2020 A Breath of Hope LDCT Screening Grants

Purpose

A Breath of Hope Lung Foundation (ABOH) will provide up to three $10,000 screening grants to Minnesota clinics or hospitals that currently offer lung screening and treatment for lung cancer. The grants are designed to help health systems identify and screen more patients toward the goal of earlier detection of lung cancer.

Because ABOH believes broader guidelines are needed to reduce the mortality rate of lung cancer, this grant is meant to help screening programs overcome barriers to screening among persons who might benefit. This includes patients who meet the criteria proposed by the USPSTF as a result of the National Lung Screening Trial, as well as other high-risk persons (either National Comprehensive Cancer Network “Group 2,” or by individual risk calculation, such as the PLCO2012 model).


NCCN Group 2: Individuals aged 50 years or older with a 20 or more pack-year history of smoking tobacco and with one additional risk factor (category 2A). See pages 3-4 for group 2 description or learn more at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6476336/

By providing screening grants, ABOH hopes to encourage and support Minnesota healthcare institutions that have made a commitment to reduce lung cancer mortality through earlier detection. The grants are meant to help programs overcome barriers to screening, such as a patient’s lack of awareness about screening, financial and insurance concerns or transportation, as well as an institution’s internal process of identifying and educating eligible patients about annual low dose CT scans.

Furthermore, it is A Breath of Hope Lung Foundation’s expectation that upon completion of the one-year grant period, funded organizations will have an ongoing formal screening program in place for individuals who meet recommendations for preventative screening, as well as a means of providing screening for patients who are uninsured, underinsured or otherwise restricted by their financial situation.

Funding Available in 2020

The total award amount for each grant is $10,000 payable in August 2020. The number of grants available in 2020 is three, with additional grants to be announced as determined by ABOH.

Application deadline: Midnight CST, May 1, 2020 or postmarked by May 1, 2020 if mailed to ABOHLF.

Request for Funding Proposal

A Breath of Hope Lung Foundation (ABOH), in collaboration with an outside panel of oncology and nonprofit professionals, will evaluate the merit of proposals submitted in response to the request for proposals (RFP). The RFP is available at http://abreathofhope.org/lung-screening. Applications will be accepted at research@abreathofhope.org or by mail at: ABOHLF, PO Box 387, Wayzata, MN 55391.

Eligibility: Specifically, hospitals/clinics that meet three or more of the following criteria will be reviewed:

- The institution diagnoses and is actively involved in the ongoing treatment of at least 50 lung cancer cases per year.
• 25% or more of the total patients seen at applicant’s institution qualify as poverty level (family income is less than twice the 2013 federal poverty guidelines: http://aspe.hhs.gov/poverty/13poverty.cfm#thresholds)
• The institution is working toward or has committed to a centralized lung screening program on site with buy-in from administrative leadership and Primary Care
• The institution has an active screening program and can identify the team or internal practice for identifying and notifying patients who are eligible for lung cancer screening
• One or more of the project leads must be a physician or advanced practice provider whose work is tied to lung cancer at the institution

Maximum period of performance is one year.

I. TIMELINE FOR SUBMISSION AND REVIEW
• Application Submission Deadline: May 1, 2020 at 11:59 p.m. CST
• Professional Peer Review: May-June 2020
• Funding notification will be e-mailed and announced at www.abreathofhope.org week by July 15.
• Funds will be disbursed by August 2020 and a required check presentation ceremony at recipient’s office will take place in August/September 2020.

II. SUBMISSION PROCESS

Project Information: (500-word maximum) includes the following information about the proposed project:
• Project title
• Abstract – a brief description of the project must be entered

Personal Statement Questions: Please answer each question in 200 words or less
• How will you identify and invite individuals who are at high risk of lung cancer?
• What department or personnel will identify and invite eligible individuals to be screened?
• What is your plan for patient retention (repeated annual scans)?
• Who will send a prepared report with metrics to ABOH upon completion of project? (no individual patient info should be shared per HIPAA laws)
• Who will promote your screening program in your community? How will community members be invited to participate in screening?
• What community specific barriers (cultural, financial, etc.) do you expect to encounter and how does the proposed project propose to address this challenge?
• What is the proposed follow-up for normal and abnormal CT scans?
• What resources are available for current smokers who wish to quit smoking?

Applicant’s Resume or Biosketch:
• Applicants may use their current CV, resume, or NIH Biosketch

Institutional Letter of Support. A letter from the Department Chair, manager or other leadership at the sponsoring institution where the applicant’s project will be conducted must be provided. This letter must include a statement of institutional support that will enable the applicant to perform the proposed project.

Prior Publications (optional) – Publications relevant to your project, institution or proposal may be included.

Project Timeline. Enter major milestones for your project, the expected completion date, and if there is an associated deliverable. A deliverable is something that can be included in a progress report, such as number of phone calls made to eligible patients, number of screenings offered to patients during intake, number of screenings, or a publication or press release that speaks to the success of screening for lung cancer. You are not required to have deliverables. However, the timeline should make it clear what outcomes will be achieved during the grant award period.

