young adults (IID-07)

Project Activities and Submission Requirements

Applications submitted in response to this SIP should present a Research Plan that addresses the following expectations listed below:

1. Assess barriers and facilitators to EBI implementation within NCCCP. A theoretical framework, such as (EBSIS) (6) should be used as a basis for the assessment.
2. The SIP recipient is expected to participate in the CPRN network to work with staff within the 66 NCCCP recipients to assist them with completing the following activities to implement and scale up the 4 pilot projects that have evidence of working in this setting:
 - a. Identify priority populations (i.e., populations that are affected by cancer) that would benefit most from project implementation (e.g., race-, ethnic-, geographic-, age-specific data analyses of cancer incidence, mortality or survival; hospital use or care-seeking behavior analyses; cancer risk factor analyses).
 - b. Identify local partners within the NCCCP recipient's community to help with implementation of EBIs (e.g., pediatricians, and ovarian cancer practitioners, hospital systems and networks, patient navigator and community health work organizations).
 - c. Develop new and tailor existing materials from CDC and other relevant evidence-based sources and methods to reflect specific population experiencing disparities in cancer related to these projects. For example, appropriately adapt materials and methods to the specific racial, ethnic, geographic, or age-specific population and support methods for implementation that suit the population, particularly those who experience cancer and other health disparities.
 - d. Convene and support community of practice of NCCCP recipients engaged in these projects to foster collaboration, further expertise, encourage information sharing, and promote sustained conduct of implementation projects. This may include CDC staff members as appropriate. The community of practice should ideally meet regularly and be formed as an ongoing and sustainable effort.
 - e. Assist NCCCP recipients with collecting data and evaluating activities reached for each project. The SIP recipient can work with NCCCP recipients to develop appropriate data collection methods and instruments (e.g., surveys/pre-post-tests) to assess reach and success of implementation activities. Data collection instruments and methods should be designed with the population in mind. Data collection during implementation can also be used for evaluation purposes.
 - f. Help NCCCP recipients develop plans for ongoing sustainability of EBIs.

3. Measure the reach of TA and training provided (how many NCCCP sites were reached and which EBIs they implemented). Evaluate how TA and training helped NCCCP implement the EBIs selected. Evaluate which TA and training methods (including which PPHEA modules) were most useful/successful. Identify lessons learned on how to successfully provide tailored TA across a variety of diverse jurisdictions, with special focus on US-affiliated Pacific Island Jurisdictions, US territories, tribal jurisdictions, and rural populations.

4. Disseminate TA and training methods, evaluation results, successful, and lessons learned (described in #3 above). A variety of dissemination products should be considered including slide sets, one-page project descriptions, one-page success stories, podcasts, and scientific publications. Dissemination products should ideally be made publicly available to ensure access by public health practitioners and researchers beyond those involved in NCCCP. These products can also be used as an additional measure of success of these efforts.

Study design and methods

The study design and methods should be consistent with best practices for community-level public health program engagement and intervention. The types of implementation activities and evaluations performed by the NCCCP, NCCCP priorities, actions and success stories can be found on the CDC website to assist with this (1). It is crucial that the awarded PRC has a good understanding of the NCCCP, and how they engage with their communities and populations to prevent and control cancer.

Population of Focus

Applicants have the option of identifying populations of focus within NCCCP jurisdictions that would benefit most from project implementation. Applicant should focus on factors such as, race, ethnicity, geography (including tribal communities, U.S.-affiliated Pacific Island Jurisdictions, and territories), socioeconomic status, and health literacy.

Collaboration/Partnerships

Collaborations with CDC staff, including NCCCP project officers and researchers who designed and performed the 4 pilot projects, is essential to accomplish the project outcomes. The NCCCP maintains a wide variety of partners at the federal level (such as American Cancer Society, National Association of Chronic Disease Directors, etc.), as well as local partners in each program. Collaborations with these partnering organizations may be extremely useful in scaling these 4 pilot projects. Local level partners include cancer coalition leaders and members. Additionally, collaboration with program staff in each of the NCCCP recipients is critical to this project. CDC staff will facilitate access to these program staff. Additionally, the SIP recipient is expected to participate in the CPCR network.

