

Administrative Supplements for P30 Cancer Centers Support Grants (CCSG) to Stimulate Research in Non-AIDS Defining Cancers (NADCs) in Aging Populations

Background

The number of older individuals living with HIV/AIDS has risen dramatically over the last decade. In 2018, over 50% of HIV+ people in the United States (US) were aged 50 and older and accounted for 17% of new infections. 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. The introduction and widespread use of combination antiretroviral therapy (cART) in the mid-1990s has dramatically improved the health outcomes of HIV+ individuals, leading to decreases in AIDS-defining cancers such as Kaposi's sarcoma and non-Hodgkin's lymphoma. However, the longer life expectancy now observed in these individuals has led to the increased incidence of diseases with a longer latency period, such as NADCs. NADCs now account for 50% of all cancers among HIV+ individuals. Some studies have shown an increased incidence of liver, bladder, lung, and Hodgkin's lymphoma in HIV+ individuals > 50 years of age.

It has become apparent that individuals living with prolonged HIV infection exhibit many of the clinical characteristics commonly observed in aging, such as multiple co-morbidities, 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 [HPV], Kaposi-sarcoma associated herpesvirus [KSHV/HHV-8], Epstein-Barr virus [EBV], hepatitis B virus [HBV], and hepatitis C virus [HCV]), obesity, and substance abuse including nicotine, alcohol, marijuana, and prescription drugs. Also, people living with HIV (PLWH) 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 PLWH. As such, improved management of older individuals with HIV will require a much deeper understanding of the interface between aging, HIV, associated co-morbid conditions, and concurrent treatment.

Purpose and Goals

The National Cancer Institute (NCI) announces an opportunity for supplemental funding to stimulate research in non-AIDS defining cancers (NADCs) among aging HIV+ individuals via support of pilot projects at NCI-designated Cancer Centers (CC). Findings from this supplement are aimed to expand our knowledge of the impact of aging on the pathogenesis of NADCs.

These administrative supplements are designed to address focused areas of challenge such as pattern, natural history, and optimization of treatment of NADCs occurring in aging HIV+ individuals.

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

- Biology of Aging and Cancer among PLWH

- Effects of NADCs on the aging process and on the progression of HIV/AIDS
- Effects of polypharmacy including antiretroviral therapy on treatment of NADCs among the elderly
- Treatment efficacy and tolerance
- Cancer control for early detection, diagnosis, prevention, treatment, prognosis, and survivorship

Eligibility and 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 \$500,000 total costs for 2 years.
- Cancer Centers whose P30 Cancer Center Support Grant will be on an extension at the time the award is made in FY22 are not eligible.
- It is anticipated that awards for this supplement opportunity will be made in September 2022.
- 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 **May 9, 2022**. Your submission should follow the instructions in the funding opportunity announcement, including the following:

1. Research Plan (6 pages) including the following elements

- Make sure to add to the title of the supplement in parenthesis **HIV/AIDS/Aging/Cancer**
- Proposed research may include basic, translational, and clinical research on the etiology, pathogenesis, prevention, and management of non-AIDS defining cancers.
- Description of the background, preliminary data (if available), relevant cancer center infrastructure, data sources, and specific aims for the proposed research.
- Inclusion of target diverse population across the spectrum of age, gender, and race is encouraged.
- Leadership of projects by junior or mid-level investigators is encouraged.
- Inclusion of a **statement** of how the proposed project would meet the NIH HIV/AIDS Research Priorities as listed in the NOT-OD-15-137. It should explain which high priority

topic or topics will be addressed. General projects focusing, for example, on EBV, HPV, KSHV or other oncogenic viruses or HIV alone are not eligible for support under this supplement award.

- Outline specifically the HIV outcomes for the proposed work. Note that KSHV studies that are proposed should be in the context of HIV (with HIV outcomes specified) to be aligned at 100%. As such, if the NIH Office of AIDS Research (OAR) does not deem an application as 100% aligned, OCC 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 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.

For tracking purposes, please notify Nga Nguyen (nga.nguyen@nih.gov) when you submit application (but please do not send the application itself).

Evaluation Criteria

Supplements will be administratively evaluated by NCI staff with appropriate expertise. 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: 240-276-5600; Email: shafikh@mail.nih.gov) for questions related to the supplement.