Budget and Justification. The award funds will be directed to the sponsoring institution and should be used towards programming, scholarship support or overcoming barriers to screening for patients. Institutions will use their own methods to determine which patients qualify for screening.
III. INFORMATION FOR APPLICATION REVIEW

Review Criteria

Peer Review: All applications will be evaluated according to the following criteria, which are of equal importance.

1. Communication with ABOH
   a. Identifies a process for reporting progress on a semi-annual basis
   b. Specifies outcome measurement and willingness to share with ABOH as part of final report (e.g. # of lung cancers, stage at diagnosis)

2. Principal Investigator
   a. How well the applicant/project lead demonstrates an understanding of the disease and clearly articulates the potential for changing lung cancer outcomes through screening
   b. Potential favorable impact on the lung cancer field nationally
   c. Appropriateness of the levels of effort by the PI and other key personnel to ensure the success of this research effort

3. Impact
   a. Demonstrates that institution serves a substantial uninsured or underinsured population and has made progress in efforts to educate and increase screening within this population
   b. Identifies potential impact that program will have in served population and community

4. Long-term outcomes
   a. How the institution will establish and execute a program that will continue once ABOH funding period is complete

5. Budget
   a. How the budget is appropriate for the proposed project
   b. How many people can realistically be identified and screened in a one-year period
   c. Identify extraneous costs that address barriers to screening

6. Scientifically or programmatically sound proposals that best fulfill the above criteria and most effectively address the unique focus and goals of the program: Screening More Minnesotans for Lung Cancer. All applications are carefully considered to ensure that the funds available are allocated to those proposals that fulfill the goals and objectives of A Breath of Hope Lung Foundation’s mission to improve survivorship through Research, Education and Awareness and Support of patients and their caregivers.

III. CONTACT INFORMATION

A. Program Announcement/Funding Opportunity, application format, or required documentation: To view current funding opportunities offered by A Breath of Hope Lung Foundation, please visit website:
   www.abreathofhope.org/research.

B. Receipt system/questions (application due by May 1, 2020; 11:59pm CST):
   Phone: 952-807-6111
   Website (RFP): www.abreathofhope.org/screening
   E-Mail: research@abreathofhope.org
   Mail: A Breath of Hope Lung Foundation – Screening Grant Panel, PO Box 387, Wayzata, MN 55391

Information about group 2 as recommended by the NCCN:

Individuals with High-Risk Factors
There are 2 groups of individuals who qualify as high risk:

Group 1: Individuals aged 55 to 74 years with a 30 or more pack-year history of smoking tobacco who currently smoke or, if former smoker, have quit within 15 years (category 1). Initial screening with LDCT is a category 1 recommendation for group 1, because these individuals are selected based on the NLST inclusion criteria. Annual screening LDCT is recommended until individuals are no longer candidates for definitive treatment. The appropriate duration of screening and the age at which screening is no longer appropriate are uncertain.
**Group 2:** Individuals aged 50 years or older with a 20 or more pack-year history of smoking tobacco and with one additional risk factor (category 2A). Panel members expanded screening beyond the NLST criteria to a larger group of individuals at risk for lung cancer. LDCT screening is a category 2A recommendation for group 2 based on lower level evidence (e.g., nonrandomized studies, observational data). These additional risk factors include personal history of cancer or lung disease, family history of lung cancer, radon exposure, and occupational exposure to carcinogens. Exposure to second-hand smoke is not an independent risk factor.

Panel members believe that individuals in group 2 are also at high risk for lung cancer based on data from the NLST and other studies. The NCCN Panel believes that limiting use to the NLST criteria is arbitrary and naïve, because the NLST only used age and smoking history for inclusion criteria and did not consider other well-known risk factors for lung cancer. Others share this opinion. The NCCN Panel feels that it is important to expand screening beyond the NLST criteria to a larger group of individuals at risk for lung cancer. Using just the narrow NLST criteria, only 27% of patients currently being diagnosed with lung cancer would be candidates for LDCT screening. Data suggest that the lung cancer risk for individuals with a 20 to 29 pack-year smoking history is similar to that of individuals with a 30 or more pack-year history. Expanding the groups at high risk who are candidates for screening—by including individuals aged 50 or more years with a 20 or more pack-year smoking history and one additional risk factor—may save thousands of additional lives.

The NLST included both low-risk and high-risk individuals. Only 1% of the prevented deaths occurred among individuals whose risk was 0.55% or less; almost 90% of prevented deaths were observed among individuals with a baseline risk of at least 1.24%. The true risks and benefits of screening these group 2 individuals are uncertain. A risk calculator may be useful to assist in quantifying the risk for individuals in group 2 for use in a shared decision-making process. Individuals in group 2 may be considered at high risk if they have additional risk factors that increase the lung cancer risk above a threshold of 1.3%.

In the NCCN Guidelines, the age range for LDCT was extended for individuals in group 2 (i.e., ≥50 years and >74 years) for several reasons. Panel Members believe that younger and older individuals in group 2 are also at high risk for lung cancer based on data from the NLST and other studies. Three phase 3 randomized trials assessed screening in younger patients ages 50 to 55 years of age. The NELSON screening and UKLS trials assessed LDCT in individuals 50 to 75 years of age. The Danish Lung Cancer Screening Trial screened individuals 50 to 70 years of age. Several studies have assessed LDCT using an extended age range of 50 to 85 years.