Recruitment Plan

Participants in this project should be recruited via NCCCP community channels, including listservs, meetings, and via CDC staff, who will assist with accessing the NCCCP recipients.

Annual Action Plan

Provide a 12-month action plan using SMART goals and objectives to include a progressive timeline for completion of activities.

Evaluation Plan/Performance measurement

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described. The evaluation plan must meet SMART goals and be consistent with the CDC evaluation framework (<https://www.cdc.gov/evaluation/>). A plan to evaluate data, such as reach and effectiveness of the TA and training provided by the SIP recipient, gathered as part of the research plan should be included.

Data Management Plan

If the applicant is collecting public health data, a standalone data management plan that addresses the 5 elements of AR-25 must be submitted the Other Plan(s) section of the application.

<https://www.cdc.gov/grants/additional-requirements/ar-25.html>

Dissemination & Translation Plan

A variety of dissemination products should be considered including slide sets, one-page project descriptions, one-page success stories, podcasts, and scientific publications. Because this project is about scaling up evidence-based pilot projects in the larger NCCCP setting, it is critical that dissemination products are made with a view toward sharing widely and broadly with public health audiences. These products can be used as a measure of success.

Public Health Impact

Given the national reach of the NCCCP (66 programs, including all 50 states and DC, 8 U.S. territories and U.S.-Affiliated Pacific Island Jurisdictions, and 7 tribes/tribal organizations), this project has the potential to have a tremendous public health impact. In the U.S., ovarian, skin, liver/intrahepatic bile duct, and HPV-related cancers account for approximately 148,197 new cancer diagnoses each year (7). Importantly, this project also has the potential to improve the quality of life of the estimated 18.1 million cancer survivors currently living in the U.S. (8).

Special Eligibility

The following criteria specific to this SIP will be used to determine the institution's eligibility and responsiveness:

None

Responsiveness

The recipient should demonstrate previous experience through letters of support from NCCCP recipients they have previously worked with.

Additional Review Criteria

In addition to the standard review criteria (Significance, Approach, Innovation, Investigators, and Environment) used to evaluate the scientific and technical merit of research applications, the following additional review criteria specific to this SIP will be considered in the determination of scientific merit and the priority score:

Collaborations/Partnerships

- Given it is essential that the applicant work within the NCCCCP setting, does the applicant have experience in working with NCCCCP?
- Does the applicant demonstrate successful experience working with federal, state, or local public health and other social service agencies?
- Does the applicant have knowledge and expertise in cancer?

Evaluation

- Does the applicant demonstrate successful experience evaluating the impact of public health interventions?
- Does the applicant demonstrate an understanding of all aspects of the evaluation (i.e., evaluating implementation, costs, effectiveness, scalability)?

Dissemination and Translation

- Does the applicant demonstrate creating translation and dissemination products targeting public health practitioners, non-governmental organizations, and/or decision makers?
- Does the applicant demonstrate ability to adapt complex and/or technical content to suit the needs of diverse audiences?

Capacity Building and Technical Assistance

- Does the applicant demonstrate the ability to provide comprehensive and responsive technical assistance (TA) to stakeholders throughout the lifecycle of a project?
- Does the applicant demonstrate a plan for delivering TA, including training, ongoing support, and troubleshooting, to ensure the successful implementation and scaling of interventions?
- Does the applicant demonstrate strategies that emphasize maximizing organizational capacity and context in achieving project goals?

Funding Preferences

The following preferences specific to this SIP will be considered in the funding decision:
None

Research Plan Length and Supporting Material

The Research Strategy Section of the Research Plan is limited to a maximum of 12 pages. Supporting material included as appendices may not exceed 10 PDF (maximum of 30 pages) attachments. The appendices should include materials that show evidence of the applicant's ability to successfully conduct the proposed project and other evidence deemed necessary to support the contents of the SIP.

