APPLICATION DEADLINE: APRIL 28, 2023

2023 REQUEST FOR PILOT PROJECT PROPOSALS

Collaborative Pilot Projects to Increase Access to Care and Services among Veterans with a Hematologic Malignancy

PURPOSE OF THIS REQUEST FOR PROPOSALS

Through a number of collaborative efforts, The Leukemia & Lymphoma Society (LLS) and oncology care providers in the VA health care system have been working to improve access to optimal care and services for veterans with a blood cancer to enhance their quality of life and outcomes. **The purpose of this Request for Proposals (RFP) is to foster additional sustainable collaborative projects between LLS and the VA that will improve care, increase access to clinical trials, and provide enhanced support and quality of life for veterans with hematologic malignancies.** With this RFP, we aim to fund projects led by VA staff that draw upon LLS's unique and robust services, resources, and education for patients and/or health care providers, to assist veterans with blood cancer from the time of diagnosis through survivorship.

Funding is available for at least three grants, up to $75,000 each in total costs, for a maximum period of 18 months. The total amount available under this RFP is $225,000.

BACKGROUND

The Leukemia & Lymphoma Society (LLS) aims to cure leukemia, lymphoma, myeloma, and other blood cancers, and improve the quality of life for patients and their families through research, education, support, and advocacy for policy change. We are the largest nonprofit funder of blood cancer research, investing nearly $1.3 billion in the most pioneering science worldwide since 1949. We drive policy and regulatory changes that accelerate the development of new blood cancer treatments and break down barriers to care. We continue to see significant advances in treatment for blood cancer, yet not all patients and survivors have equal access to newer and more effective treatments and resources. Some groups—including, but not limited to, racial and ethnic minority groups, individuals with low-income, and rural residents—face substantial social, economic, and environmental disadvantages that hinder or prevent access to the treatment and care they need. [1-3] Further, differences in access to care and services can become more pronounced as new and more effective treatments, such as immunotherapy, become available.[4]

Blood cancers often require complex and prolonged treatment, management of treatment side effects over time, and considerable social support. Various blood cancers are recognized by the VA as presumptive conditions for toxic exposures such as Agent Orange, contaminated water at Camp Lejeune, and burn pits. Of the 46,000 veterans in the VA health care system diagnosed with cancer in 2010, over 3,500 veterans (or 8%) had a diagnosis of lymphoma (1,655), leukemia (1,232), or myeloma (646)[5].

Given their socioeconomic and health vulnerabilities, not only compared to the general population but compared to other veterans, veterans with cancer who receive care through the VA are likely to have considerable support and resource needs. When compared to other veterans, users of the VA health care system are more likely to be Black, younger, less educated, have lower household incomes and live in rural areas[6,7]. In fact, 34% of veterans who receive care in the VA system live in rural areas, compared to 24% of veterans who do not receive their care through the VA and 18.6% of the general population.[8]

The physical, mental, and financial consequences of cancer for veterans can further compound existing hardships and create barriers to obtaining timely, efficient health care and services[9]. The needs of veterans with cancer extend into survivorship as well. Veterans who are cancer survivors have additional needs and risk factors related to their service, such as PTSD, as well as limited support systems and economic resources, which can make survivorship care particularly challenging[10].

The Value of Connecting Veterans with a Blood Cancer to LLS Services and Resources

The VA has a demonstrated commitment to enhancing clinical care, including the expanded use of telehealth; nonetheless, there is still a need for greater informational, psychosocial, and financial support services for veterans with cancer. Additionally, even more needs to be done to increase veterans' access to care through clinical trials – trials both within and outside the VA. Given the vulnerabilities of many veterans treated through the VA, as described above, support and access to resources can have critical implications for quality of life, access to and utilization of care, and outcomes during treatment and beyond, into survivorship.

Patient education and support are crucial for patients to be knowledgeable, to make informed decisions with their healthcare providers about their care, to access state-of-the-art treatment, and to cope with their disease and related psychosocial issues[11]. **LLS, as the leading source of free education and support for blood cancer patients and families, is uniquely positioned to be able to assist veterans with blood cancer from diagnosis through treatment, and into survivorship.**

Printed (and PDF) booklets, easy-to-read guides and fact sheets are available in multiple languages on the blood cancers and on a wide variety of topics (e.g., side effect management, clinical trials, managing finances, CAR T-cell Therapy, minimal residual disease, genomics, understanding lab and imaging tests, bone marrow transplantation, and communicating with children about cancer, just to name a few). Live webinars focusing on disease updates and psychosocial issues occur multiple times a year, and there are many online videos available on a variety of topics. LLS also offers a popular patient podcast series, The Bloodline with LLS, and has an online LLS Community with close to 20,000 active members who provide support and information to one another.

