



Detect cancer early, when it can be cured

1525 O'Brien Drive Menlo Park, CA 94025 / www.GRAIL.com

Call for Grants Announcement (CGA)

Released: **26 Jan 2024**

GRAIL is committed to supporting educational activities focused on the improvement of knowledge, competence, confidence and performance of healthcare professionals and their teams in the delivery of quality care.

GRAIL invites educational providers to submit applications for independent educational grants as outlined below. This announcement provides notice of the availability of funds for the development of independent education designed to address the healthcare gap(s) identified below. There has been no predetermined approval, nor any identified preferred educational providers. All submissions will be reviewed equally, thoroughly, and fairly.

Healthcare Gaps / Needs Assessment Summary

Rethinking Cancer Control: MCED and Public Partnerships for an Equitable Future

While early detection remains a cornerstone of cancer control, persistent gaps leave many behind. Limited effective screening, low adherence, and unequal access contribute to late-stage diagnoses and suboptimal outcomes, particularly in minority and underserved communities, including indigenous populations. To bridge these gaps and optimize patient journeys for all, innovative approaches are crucial.

Multi-cancer early detection (MCED) technologies, analyzing circulating cell-free DNA, offer a potential paradigm shift. They hold the power to revolutionize cancer control by enabling early detection of multiple cancers, even for those lacking established screening methods. This empowers primary care teams, the frontline of population health, to personalize prevention and initiate timely interventions, potentially improving outcomes and reducing mortality.

However, successful integration of MCEDs requires a multifaceted approach beyond technology. Equipping healthcare professionals with the necessary knowledge and skills to interpret and utilize MCED data effectively is paramount. This necessitates targeted educational programs for primary care providers, focusing on:

- Understanding MCED technology and its clinical implications
- Effectively interpreting MCED results within individual contexts, considering patient history and risk factors
- Developing personalized management plans based on MCED findings, including additional investigations or preventative measures
- Navigating communication and shared decision-making with patients regarding MCED results and follow-up steps

Investing in such educational interventions will bridge the knowledge gap and empower healthcare professionals. However, achieving equitable cancer control demands more. Recognizing the unique challenges faced by minority and underserved communities, building strong public partnerships is essential.

These partnerships, involving minority/indigenous communities, community-based organizations (CBOs), healthcare providers, and allied health professionals can:

- Develop culturally-tailored MCED implementation strategies, respecting traditional beliefs and practices
- Address language and communication barriers through translated resources and culturally competent healthcare providers
- Empower communities through capacity building, training community health workers, and supporting community-driven cancer control initiatives
- Integrate traditional health practices into complementary and integrative cancer control models

By fostering such collaborative models, we can move beyond simply introducing MCEDs. We can leverage their potential to address existing disparities, ensuring no one is left behind in the journey towards earlier detection, personalized prevention, and improved cancer control for all.

References and Additional Resources Below

[Call for Grants Announcement Details](#)

CODE: MCD17

Submission Type: Independent Medical Education (CME/CPD), certified & non-certified education

Submission timeframe (submitted through the GRAIL RMS):

CGA currently open; will accept applications until:
midnight (11:59pm PT) Sunday 10 March 2024.

Area of interest / unmet educational need:

- The science and technology behind multi-cancer screening tests and criteria for how to differentiate amongst new and emerging blood-based screening tests
- Barrier reduction methods to improve population-scale cancer control and screening, addressing health and sociodemographic disparities and challenges with patient engagement
 - Underserved populations and health disparities: e.g. Rural communities, racial/ethnic minorities, those with limited healthcare access.
 - Cancers with limited or inaccessible screening methods: Lung (early stage) cancer, hepatocellular carcinoma, colorectal cancer, pancreatic cancer, ovarian cancer, and other cancers lacking effective routine screenings.
 - High-risk populations with pre-existing conditions: Individuals with family history of cancer, genetic predispositions, or chronic health issues.
- Tools for integration of new cancer control and screening technologies into the clinical workflow to optimize patient engagement, patient outcomes, and ensure continuity of care

Target audience and target meeting (if applicable):

- Primary Care / Internal Medicine / Family Practice Physicians and related healthcare professional audiences
- Minority/Indigenous Community-based Cancer Control Organizations

Anticipated educational formats and elements:

- Local, Health System, Community focused
- Healthcare Quality Improvement Initiative
- Interdisciplinary Teams: Proposals involving collaborations between clinicians, researchers, community health organizations (CHOs), patient advocates, and cancer control providers are highly encouraged.
- Data-Driven Innovation: Leverage data, artificial intelligence, and predictive analytics to develop effective risk stratification models and personalized interventions.

