COLUMBIA PANCREAS CANCER SPORE

Program Directors/Principal Investigators: Timothy Wang, MD

REQUEST FOR APPLICATIONS: Columbia Pancreas Cancer SPORE Research Projects

APPLICATION DEADLINE: July 27, 2020

ANTICIPATED SPORE SUBMISSION DATE: May 25, 2021

The Herbert Irving Comprehensive Cancer Center and Pancreas Center at Columbia University’s Department of Surgery seek research proposals for incorporation as projects in a new National Cancer Institute - sponsored Specialized Program of Research Excellence (SPORE) grant on pancreas cancer. Total direct costs of ~$1.4m per year will support three or four SPORE research projects, as well as three or more Cores, a Development Research Program, and a Career Enhancement Program. Funding for research projects included in the Columbia Pancreas Cancer SPORE is expected to be in the range of $150,000 to $250,000 in direct costs per year over a five-year term. Research projects requesting funding above this range must include a clear written justification for the higher costs.

Applicants must be Columbia University faculty members at the level of Assistant Professor or higher. Collaborations within Columbia and/or with other institutions, in particular with other SPOREs, are encouraged. The project must have at least one basic and one clinical/applied co-leader. While the proposed research may be basic or clinical, bench-to-bedside or bedside-to-bench strategies are prioritized in the application, as the ultimate purpose of the program is to promote translational research and clinical trials in pancreas cancer. SPORE Projects should include a human endpoint, as defined below. Responses to this Request for Applications will be judged on scientific merit and translational research focus. You are encouraged to read the current SPORE Funding Opportunity Announcement (available online at https://grants.nih.gov/grants/guide/pa-files/PAR-18-313.html) for further details.

Applications submitted by the deadline will be evaluated and prioritized by the Columbia Pancreas Cancer SPORE Internal Advisory Board (IAB). Top ranked proposals will be invited to present their projects to the Committee and three to four Projects will be selected for inclusion in the SPORE application itself. Research projects not selected to be a SPORE Project will be considered for support through the Columbia Pancreas Cancer SPORE Developmental Research Program.

KEY DATES (subject to change):
- Application deadline: July 27, 2020
- Top ranked applicants notified and invited to present by Aug 5, 2020
- Presentation to the Advisory Committee: early September 2020
- Draft project (12-page) submission of chosen SPORE Projects and Cores: December 21, 2020
- Advisory Board Review of Projects and Cores: mid-January, 2021
- Submission of revised SPORE Projects and Cores: March 19, 2021
- SPORE submission deadline: May 25, 2021

Applications submitted in response to this Request for Applications should include the following
- Name, department, and email of Project Leader and Co-leader (one basic and one clinical)
- A 1-page NIH-style Specific Aims page describing the translational research project
- A list of Core Facilities/Shared Resources in the HICCC that your project would use
- An NIH Biosketch for both the basic science and clinical Co-leaders and other Key Personnel

Applications should be submitted by 5:00pm US Eastern Time on July 27th, 2020 through the InfoReady Review portal which can be accessed at: https://columbia.infoready4.com/-competitionDetail/1817972

Human Endpoints for SPORE projects (extracted from PAR-18-313): All proposed SPORE projects must be translational. In every SPORE project, the development of new cancer-relevant interventions should include both a laboratory component and a human endpoint that must be reached during the project period of the grant.

In each SPORE project, at least one of the following types of human endpoints should be proposed:

- Early phase clinical trials of new investigational drugs, biologics, experimental procedures, medical devices, or combinations;
- Early phase clinical trials of new combinations or new uses of the Food and Drug Administration (FDA)-approved agents and devices;
- Discovery and development of biomarkers, only when measurements are made in human specimens, or directly in human subjects;
- Laboratory studies that begin with an observation in the clinic and use human specimens to generate new clinical hypotheses;
- Population, behavioral, or psychosocial studies, when these studies address mechanistic aspects of the biology of the disease;
- Investigational new drug (IND)-directed toxicology studies conducted following a pre-IND meeting with the FDA in which the plan proposed by the investigators is acceptable to the FDA.

Experiments using cell lines, xenografts, patient-derived xenografts (PDX), organoids, paired germline samples, or engineered tissues, may be important to the translational studies proposed and are encouraged, but are not sufficient to meet the human endpoint requirement.

All SPOREs must include at least one project that proposes a clinical trial which can serve as the required human endpoint for that proposed project. An IND-directed toxicology study can serve as a human endpoint; but is not sufficient to satisfy the clinical trial requirement. Inherent in this process is the interdependence between investigators conducting basic and applied research. Clinical and/or epidemiological research that does not include a wet laboratory or imaging component is not considered translational for the SPORE.