LLS's free patient and caregiver services include transportation, urgent-need financial assistance, online chats and support groups facilitated by clinical social workers, and one-on-one peer-to-peer support through LLS's *Patti Robinson Kaufmann First Connection® Program*; which connects patients and their loved ones to a trained peer volunteer who has gone through a similar experience. LLS also provides personalized nutrition counseling with a registered dietitian, who understands the side effects of treatment and needs of oncology patients. Additionally, there is comprehensive up-to-date disease and treatment information as well as extensive COVID-19 information specifically for blood cancer patients.

Importantly, in order to maximize the quality of care provided to blood cancer patients, **LLS also provides free education and informational resources to healthcare providers, including nurses, social workers, physicians, and allied healthcare professionals working in oncology, primary care, and other areas.** LLS is a leading source of information for healthcare providers on new advances in the blood cancers and caring for blood cancer patients. This information is available through online virtual lectures, live webinars, in-person programs and conferences, videos, and factsheets; there is also a podcast series, *Treating Blood Cancers*, dedicated to professional interests. Continuing education credits are available for many of LLS's professional programs. All resources are provided free of charge. See: https://www.lls.org/resources-healthcare-professionals.

LLS's Information Resource Center

At the center of LLS's resources and services are the **Information Specialists in the Information Resource Center (IRC)** – 20 highly trained nurses and social workers who speak one-on-one to patients and caregivers to improve access to quality care and to improve quality of life. The Information Specialists provide patients and caregivers with compassionate, comprehensive, and tailored disease and treatment information, including referrals and links to appropriate educational resources and literature; psychosocial support information for any point in their treatment journey; referrals to local, state and/or national resources (including in the VA) for assistance; COVID-19 related information and guidance, particularly related to vaccination and disease risk; and financial resource information to cover costs of treatment, travel, urgent needs and more. Several Information Specialists are fluent in Spanish, and over 100 other languages can be accommodated through use of a professional language line.

A few years ago, LLS commissioned an external evaluation of the IRC; findings published in the Journal of Cancer Education[12] revealed that conversations with Information Specialists helped patients feel more hopeful about their situation, less stressed and anxious, and reassured. The information provided helped them navigate the uncertainties of the diagnosis, treatment, and prognosis. Talking with Information Specialists also made them feel they were not alone.

Given that so many veterans lack sufficient social support, assistance from the IRC and becoming connected to LLS's other support services through the IRC, such as the peer-to-peer *First Connection* program, has the potential to make an enormous difference. Moreover, Information Specialists work closely with LLS's extensive Patient and Community Outreach staff and volunteer network throughout the country, to ensure that patients and caregivers are connected to the best care, services, and programs in their own communities. When appropriate, the option of participation in a clinical trial is introduced by the Information Specialists, and a referral to LLS's Clinical Trial Support Center, described below, is made.

LLS's Clinical Trial Support Center

Increasing access to clinical trials among blood cancer patients is a high priority of LLS, and we share this priority with the VA. A primary way in which LLS increases patient access to trials is through its unique **Clinical Trial Support Center (CTSC)**. The CTSC is staffed by eleven nurses specializing in hematologic malignancies who provide free comprehensive navigation for clinical trial matching and enrollment. The CTSC's approach is individualized and patient-centered, respectful of and responsive to a patient's preferences, needs, and values. The CTSC nurses work extensively with each blood cancer patient who requests assistance, and they address many patient-level barriers to trial participation, including the need for trial-related education and travel resources. Distance to trials is a key barrier that patients face, and this is even a greater challenge for veterans because so many live in rural areas.

Using proprietary technology, the CTSC nurses provide patients and their oncology care providers with a personalized report outlining the details of available clinical trials that are accessible to the patient. However, the goal of the CTSC is not to enroll every patient into a trial;

instead, the goal is to increase opportunities for and likelihood of participation, facilitate informed decision-making about treatment options, and minimize logistical barriers to enrollment if the patient, in collaboration with their healthcare team, decides that a clinical trial is the right course of treatment for them. This unique service and its success in helping blood cancer patients and their oncology care providers was described in a paper published in 2021 in the Journal of Clinical Oncology – Oncology Practice[13].

GUIDELINES FOR SUBMISSION OF PROJECTS

The goal of this Request for Proposals is to create sustainable projects that draw on LLS' resources, education, and services to improve care, increase access to clinical trials, and/or provide enhanced support for veterans with hematologic malignancies. The intent is to fund pilot projects designed to foster ongoing collaboration with LLS and improve the quality of life of veterans with blood cancer and their families.

