

**PLEASE FORWARD THIS ANNOUNCEMENT TO ALL APPROPRIATE FACULTY AND RESEARCH ADMINISTRATORS**

## **Addressing Disparities in Cancer Care**

### *ERACE Research Award - Request for Applications (RFA)*

#### **I. Background**

ConcertAI is sponsoring the Engaging Research to Achieve Cancer Care Equity (ERACE) Research Award. This award will provide early-stage career research investigators with monetary support and access to one of the most comprehensive cancer patient datasets available for research purposes in the United States. The award is intended to support research aimed at examining potential differences in treatment patterns, outcomes, clinical practice, genomics, safety, and other issues related to cancer care among populations with existing disparities, particularly those that exist among racial and ethnic groups, which could inform strategies to eliminate cancer health disparities. The award will be granted based on individual merit and the candidate's potential for long term impact in cancer disparity research.

#### About ConcertAI:

ConcertAI is the leading provider of precision oncology solutions for biopharma and healthcare, leveraging the largest collection of research-grade real-world data and the only broadly deployed oncology-specific artificial intelligence solutions in the United States.

Our mission is to accelerate insights and outcomes for patients through leading real-world data, AI technologies, and scientific expertise in partnership with the leading biomedical innovators, healthcare providers, and medical societies.

We believe in a world in which all patients have equal access to cancer care. Our values say 'equality' and we mean it. At ConcertAI, we are aware of the disparities that occur for patients of color in the US healthcare system and we are well positioned to help find solutions.

#### About ERACE and the ERACE Registry:

In 2020, ConcertAI established the ERACE initiative because we know we will not be able to tackle issues of health disparities alone. We hope to leverage the expertise of researchers around the U.S. and support innovative thinking on how to reduce racial disparity in cancer care. To do so, we are opening our greatest asset, our data, for collaboration across the care continuum to better the lives of patients.

The ERACE Award will provide access to a de-identified cancer registry which is derived from one of the most comprehensive cancer patient datasets available for research purposes in the United States. See appendix for detailed cancer registry characteristics.

## II. Eligibility

<b>Geographic Scope</b>	United States only
<b>Applicant Eligibility Criteria</b>	<p>Any individual with the skills, knowledge, and resources necessary to carry out the proposed research as the Principal Investigator (PI) is invited to develop a letter of intent (LOI) for support.</p> <p>Applicants must meet the following criteria:</p> <ul style="list-style-type: none"> <li>• Applicants must hold a doctorate degree (M.D., Ph.D., or equivalent)</li> <li>• Applicants must have a full-time faculty position or equivalent at a college, university, medical or nursing school, or other fiscally responsible organization within the United States by the time of the award start date</li> <li>• Applicants must be citizens or permanent residents of the United States</li> <li>• Applicants must be NO MORE THAN 5 years out of their terminal training, be it doctoral or post-doctoral or post-graduate fellowship training. Exceptions to this policy will be made on an individual basis and potential applicants who would like to request consideration should contact ERACE at <a href="mailto:erace@concertai.com">erace@concertai.com</a></li> <li>• Applicants should have a mentor or co-mentors who together have extensive cancer research experience. If the applicant is unable to identify a cancer researcher for his/her mentor, then he/she should contact ERACE at <a href="mailto:erace@concertai.com">erace@concertai.com</a> prior to submitting an LOI</li> <li>• Applicants must have demonstrated prior research experience and accomplishment (depending on career stage) in one or more of the following:             <ul style="list-style-type: none"> <li>○ Clinical research</li> <li>○ Health policy/health services research</li> <li>○ Cancer control</li> <li>○ Disparities research</li> </ul> </li> </ul>

