

## Patient and Community Advocate Reviewer Orientation

*Fall 2022*

### LCCC Developmental Funding Program

The UNC Lineberger Developmental Funding Program is intended to support cancer research programs led by faculty of the University of North Carolina at Chapel Hill and to stimulate new applications for extramural funding. All UNC Lineberger Comprehensive Cancer Center members and UNC Chapel Hill faculty are eligible to apply; faculty at other schools in the NC system may be eligible under some targeted RFAs.

This review covers two tiers of awards: Tier 1: Pilot Awards; Tier 2: Stimulus Awards.

Within each tier, proposals are accepted in:

- 1) Basic Research
- 2) Clinical and Translational Research
- 3) Population Science Research

Available targeted RFAs for Fall 2022 cycle:

- 4) Matching funds for single cell nucleic acid sequencing and geospatial analysis
- 5) Virology associated collaborations and projects
- 6) Cancer survivorship
- 7) Population science approaches to address cancer disparities in NC
- 8) Protein binding therapeutic/diagnostic shared resource
- 9) Proposals outside these areas are strongly encouraged and the overarching goal of this program remains to fund innovative and cutting-edge work that increases the likelihood of extramural funding

**Tier 1:** Pilot Awards consist of up to \$50,000 for one year. They should have only one principal investigator, and non- faculty may apply in the clinical/translational research category ONLY.

**Tier 2:** Stimulus Awards allow for 1-2 principal investigators (PIs). The award will consist of \$100,000 per year, for one or two years. Research proposed should be innovative and have potential for advances that can enhance our scientific understanding of cancer and/or clinical and public health practice.

## Timeline

Activity	Basic	Clinical/Translational	Population Science
Application Submission Deadline	October 3	October 3	October 3
# of applications	24	13	5
Applications sent to reviewers	10/13	10/10	10/11
Written Review Due	11/07	10/24	11/3
Committee Review	11/14 5-8pm Rizzo Center	10/31 12-2pm Pagano Conference Room	11/10 5-8pm Rizzo Center
Chairs	Al Baldwin	Lisa Carey Jon Serody	Andy Olshan
Advocate Reviewers	Laurie Betts, Melissa Sharp, Clay Brumbaugh, Vernal Branch, Tiffany Debartolo, Terri Robinson, Missy VanLokeren	Laura Jensen, Jennifer Drolet, Evelyn Katibian	Darlene Leysath, Marian Johnson-Thompson

## Overview of the Review Process

All reviewers will score applications using the NIH scale of 1-9 (best – worst). After the first round of peer review, the top-scoring proposals will be discussed, and re-scored and ranked by the committee. Based on this process, recommendations will be made to LCCC and UCRF leadership.

Please write brief comments. Comments will be presented to applicants in aggregate form and in a manner that is not identifiable with a particular reviewer. You may also send remarks marked “confidential” if you wish to share them with the committee but not the applicant.

**Confidentiality Statement:** the UNC Lineberger has assured applicants that their identity, their applications, and the associated reviews are held in confidence. Applications, review materials, and meeting proceedings are for the sole use of reviewers and LCCC staff. By agreeing to review, reviewers certify that they understand the confidential nature of the evaluation and promise not to discuss applications under consideration with anyone outside of meeting deliberations.

## Review Criteria

### 1. Advocate and Community Reviewers

Advocate and community reviewers will evaluate each application. They will provide a written critique and numeric score for two criteria (below) and provide an overall critique and numeric score.

- 1) Patient and/or Community Impact
- 2) Relevance to Patients and/or North Carolina Communities

Advocate and community reviewers will review from a patient care and community perspective. They will focus on the study's applicability to patient care and community needs.

Advocate and community reviewer do not need to comment on the scientific rigor or methods of the proposal. Scientific expertise is not required.

### **PATIENT AND/OR COMMUNITY IMPACT**

- Has the applicant convinced you of how their research will benefit patients?
- Has the applicant conveyed an understanding of the issues most important to patients, survivors and the community?
- Has the applicant clearly defined the target population and the impact this proposal will have on that population?
- Does the proposal convey a sense of urgency?

### **RELEVANCE TO PATIENTS AND/OR NORTH CAROLINA COMMUNITIES**

- Is this research proposal relevant to cancer patients and/or North Carolina community and population cancer needs and priorities? Explain why or why not.

## Advocate Reviewer Critiques and Scoring

### DOs

- Score and write strengths and weaknesses for each criteria
- Give an overall score and write a short paragraph summarizing the major strengths and weaknesses
- Address the score-driving strengths and weaknesses of the project
- Make sure that your written critiques reflect your overall scores
- Provide clear, factual, constructive and fair critiques to applicants in a sensitive manner
- Advise on areas that may need improvement

### DON'Ts

- Do not repeat the project title, description, and specific aims verbatim
- Do not emphasize every minor flaw in the application; focus on the major strengths and weaknesses
- Do not write more than needed to get your point across
- Do not critique the science. Focus on patient/community perspective. If you have a question about the science, ask the scientific reviewers during the review meeting.