Areas of Interest

Below we list several examples of potential pilot projects with LLS. Importantly, **this list of areas is not intended to be exhaustive. We welcome other innovative project topics that align with the goal of this funding opportunity.** Projects may focus on any point, or multiple points, in the cancer continuum, from diagnosis through post-treatment survivorship and end-of-life.

Projects must focus primarily on patients with a blood cancer (leukemias, lymphomas, myeloma, myelodysplastic syndromes, and/or myeloproliferative neoplasms).

We are happy to answer questions about our resources and services and discuss how we might collaborate for the purpose of developing an application. Please contact: VA.RFP@lls.org.

Some potential areas of collaboration:

- A project that connects veterans primarily treated through telemedicine to LLS. Many veterans with cancer are now treated through telemedicine, and this is especially true for rural veterans. Veterans with blood cancer who are cared for through telemedicine can perhaps benefit the most from our services and resources but are least likely to be connected to them. We welcome healthcare professionals to propose projects through which they will connect more veterans with blood cancer who are treated through telemedicine to LLS services and resources, as described above.

- A project that adapts LLS's long-standing and successful *First Connection* program for use by veterans, and to build a cadre of veteran *First Connection* volunteers. As noted above, the *Patti Robinson Kaufmann First Connection® Program* is a free service of LLS that introduces patients and their loved ones to a trained peer volunteer who has gone through a similar experience. Veterans newly diagnosed with a blood cancer or undergoing a specific treatment (e.g., stem cell transplant) may particularly benefit from speaking with another veteran who can share their experience and provide information and support. The *First Connection* training could be adapted for veterans, to recognize their unique circumstances and needs. Veterans trained through the program would having the opportunity to support other veterans with a blood cancer as part of our nationwide network of peer volunteers. Information about the *Patti Robinson Kaufmann First Connection® Program* can be found here: https://www.lls.org/FirstConnection.

- A project that fosters patient navigation to connect veterans to LLS' resources, including the Information Resource Center (IRC), Clinical Trial Support Center (CTSC), registered oncology dietitians, the LLS Community, and more. Patient navigation is a well-established way of improving patient outcomes, particularly for those most vulnerable. A proposed project might leverage existing models of patient navigation within the VA to institute a systematic way of identifying needs of patients in treatment and survivors and referring veterans directly to the IRC and/or CTSC.

- A project that focuses on education of primary care providers in the VA. Within the VA health care system, primary care providers are expected to complete specific kinds of work ups on patients prior to referral to oncology. However, the majority of primary care providers have never been educated on how to do this properly, and they frequently reach out to oncologists for guidance. We welcome a proposal to provide such education, in collaboration with LLS, which could be delivered online. Primary care providers could potentially receive CE/CME credits (through LLS and/or its partners) for their learning in this area.

Funding Available

- Up to $225,000 will be available through this Request for Proposals
- Total per project budget, including indirect costs, cannot exceed $75,000
- The duration of each project cannot exceed 18 months
- Indirect costs are limited to 11.1% of total costs

Applicant Eligibility

Providers eligible to submit proposals include physicians, physicians' assistants, nurse practitioners, nurses, social workers, patient navigators, other healthcare providers or healthcare administrators; applicants must be involved in delivering direct patient care, either directly or indirectly. We encourage projects to have multi-disciplinary leadership. The primary applicant must be employed by the Veterans Health Administration. The sponsoring institution of the applicant must be based in the United States or its territories.

APPLICATION INSTRUCTIONS

Please submit a single PDF proposal document that contains the information below in the order listed. **The proposal must use at least 11-point font [Arial], 1-inch margins, and single spacing. Proposals that do not comply with these guidelines will not be considered.**

Project Title

Sponsoring Institution: Name and address of institution that is responsible for the conduct of the project and its location.

Institutional Signing Official: Name of institutional representative responsible for the signing and agreeing to the accuracy of the application and to the Funding Agreement terms and conditions, should the application be selected for funding.

Project Lead(s) and Other Key Personnel:

- Names and affiliations of Project Lead and Co-Lead(s)
- Names and affiliations of other key personnel
- A one-paragraph biography for each of the Project Lead and Co-Lead(s) as relevant

Project Summary: Please provide a brief summary of the proposed project (no more than four sentences).

