CCSG Funding Strategy: Implementation of Phase II

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Outline

- Recommendations of NCAB Working Group on Cancer Centers on CCSG rebalancing
- Principles of Research, Condition, and Disease Categorization process
- Determining eligible NIH cancer-relevant funding
- Determining a maximum CCSG budget
- Case study using the NIH RePORTER

NCAB Recommendations on CCSG Rebalancing

- Phase I (FY16): Establish base awards by type of Center and bring all Centers up to the new base
 - Basic \$1.2M, Clinical \$1.4M, Comprehensive \$1.5M (in Direct Costs)
 - Increases for 21/69 Cancer Centers
- Phase II (FY18 FY22): Allocate new CCSG funds using the metrics of the size of the research base of a Center and the merit achieved in the review of its next competitive application
- Phase III (FY23-): Continue the effort with more new money, or adopt a zerobased formula using the metrics

Core Recommendations for Phase II Implementation

- The calculation of budget eligibility should not affect how centers write their applications (except the budget pages)
- The calculation should not depend on reviewers
- Estimates of cancer focus/relevance must be objective and apply to all grants
- The process must be simple and transparent
- The Office of Cancer Centers will calculate budget eligibility of each center prior to their submission. The grants list will be shared with the center so they can check for accuracy. Review will <u>not</u> be given this list

Using the RCDC Cancer Category in RePORTER

- It provides an independent assessment of a center's portfolio that will not affect how a center prepares its application
- Cancer relevance is determined in an objective manner that measures all NIH grants by the same standards
- It will be simple and transparent, as the NCAB recommended
- It will accommodate centers with members that receive significant cancerfocused grants from Other NIH institutes while retaining NCI funding as the primary determinant of new CCSG funding

Non-NIH Funding Sources

The Working Group recommended unanimously to exclude all non-NIH funding:

- There is no way to independently verify funding the only source for funding information is the CCSG application
- The RCDC cannot be applied to these grants
- Complicates the budget calculation there are 28 different organizations
- Funding from some of the organizations is not available to all centers
- Non-NIH sources represent 17% of all funding reported by centers

Research, Condition and Disease Categorization (RCDC)

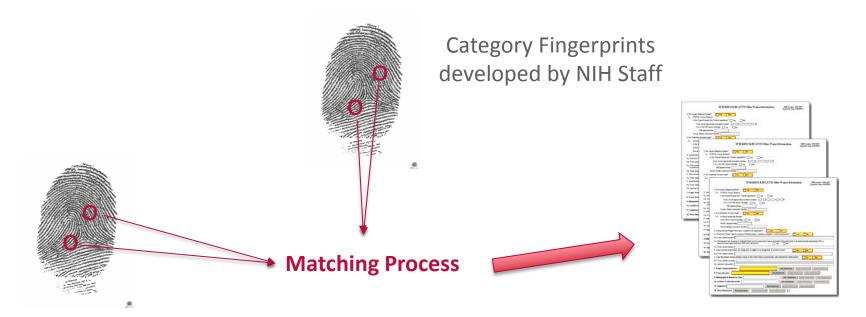
Purpose:

- To inform Congress and the public how NIH allocates funds
- Consistently categorize NIH-funded research projects according to research areas/ categories
- Use an automated process

Process:

- NIH research experts define a weighted fingerprints for each of 238 categories
 - Terms are selected by NIH Scientific Experts to define that research category
 - Terms are weighted to fine-tune the matching process and threshold is set for each category
 - Terms from grants/projects are matched against RCDC fingerprints
- Adjusted and improved
- The output is reported publicly at NIH RePORTER

How Does RCDC Work?



Project Fingerprints

Projects with matching categories

Matching compares individual <u>project</u> fingerprints to the <u>category</u> fingerprints – the resultant **category matching score** for a project is a reflection of how closely the project is related to a particular category

Some Considerations

- RePORTER does not recognize the cancer center as an entity it recognizes the academic home
- We will have to use the previous fiscal year for all receipt dates
 - The RCDC Report for the last FY isn't available until the presidential budget for a new FY is released, but OCC has access to the Query, Verify, Report (QVR), in which grants are RCDC categorized

OCC Process to Determine Eligible NIH Cancer-Relevant Funding

Extraction of NCI and other NIH grants in RCDC Cancer category active in a FY prior to the CCSG submission (from QVR)

Quality Control:

NCI grants – comparison with NIH RePORTER
Other NIH grants – comparison with the RCDC Cancer Category Draft (work with Lisa A. Krueger, CSSI, NCI)

Request for Information on received and contracted out subawards (official NIH multi-PI grants) and subprojects (multi-project grants)

Verify submitted information and re-adjust values

Together with the maximum CCSG budget eligibility, a list is sent to a Center for verification

What Is Excluded?