## III. Requirements

<b>Area of Interest for this RFA</b>	<p>This research award supports hypothesis driven studies that explicitly address the unequal burden of cancer among populations with existing disparities across the cancer continuum (prevention, early detection, diagnosis, treatment, survivorship, and end-of-life care).</p> <p>These studies will provide insight into the factors that lead to disparate treatment and outcomes and their relative importance, a necessary first step in designing and implementing effective interventions to eliminate those disparities among NIH-designated disparity populations.</p>
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	<p>Research projects using a comparative research design between at least two population groups with existing disparities are encouraged. Projects that investigate disparities in cancer care in the treatment of rare or high unmet need tumor types are also encouraged.</p>
<b>Target Study Populations</b>	<ul style="list-style-type: none"> <li>• Cancer populations (solid and hematologic tumors as listed in appendix under ERACE cancer registry characteristics)</li> <li>• NIH-designated U.S. health disparity populations, which include Blacks/African Americans, Hispanics/Latinos, American Indians/Alaska Natives, Asian Americans, Native Hawaiians and other Pacific Islanders, socioeconomically disadvantaged populations, underserved rural populations, and sexual and gender minorities.</li> </ul>
<b>Study Focus Areas</b>	<p><b>Example research topics of interest include but are not limited to:</b></p> <ul style="list-style-type: none"> <li>• Causal drivers of early onset of certain cancer types in specific populations (e.g. multiple myeloma in Black American populations)</li> <li>• Computational analysis and modeling for predicting aggressive prostate tumors in Black American men</li> <li>• Geographic variation in invasive cervical cancer incidence and mortality</li> <li>• Impact of socioeconomic status in access to NSCLC molecular testing for biomarkers among different population subgroups</li> <li>• Drivers of chromosome instability among racial/ethnic populations</li> </ul> <p><b>Research topics that are not appropriate for this RFA:</b></p> <p>Projects evaluating the comparative effectiveness of therapeutic or diagnostic agents will be not be considered.</p>
<b>Monetary Award of Grants</b>	<ul style="list-style-type: none"> <li>• An award of \$50,000 (see appendix for allowable direct costs covered by the award).</li> <li>• Access to ConcertAI’s deidentified ERACE cancer registry for a period of one year with the option to renew data access at the approval of ERACE.</li> </ul>
<b>Key Dates</b>	<p>RFA release date: November 16, 2020</p> <p><b>LOI due date: January 15, 2021</b> Please note the deadline is midnight Eastern Time (New York, GMT -5).</p> <p>Anticipated LOI Notification Date: February 12, 2021</p> <p>Full Proposal Deadline*: April 30, 2021 *Only accepted LOIs will be invited to submit full proposals Please note the deadline is midnight Eastern Time (New York, GMT -5).</p>

	<p>Full Proposal Notification Date: May 14, 2021</p> <p>Grants distributed following execution of signed Letter of Agreement</p>
<b>Length of Proposed Project</b>	12 Months
<b>How to Submit</b>	<ol style="list-style-type: none"> <li>1. Go to ERACE Online at <a href="http://www.concertai.com/erace-research-award">www.concertai.com/erace-research-award</a> and download the LOI template form.</li> <li>2. Complete all required sections of the LOI template form</li> <li>3. Submit the completed LOI form on ERACE Online</li> </ol> <p>Applicants are encouraged to apply early to allow adequate time to make any corrections to errors found in the LOI during the submission process by the due date.</p>
<b>Questions</b>	If you have scientific or technical questions regarding this RFA or require further information on the ERACE cancer registry, please direct them in writing to ERACE at <a href="mailto:erace@concertai.com">erace@concertai.com</a> .
<b>Mechanism by Which Applicants Will Be Notified</b>	All applicants will be notified via email by the dates noted above. Applicants may be asked for additional clarification during the review period. The LOI is a selection process, not an award process. As the LOI is under significant time constraints, all reviewer feedback is optional.
<b>Application Changes</b>	<p><b>Withdrawal of Application:</b> Notify ERACE promptly of your intent to withdraw your application. Include in your letter or email, the PI name, project title, and reason for withdrawal. If the project has been funded by another organization, please list that funding agency.</p> <p><b>Change of Address:</b> Notify ERACE via email if a mailing address, email address, or phone number has changed since a submission. Include the PI name and application number on the correspondence.</p> <p><b>Change of Institution:</b> If you change institutions between LOI submission and peer review, contact ERACE to inquire how this may impact the review.</p>