Project Proposal: **Proposal must include the bulleted criteria below and must be no more than four pages** (references [not required] do not count in the four-page limit). Proposals will be assessed based on the following criteria:

- **Goals**: Identify the pilot project goals.
- **Rationale**: Describe the rationale for the project and why the project has the potential to improve care, quality of life, and/or outcomes for veterans with a blood cancer.
- **Prior related work (as relevant)**: Describe any related prior efforts and how the proposed project builds on these efforts, if applicable.
- **Implementation**: Describe how the project will be executed, including who the intended participants are and desired number, how participants will be identified and invited to participate, the expected role of LLS in the project, a timeline, feasibility of the project, and how potential challenges to implementation will be addressed.
- **Sustainability**: Describe the potential for the VA to sustain this project past the pilot project should the project be successful, as well as the expectations of LLS beyond the pilot period.
- **Evaluation**: Describe what success looks like and how the impact of the pilot project will be measured with respect to the stated goals; please note that if the project does not achieve its goals, it will be important to understand why.

Letter of Support: A letter of support from the VA is required, from the Chief of Staff or Executive Director.

Proposed Start and End Dates: The award letter will be provided by June 15, 2023, and the start date for this is award is October 1, 2023. The end date can be no later than 18 months after the start date; the latest possible end date is March 31, 2025.

Requested Award Amount: Total amount requested, including direct and indirect costs.

Budget and Budget Justification: Provide itemized detail for each major category for all years of the project. **See budget templates attached. Please do not exceed two pages for the budget justification. The total cost over 18 months cannot exceed $75,000; indirect costs cannot exceed $7,493.** The following are guidelines for permissible and impermissible costs.

Permissible Direct Costs:

- Personnel Expenses: Includes salary, wage, or stipend with fringe benefits. There is no salary cap.
- Supplies and Materials: Requests must be itemized.
- Equipment Purchases: Requests must identify each item of equipment with an acquisition cost of more than $1,000.
- Travel Expenses: Requests cannot exceed $4,000 per year.
- Journal Fees: Costs may only include those necessary for making publications open access.
- Other Direct Costs: Requests can include patient participation compensation, site participation compensation, compensation for participation in advisory boards, etc.

Permissible Indirect Costs: Often referred to as Institutional Overhead, IDC, M&A, G&A, or pooled costs, these are costs incurred for common or joint objectives that cannot be readily identified with a particular project (e.g., general maintenance, utilities, library, etc.) as defined in Office of Management and Budget Circular A-21. Indirect costs are limited to 11.1% of direct costs. For sponsoring institutions that do not choose to use these funds for indirect costs, LLS allows the funds to be applied to other costs.

Impermissible Costs: Include membership dues, tuition, books, and journal subscription costs.

References: References (not required) may be in any standard format and do not count in the 4-page limit for the Project Proposal.

Signature Page: All applications must be signed, see template below.

Submission Instructions

To submit your proposal please email a PDF including all information listed under Application Instructions above to VA.RFP@lls.org; the subject line should state: "Application Submission." All applications must be received prior to the date and time specified under Key Dates and Deadlines. You will receive an email confirmation within 1 business day when your proposal is received; if you do not receive a confirmation within 2 business days please re-contact VA.RFP@lls.org.

Key Dates and Deadlines

Action	Date
• Deadline to submit Proposal	• April 28, 2023 (3:00 p.m. ET)
• Notification of awards	• June 15, 2023
• Project start date	• October 1, 2023

For questions about this Request for Proposals, including LLS services, resources, and programs, please contact VA.RFP@lls.org.

References

1. Cancer Action Network. Cancer disparities: a chartbook. American Cancer Society Cancer Action Network. Accessed June 15, 2021. https://www.fightcancer.org/sites/default/files/National%20Documents/Disparities-in-Cancer-Chartbook.pdf

2. American Association for Cancer Research. AACR cancer disparities progress report 2020. American Association for Cancer Research. Accessed June 15, 2021. https://cancerprogressreport.aacr.org/wp-content/uploads/sites/2/2020/09/AACR_CDPR_2020.pdf

3. Tong M, Hill L, Artiga S. Racial disparities in cancer outcomes, screening, and treatment. Kaiser Family Foundation. Accessed June 1, 2022. https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-cancer-outcomes-screening-and-treatment/

4. Osarogiagbon RU, Sineshaw HM, Unger JM, Acuna-Villaorduna A, Goel S. Immune-based cancer treatment: addressing disparities in access and outcomes. *Am Soc Clin Oncol Educ Book*. Mar 2021;41:1-13. doi:10.1200/EDBK_323523

5. Zullig LL, Sims KJ, McNeil R, et al. Cancer Incidence Among Patients of the U.S. Veterans Affairs Health Care System: 2010 Update. *Mil Med*. Jul 2017;182(7):e1883-e1891. doi:10.7205/milmed-d-16-00371

6. Meffert BN, Morabito DM, Sawicki DA, et al. US Veterans Who Do and Do Not Utilize Veterans Affairs Health Care Services: Demographic, Military, Medical, and Psychosocial Characteristics. *Prim Care Companion CNS Disord*. Jan 17 2019;21(1)doi:10.4088/PCC.18m02350

7. Farmer CM, Hosek SD, Adamson DM. Balancing Demand and Supply for Veterans' Health Care: A Summary of Three RAND Assessments Conducted Under the Veterans Choice Act. *Rand Health Q*. Jun 20 2016;6(1):12.