- CCSG and its supplements
- Some grants based on OCC's evaluation criteria; for example infrastructure and instrumentation grants (U10 NCTN, S10), even if NCI funded or matches RCDC
- No-Cost Extension
- HHS contracts
- Subcontracts of grants other than official multi-PIs and multi-project NIH grants

How Maximum CCSG Budget is Determined

Basic

Eligible Funding Increments (in \$M, DC)	
First 30M	12%
Above 30M	5%

Clinical

Eligible Funding Increments (in \$M, DC)	
First 20M	14%
20-30M	7%
above 30M	5%

Comprehensive

Eligible Funding Increments (in \$M, DC)	
First 20M	15%
20-30M	7.5%
30-50M	5%
Above 50M	2.5%

The ultimate award will be adjusted based on the merit score achieved in review

Priority Score versus Ultimate CCSG Award

PS	CCSG earned by PS	PS	CCSG earned by PS
10	100%	20	50%
11	95%	21	45%
12	90%	22	40%
13	85%	23	35%
14	80%	24	30%
15	75%	25	25%
16	70%	26	20%
17	65%	27	15%
18	60%	28	10%
19	55%	29	5%

PS	CCSG earned by PS	PS	CCSG earned by PS
30	0%	40	Diet or termination
31	0%	41	
32	0%	42	
33	0%	43	
34	0%	44	
35	0%	45	
36	-20%	46	
37	-20%	47	
38	-20%	48	
39	-20%	49	

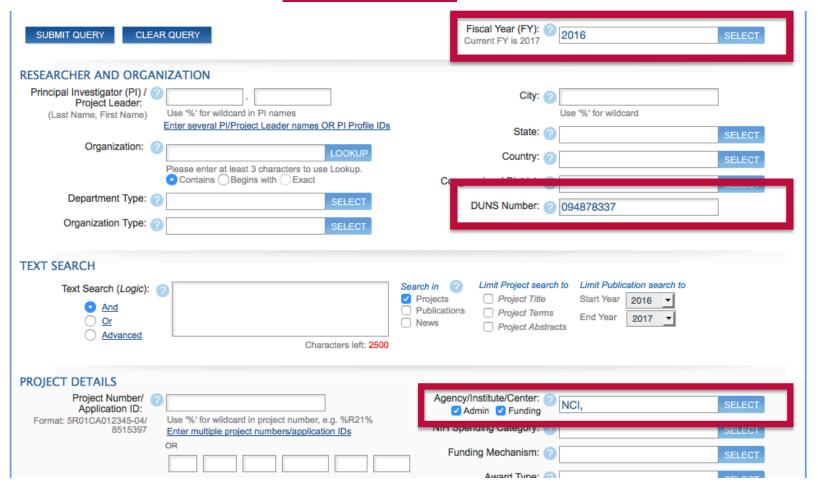
Remember

- The list of grants used in the budget calculation is not necessarily the same list that you may include in your application (Data Table 2A and B; Research Programs, etc.)
- It will be up to each Center to establish its own list of peer-review funded grants from NIH or the non-NIH peer review funding organizations for reviewer consideration (see https://cancercenters.cancer.gov/PoliciesResources# for reviewer consideration)

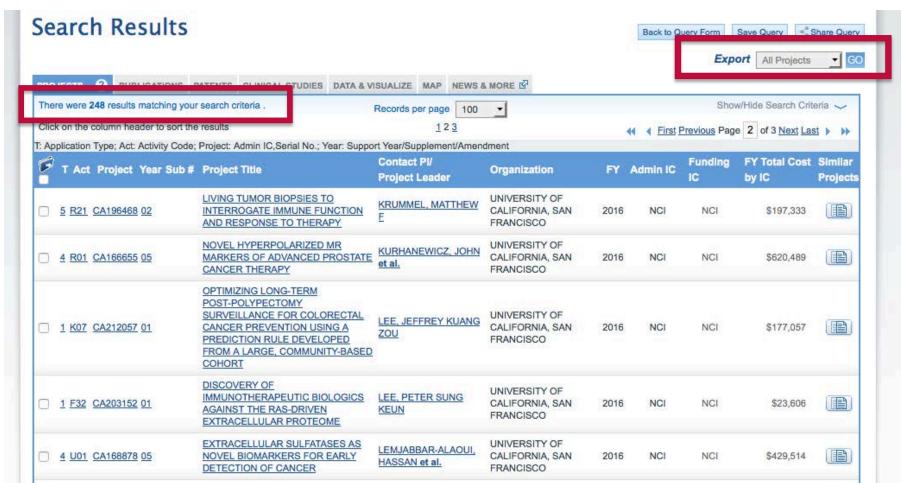
Case:

- Matrix Comprehensive Center Center
- DUNS 094878337
- Not CCSG consortium

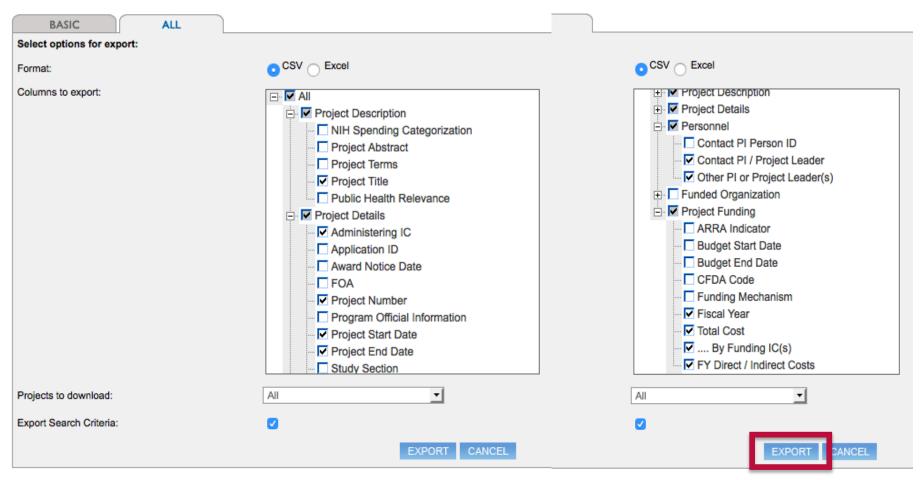
NCI awards- Search Parameters



NCI awards - Search Results



NCI awards – Export Results



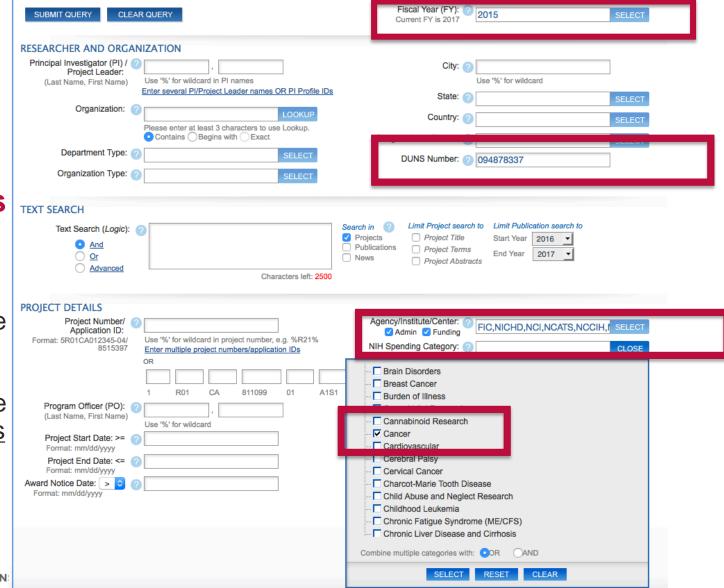
NCI awards – <u>Data Clean-up</u> in Excel File

- P30 CCSG and its supplements
- All grants administered by other NIH Institutes (if co-funded with NCI, they will be included in the RCDC Cancer Category in other NIH search)
- HHS contacts
- Terminated awards
- Infrastructure and Instrumentation-type awards

Sum the Direct Costs for all eligible awards

Other NIH awards— Search Parameters

Since there is no FY17 budget yet, the FY16 RCDC Report is not released to the public. FY15 is used for educational purpose only.



Other NIH awards – Data Clean-up in Excel File

- All NCI grants
- HHS contacts
- Terminated awards
- Infrastructure and Instrumentation-type awards
- If a multi-project award, the RCDC category is assigned to each subproject, but not the parent grant

Sum the Direct Costs for all eligible awards

RFI on Subwards (Received and Contracted Out)

Multi-project NIH grants:

- A list of <u>multi-project NIH grants</u> (P01, SPORE, etc.) that your Center held in a given FY in which subprojects are contracted out to other institutions.
- A list of all subprojects of <u>multi-project NIH grants</u> which you receive from other institutions
- Official NIH Multi-PI grants:
 - A list of all official NIH Multi-PI awards to your Center that you subcontract to PIs
 in other institutions
 - A list of all subcontracts of official NIH Multi-PI awards received from other institutions
- After receiving, information is verified and values are re-adjusted

Competing CCSG Budget Calculation

- In FY16, the institution received \$68 700 455 (DC) in eligible NIH cancerrelevant funding
- With formula:

Eligible Funding Increments (in \$M, DC)		
First 20M	15%	\$3 000 000
20-30M	7.5%	\$750 000
30-50M	5%	\$1 000 000
Above 50M (= \$18 700 455)	2.5%	\$467 511
Max T2 CCSG eligibility		\$5 217 511

- FY16 CCSG was \$4 602 452
- \triangle \$615 059 or 13.4% over the current CCSG

Priority Score versus Ultimate CCSG Award

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