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## APPENDIX A

### DIRECT COSTS (ALLOWABLE AS BUDGETED ITEMS)

<b>Salaries/Wages &amp; Fringe Benefits</b>	Faculty, other professionals, technicians, post doc associates, research associates, graduate, and undergraduate students.
<b>Materials and Supplies</b>	Project related research and scientific supplies. Any equipment or software that does not qualify under the equipment definition.
<b>Equipment</b>	Equipment used for scientific, technical, and research purposes that costs greater than \$5,000 and has a useful life of at least one year.
<b>Facilities</b>	Project specific space rental for off-campus facilities from a third party. Use of specialized equipment for which there is a commonly applied charge.
<b>Travel</b>	Transportation, lodging, subsistence, and related items incurred by employees who are in travel status on official business of the institution related to the project.
<b>Telephone</b>	Long distance calls, phone surveys or calls to project participants.
<b>Maintenance &amp; Repairs</b>	Requires justification that the expenditures are required and directly related to the specific award (e.g., less expensive than buying new).
<b>Advertising</b>	Recruitment of research subjects or for job openings approved for a specific project (if any).
<b>Publications</b>	Project specific and project related. Copying included only when charges can be tracked.
<b>Memberships, subscriptions, and professional activity</b>	Membership in business, technical, and professional organizations; related to and supportive of the project. Subscriptions to business, professional, and technical periodicals; related to and supportive of project.
<b>Freight/express deliveries and Postage</b>	Justification required that cost needed to transport project material in a timely manner.
<b>Consulting</b>	Project specific
<b>Miscellaneous Costs</b>	Subcontract costs, recharge center charges, and training costs

## APPENDIX B

Characteristics of ConcertAI's ERACE cancer registry include:

1. 4M+ patients spanning 30+ different cancers, including patients from underrepresented backgrounds such Black or African American, Hispanic, American Indian or Alaska Native, Asian and Native Hawaiian or Other Pacific Islander groups
2. 400+ oncology practices, with 80% community and 20% academic representation, regional (NE, MW, S, W), and 3-digit zip level geographic stats aligning with Census Bureau
3. 200+ variables, with longitudinal data collection spanning entirety of patient journey:
  - **Demographics**
    - Age, sex, race, ethnicity
  - **Evaluation**
    - Staging, genetic testing and cancer biomarkers, labs, histology, vitals, co-morbidities, concomitant medications
  - **Treatment**
    - Radiation, surgery, anti-cancer medications, regimens, lines of therapy
  - **Performance**
    - ECOG status, adverse events associated with sentinel events (i.e., early drug discontinuation, emergency department visit, hospitalization, or death), follow-up activity
  - **Outcomes**
    - Partial/complete response (CR), progression (PFS); reasons for no treatment
  - **Other**
    - Zip-code level geographic information, clinical trial participation, treatment setting (academic vs. community), administrative medical and outpatient pharmacy claims

Please see data table below for further details:

<b>Cancer Center Coverage</b>	<ul style="list-style-type: none"><li>• 400+ locations</li><li>• 80% Community and 20% Academic</li></ul>
<b>Cancer Types</b>	<b>17 Solid Tumors, including</b> <ul style="list-style-type: none"><li>• Breast</li><li>• Lung</li></ul>

	<ul style="list-style-type: none"> <li>• Colorectal</li> <li>• Prostate</li> <li>• Melanoma</li> <li>• Endometrial</li> <li>• Head and Neck</li> <li>• Pancreatic</li> <li>• Ovarian</li> <li>• RCC</li> <li>• Gastric</li> <li>• Liver</li> </ul> <p><b>14 Liquid Tumors, including</b></p> <ul style="list-style-type: none"> <li>• Non-Hodgkin’s Lymphoma</li> <li>• Myelodysplastic Syndromes</li> <li>• Multiple Myeloma</li> <li>• Chronic Lymphocytic Leukemia</li> <li>• Follicular Lymphoma</li> </ul>
<b>Races</b>	<ul style="list-style-type: none"> <li>• Black / African American</li> <li>• Asian</li> <li>• American Indian / Alaskan Native</li> <li>• Native Hawaiian / Pacific Islander</li> </ul>
<b>Ethnicities</b>	<ul style="list-style-type: none"> <li>• Hispanic</li> <li>• Non-Hispanic</li> </ul>
<b>Variables</b>	<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Molecular and Anatomic Pathology</li> <li>• Medications (e.g. IV, SC, oral) and related information (e.g. dosing, start and end dates, discontinuations including reasons)</li> <li>• Adverse Events</li> </ul>

	<ul style="list-style-type: none"><li>• Hospitalizations</li><li>• Outcomes</li></ul>
<b>Other</b>	<ul style="list-style-type: none"><li>• Payer/Plan Information</li><li>• Provider Site Location</li><li>• Mortality Data</li></ul>