8. National Center for Veterans Analysis and Statistics. Characteristics of rural veterans: 2014. Aug 2016. Accessed February 10, 2023. https://www.va.gov/vetdata/docs/SpecialReports/Rural_Veterans_ACS2014_FINAL.pdf

9. Slind LM, Keating TM, Fisher AG, Rose TG. A Patient Navigation Model for Veterans Traveling for Cancer Care. *Fed Pract*. Feb 2016;33(Suppl 1):40s-45s.

10. Smith J, Arfons L, Cmolik B, Moye J, Ballard E, Haggstrom D. Development and Implementation of a Veterans' Cancer Survivorship Program. *Fed Pract*. Jan 2015;32(Suppl 1):42s-48s.

11. Swash B, Hulbert-Williams N, Bramwell R. Unmet psychosocial needs in haematological cancer: a systematic review. *Supportive Care in Cancer*. 2014/04/01 2014;22(4):1131-1141. doi:10.1007/s00520-014-2123-5

12. Treiman K, Husick C, Sarris-Esquivel N, et al. Meeting the Information and Support Needs of Blood Cancer Patients and Caregivers: A Longitudinal Study of a Model of Patient-Centered Information Delivery. *J Cancer Educ*. Dec 10 2019;doi:10.1007/s13187-019-01662-8

13. Sae-Hau M, Disare K, Michaels M, et al. Overcoming Barriers to Clinical Trial Participation: Outcomes of a National Clinical Trial Matching and Navigation Service for Patients With a Blood Cancer. *JCO Oncol Pract*. Dec 2021;17(12):e1866-e1878. doi:10.1200/op.20.01068

Templates

SUMMARY BUDGET FOR ENTIRE PROJECT			
	Year 1	**Year 2**	**TOTAL**
Personnel			
Consultant Costs			
Supplies and Resources			
Equipment			
Travel			
Participation Costs			
Open Access Journal Costs			
Other Expenses			
Subcontract Costs			
Total Direct Costs			
Total Indirect Costs			
TOTAL BUDGET			

DETAILED BUDGET FOR YEAR 1 OF THE AWARD					
Personnel			**Dollar Amount Requested**		
Name	**Role on Project**	**% Effort On Project**	**Salary Requested**	**Fringe Benefits**	**Total**
				Total	
Consultant Costs					
				Total	
Supplies and Resources					
				Total	

Equipment		
	Total	
Travel		
	Total	
Participant Costs		
	Total	
Open Access Journal Costs		
	Total	
Other Expenses		
	Total	
Subcontract Costs		
	Total	
DIRECT COSTS FOR YEAR 1 BUDGET PERIOD		
Indirect Costs for Year 1 budget period (capped at 11.1% of requested direct costs)		
TOTAL BUDGET YEAR 1		

DETAILED BUDGET FOR YEAR 2 OF THE AWARD (6-month period)					
Personnel			**Dollar Amount Requested**		
Name	**Role on Project**	**% Effort On Project**	**Salary Requested**	**Fringe Benefits**	**Total**
				Total	
Consultant Costs					
				Total	
Supplies and Resources					
				Total	

Equipment		
	Total	
Travel		
	Total	
Participation Costs		
	Total	
Open Access Journal Costs		
	Total	
Other Expenses		
	Total	
Subcontract Costs		
	Total	
DIRECT COSTS FOR YEAR 2 BUDGET PERIOD		
Indirect Costs for Year 2 budget period (capped at 11.1% of requested direct costs)		
TOTAL BUDGET YEAR 2		

SIGNATURE PAGE

Signatures are required.

Role:			**Role:**	
Name			Name	
Institution			Institution	
Title			Title	
Division			Division	
Department			Department	
Telephone			Telephone	
Email			Email	
Signature			Signature	
Role: Institutional Signing Official			**Role:**	
Name			Name	
Institution			Institution	
Title			Title	
Division			Division	
Department			Department	
Telephone			Telephone	
Email			Email	
Signature			Signature	