Appendices should include materials that could be used by NCCCCP programs to work on implementation and evaluation plans and other previously published/produced dissemination and implementation materials relevant to the NCCCCP, such as TA/Training meeting or agendas and learning collaborative timelines/schedules. Appendices may include feedback forms for assessing the various TA and training initiatives.

Availability of Funds

It is anticipated that approximately **\$2,208,000** is available to fund **1** Prevention Research Center(s) for a **4-year** period of performance. The average award for each recipient is expected to be approximately **\$552,000** for year one. The year one ceiling per recipient is **\$552,000**. Funding may vary and is subject to change. Funding available includes direct and indirect costs.

Research Status

This project will not involve human subjects research; therefore, it will not require local or CDC IRB approval.

OMB/PRA

OMB/PRA is expected to apply.

Award Administration

CDC staff will serve as consultants on this project, and will provide technical assistance, as requested, on project activities such as evaluation design, data collection and analysis, and data interpretation and dissemination of results. CDC staff may be co-authors on manuscripts. However, CDC staff will not have contact with human subjects or data collected from human subjects.

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7. [USCS Data Visualizations - CDC](#)

8. [Statistics and Graphs | Division of Cancer Control and Population Sciences \(DCCPS\)](#)

SIP25-004 Lifestyle Change Implementation Research Network

Project Description

Increasing physical activity and improving nutrition are well-established risk-reduction strategies for the prevention and management of multiple chronic conditions including obesity, diabetes, heart disease, hypertension, and cancer. There are many evidence-based and evidence-informed lifestyle change interventions (LCIs) that help individuals and families create healthier habits around nutrition and physical activity (i.e., [National Diabetes Prevention Program \(National DPP\)](#), [The Smart Moves Program](#), [Diabetes Self-Management Education and Support \(DSMES\)](#), [YMCA's Blood Pressure Self Measurement \(BPSM\) Program](#), [YMCA's Livestrong Program](#), etc.). However, social, structural, political, economic, programmatic, and psychological barriers may disproportionately affect the ability of some populations of focus to enroll and complete an LCI (1-33). Additionally, organizations that serve populations of focus often face significant issues with making their intervention sustainable because their revenues (outside of grants) are insufficient to cover the full cost of the intervention (2, 12,14, 27, 34, 35).

In response to these implementation challenges, the Lifestyle Change Implementation Research Network (LCIRN) was formed in 2023 with support from the Centers for Disease Control and Prevention's (CDC's) Division of Diabetes Translation (DDT), Division for Nutrition, Physical Activity, and Obesity (DNPAO), and Division for Heart Disease and Stroke Prevention (DHDSP). LCIRN was formed to convene a diverse network of experts in lifestyle change programs to share lessons learned and provide insight into how to best serve populations of focus.

In 2024, the LCIRN held a hybrid in-person/virtual workshop to review a synthesis of research findings (including a literature review, environmental scan, focus group discussions, and previous information gathering efforts with LCIRN) related to barriers, facilitators, strategies, and adaptations for LCIs. LCIRN members discussed remaining gaps and opportunities and identified priorities for an open implementation science agenda. LCIRN agendas are not platforms to give consensus advice to CDC, but instead a way to share information and maximize resources towards scaling LCIs with a health equity lens. The LCIRN agenda informs (but does not direct) the work of LCIRN and the research that CDC funds through this SIP. LCIRN identified two goals with 8 specific aims for an open LCIRN Open Implementation Science Agenda to Scale LCIs using a Health Equity and Sustainability Lens.

Goal 1. Improve Enrollment and Retention of Participants from Populations of Focus in LCIs.

Aim 1.1 Improve actual and perceived feasibility of LCI timing, duration, and frequency by various populations of focus

Aim 1.2 Improve motivation and self-efficacy to enroll and complete LCIs for various populations of focus

Aim 1.3 Increase awareness of LCIs by various populations of focus

Aim 1.4 Increase health care provider referrals and improve clinical-community linkages to LCIs for various populations of focus