

Administrative Supplements for P30 Cancer Centers Support Grants (CCSG) to Stimulate Research in HIV-Associated Cancers in Aging Populations

Key Dates

Release Date: January 18, 2024

Request Receipt Due: April 5, 2024

Earliest Anticipated Start Date for Awards: July 8, 2024

Background

People living with HIV (PWH) have a higher incidence of certain cancers and worse outcomes than those not infected with HIV. The number of older PWH has risen dramatically over the last decade as 50% of PWH are older than the age of 50. People over 50 are acquiring HIV at increasing rates; and the advent of combined antiretroviral therapy (cART) is allowing many people to lead longer and healthier lives, which ultimately lead to the high numbers of older people living with HIV. However, the longer life expectancy now observed has led to the increased incidence of diseases with a longer latency period. Older people are more likely than younger people to have late-stage HIV infection at the time of diagnosis, which means they start treatment late and possibly suffer more immune-system damage.

It has become apparent that individuals living with prolonged HIV infection exhibit many of the clinical characteristics commonly observed in aging, such as multiple comorbidities, polypharmacy, physical and cognitive impairment, functional decline, alterations in body composition, and increased vulnerability to stressors. Moreover, the clinical picture of HIV in older adults may be complicated by many other risk factors, including infections with oncogenic viruses (e.g., human papillomavirus, Kaposi-sarcoma associated herpesvirus, Epstein-Barr virus, hepatitis B virus, and hepatitis C virus), obesity, and substance abuse (e.g., nicotine, alcohol, marijuana, and prescription drugs). Additionally, PWH on cART often have a degree of immunologic impairment and chronic immune activation, even when their CD4 count is normal. Aging itself is associated with immunologic impairment, and it is unclear how these factors interact in aging PWH. As such, improved management of older individuals with HIV will require a much deeper understanding of the interface between aging, HIV, associated cancers, other comorbid conditions, and concurrent treatment.

Purpose & Goals

The National Cancer Institute (NCI) announces an opportunity for supplemental funding to advance the understanding of the interface between aging and cancer among people living with HIV (PWH). These supplements are intended to encourage the development of interdisciplinary research teams, establish appropriate research infrastructure, and support exploratory projects seeking to better understand the role of aging in PWH with cancer.

Specific areas of study may include, but are not limited to the following examples:

- Interplay between chronic HIV infection and aging and other factors on the risk, spectrum, and biology of cancer

- Evolving epidemiology of cancer development in the aging population of PWH
- Impact of chronic inflammation and metabolic dysregulation on cancer development in PWH
- Optimal screening and treatment of cancer in elderly PWH
- Interplay between age-related and HIV-related immune perturbations in the development of cancer, cancer treatment, and cancer outcomes in PWH and cancer
- Survivorship and other quality of life indicators of cancer health in PWH
- Role of accelerated aging among PWH and identification of biomarkers of cancer risk
- Interplay between aging, chronic HIV infection and cancer in frailty and mobility disorders among PWH
- Equitable receipt of cancer survivorship care among PWH

This NOFO is not designed for support of clinical trials.

Eligibility & Budget

- This opportunity is open to all currently NCI-Designated Cancer Centers
- Only one supplement request per center will be considered
- To be considered responsive for supplemental funding, centers must articulate a detailed project plan
- Supplement requests may not exceed \$250K total costs for 1 year or \$500K for 2 years
- Cancer centers whose P30 Cancer Center Support Grant will be on an extension at the time of the award in Fiscal Year 2024 are not eligible
- Based on availability of funds, it is anticipated that awards for this supplement opportunity will be made in July 2024
- Any proposal that cannot be completed within the 2-year time frame will be viewed as non-responsive
- Allowable costs include:
 - funding for the Project Leader of the study (maximum of 20% effort) who must be a member of the NCI-Designated Cancer Center,
 - funding for required expertise to complete this project, and
 - costs for supplies
- The purchase of large pieces of equipment through this supplement will not be permitted

Application Submission Format

Applications must be submitted electronically via eRA Commons to the parent award (P30) using **PA-20-272** “Administrative Supplements to Existing Grants and Cooperative Agreements (Parent Admin Supplement)” on or before **April 5, 2024**. *For tracking purposes, please notify Ms. Molly Maher (molly.maher@nih.gov) by email at the time of submission, but do not send the application itself.*

Submissions should follow the instructions in the Notice of Funding Opportunity (NOFO) including the following:

1. Research Plan (6 pages) must include the following elements:

- Make sure to add to the title of the supplement, in parenthesis: ***HIV-Associated Cancers in Aging Populations***
- Proposed research is expected to address cancer and HIV among individuals age 50 and older
- Description of the background, preliminary data (if available), relevant cancer center infrastructure, data sources, and specific aims for the proposed research
- Inclusion of diverse populations across the spectrum of age, gender, and race. Inclusion of underserved and marginalized groups, including but not limited to Black/African American and Latino/Latina communities, women, people who use drugs, men who have sex with men, transgenders, other sexual and gender minority populations and individuals with disabilities are encouraged
- Leadership of projects by junior or mid-level investigators is encouraged
- Inclusion of a **statement** of how the proposed project is aligned with NIH HIV/AIDS Research Priorities as described in NOT-OD-20-018
- Outline specifically the HIV outcomes for the proposed work. As such, if the NIH Office of AIDS Research (OAR) does not deem an application as 100% aligned, the NCI Office of Cancer Centers will be unable to fund it
- Details of the qualifications for the identified lead(s) of the supplement. *Note:* separate SF424 forms will be needed for all biosketches

2. Detailed budget and justification for funding and activities requested using SF424 forms. In addition, the application must include Project Summary/Abstract and Specific Aims as a part of a submission package. No appendix or attachments are allowed.

Letter of Intent

A letter of intent is not required for this supplement.

Evaluation Criteria

Supplements will be administratively evaluated by NCI Program staff with appropriate scientific expertise. The applications will be evaluated based upon access to the appropriate patient populations and patient data, feasibility of completing aims, and overall responsiveness to the NOFO, including whether it fits within the scope of the parent grant. There will not be a secondary review process.

Awards

Awards will be based on responsiveness to the goals of this announcement and the availability of funds.

Reporting Requirements

As part of the annual progress report of the parent NCI Cancer Center Support Grants, include information on what has been accomplished via the administrative supplement during the

funding period. A copy of the annual progress report for the administrative supplement should also be sent to Dr. Hasnaa Shafik by email at shafikh@mail.nih.gov.

Questions

Please contact Dr. Hasnaa Shafik (telephone: 240-276-5622; Email: shafikh@mail.nih.gov) for questions related to the supplement.