### Numerical Scoring Guide:

Scoring: Applications will be scored using the NIH scoring scale of 1 to 9 (whole numbers only) with 1 being “Exceptional” and 9 being “Poor”.

	Overall Strength	Score	Descriptor
	High	1	Exceptional
		2	Outstanding
		3	Excellent
Begin scoring in this range	Medium	4	Very Good
		5	Good
		6	Satisfactory
	Low	7	Fair
		8	Marginal
		9	Poor

1) Use the whole range; start in the middle of the scale as noted in the score key above & go up or down from about a 5

2) Whole number scores only

## Tips for Reviewing Grant Applications

### Getting Started

- Give yourself enough time to complete your reviews. About 1-2 hours for each application
- Review the reviewer instructions before you begin. Know the criteria you will be evaluating before you begin reading the proposals.
- Skim the entire proposal and then read more thoroughly after you have an idea what the application is about.
- Take notes while you read the application.

### Writing Tips

- Make sure you did not summarize the grant as the basis of your critique.
- Remember, you are representing the broad patient/community perspective— focusing on issues affecting all patients/communities.
- Write the critique in a constructive way; avoiding inflammatory or derogatory language.
- Address the critique questions that are appropriate for the grant proposal you are reviewing.
- Write succinct, yet thorough reviews
- Use descriptive language to support the overall score
- Write strengths and weaknesses in bulleted format using complete sentences.

### Scoring Tips

- Try to use the full scoring range.
- Refer to the scoring descriptions to help justify the scores chosen for each criterion.
- Make sure the score reflects your review (numbers of strengths and weaknesses can help you score each application)

### Before you submit your critique:

- Remove first person references (Do not use 'I' or "this reviewer")
- Check the spelling and grammar of your critique prior to submission
- Provide a score and a statement for each criterion
- Provide an appropriately weighted number of strengths and weaknesses in your comments that reflect the score given for each criterion
- Read over your critique to ensure it accurately and clearly portrays how you feel about the application

**Examples of written reviews:**

**Patient and/or Community Impact examples**

**Strengths:**

**BASIC PROPOSALS**

- This proposal will address the spread of prostate cancer to other parts of the body, which is a concern of all patients with prostate cancer.
- In colorectal cancer, there is a need for biomarkers to determine who benefits from certain treatments. This proposal will be the basis for identifying these biomarkers.
- Identifying new cancer development genes may lead to useful applications in early detection and new treatments for lung cancer.

**CLINICAL/TRANSLATIONAL PROPOSALS**

- This is an interesting proposal and will help patients with cervical cancer by developing ways to monitor treatment with a non-invasive test.
- This proposal is likely to help lung cancer patients by developing new ways to identify new therapies that are specific for lung cancers with XYZ gene mutations.
- The applicant shows a strong commitment and understanding of the needs of pancreatic cancer patients.
- In this cancer type there is a need for biomarkers to determine who benefits from certain treatments. This proposal will address those needs.
- In metastatic cancer being able to monitor the tumors response to treatment is important to patients.
- It is important to identify patients most likely to respond to treatment to avoid treatment toxicities given to patients unlikely to benefit.

**POPULATION SCIENCE PROPOSALS**

- This proposal will address screening of underrepresented populations in NC for colorectal cancer, which will increase screening in NC communities.
- This proposal will identify and address unmet community needs of short and long-term survivors of breast cancer in NC, improving the lives of cancer survivors in NC.

**Weaknesses:**

**BASIC PROPOSALS**

- The potential for patient impact was not clearly addressed, so it is unclear how this will impact patient care.

**CLINICAL/TRANSLATIONAL PROPOSALS**

- This is a complicated study for patients, particularly in when consenting of the patient will occur. Consent will be prior to an invasive procedure.
- Consenting patients to a study prior to a cancer diagnosis will be challenging.

- Patient communication should be consistent and planned to alleviate accrual challenges.
- It is unclear how the test results will be communicated back to patients, and may be confusing for them.
- Genetic risk determination can be complex and confusing for patients, patient education may be necessary.

#### **POPULATION SCIENCE PROPOSALS**

- The intervention for community engagement was not informed by community members, which would have strengthened this application.

### **Relevance to Patients and North Carolina Communities**

#### **Strengths:**

- This is a cancer that is important to North Carolina and the applicant highlights this importance in the proposal.
- This proposal is important to all cancer patients in North Carolina.
- This proposal addresses differences in treatment that are common in North Carolina, which is important to all cancer patients.
- This proposal is looking at an unmet need in pancreatic cancer.
- This cancer has such a poor prognosis, there is a dire need for new treatments. This proposal is identifying new ways to kill cancer cells and will benefit patients.
- There are so many survivors today that are living longer, this proposal is needed to look at long-term side effects.
- The focus on disparities in this proposal is very important to UNC, NC and every cancer survivor.

#### **Weaknesses:**

- The relevance of this project is not clear.
- Connecting with local patients and community members would improve this proposal's relevance to North Carolina.
- This proposal does not appear to be addressing a critical need that will eventually lead to an improvement in cancer care.