- Community Engagement and Outreach: Build trust and participation through strong partnerships with CHOs, culturally competent communication strategies, and patient education initiatives.
- Measurable Impact and Scalability: Demonstrate a clear plan for evaluating program effectiveness in improving early detection rates, reducing disparities, and enhancing patient outcomes. Propose strategies for replicating and scaling the program across diverse healthcare settings.
- Main program focused in the areas of interest indicated above
- Included scope expansion materials (e.g., point-of-care tools, online resources, physical enduring material, shared decision making guides and resources, other innovative sustainable components)

Available budget: \$200,000.00

Multi-support is encouraged, but not required

Medical and/or Advocacy Association participation is encouraged

Requirements for Submission and Checklist

Eligibility Requirements:

- Preferably, submitting organization will be an accredited educational organization, certified through a recognized accreditation council (eg, ACCME).
- Organization must be in good standing with all accrediting organizations for which work will be performed.
- Neither the Organization nor any of its owners, officers, or directors are excluded or debarred from participating in any government program.
- Organization is appropriately firewalled from any sister or parent organization that provides strategy, marketing, or commercial services to GRAIL and its partners.
- Organization must have appropriate experience for the requested program and audience; and must be able to provide examples with outcomes.

Submission Checklist (submitted through the GRAIL RMS):

- Needs assessment with appropriately linked educational objectives tied to referenced and /or assessed healthcare gaps
- Educational methodology, strategy, and related tactics tied to the educational objectives

- The faculty recruitment and audience generation plan
 - Objective outcomes assessment plan linked to the educational objectives
 - An anticipated agenda and/or line of content
 - Examples of potential marketing or promotional materials for the program
 - A timeline and implementation plan
 - A publication plan (optional)
 - A detailed budget for the anticipated activity
 - Examples of programs (w/outcomes) done previously in this or a similar focus area
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Submission Instructions and Timeline

Proposals must be received, via formal submission **through the GRAIL Request Management System (RMS) (www.grail.com/meded)** no later than midnight (11:59pm PT) **Sunday 10 March 2024**.

All submitted proposals will be reviewed via the GRAIL Medical Education Review Committee and a final decision will be communicated no later than **the week of 01 April 2024** via email.

A duly signed and formally executed letter agreement will be required to confirm support. Payment will be sent approximately 30 days after signatures are confirmed.

GRAIL reserves the right to defer and/or decline applications received after the due date indicated above.

Additional Information

All submissions will be reviewed against internal GRAIL policies, ACCME, AMA, the AdvaMed Code of Ethics on Interactions with Healthcare Professionals, and relevant OIG, and FDA guidance.

All grant applications received in response to this CGA will be reviewed in accordance with all GRAIL policies and appropriate guidelines.

This CGA does not commit GRAIL to award a grant or pay any costs incurred in the preparation of a response to this request.

GRAIL reserves the right to approve or deny any or all applications received as a result of this request or to cancel, in part or in its entirety, this CGA without prior written notification.

We request that all communications concerning this CGA should come exclusively to GRAIL's Medical Education team. You can reach the Medical Education team at GRAIL by contacting densign@grailbio.com.

Failure to follow the instructions within this CGA may result in a denial.

References

1. Smith RA, et al. Cancer Screening in the United States, 2018: A Review of Current American Cancer Society Guidelines and Current Issues in Cancer Screening. *CA Cancer J Clin.* 2018;68:297-316.
2. Siegel RL, et al. Cancer Statistics, 2018. *CA Cancer J Clin.* 2018;68:7-30.
3. Ashdown ML, et al. Chemotherapy for Late-Stage Cancer Patients: Meta-Analysis of Complete Response Rates. *F1000Res.* 2015;4:232.
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16. Melton C, et al. Optimized Early Cancer Detection from Whole-Genome Sequencing of Cell-Free DNA. 2019 ASHG Annual Meeting; 15-19 October 2019; Houston, TX, USA.
17. Liu MC, et al. Simultaneous multi-cancer detection and tissue of origin (TOO) localization using targeted bisulfite sequencing of plasma cell-free DNA (cfDNA) - oral presentation. *ASCO Breakthrough Summit 2019*; 11-13 October, 2019; Bangkok, Thailand.
18. Liu MC, Oxnard GR, Klein EA, Swanton C, Seiden MV, CCGA Consortium. Sensitive and specific multi-cancer detection and localization using methylation signatures in cell-free DNA. *Ann Oncol.* 2020;31(6):745-759. DOI: 10.1016/j.annonc.2020.02.011.
19. Ofman JJ, Raza A, Fendrick AM. Novel multicancer early detection technology—potential value to employers and the workforce. *Am J Manag Care: Evidence-Based Oncology.* 2020;26(10 Spec No.):SP317, SP363-SP364. DOI: 10.37765/ajmc.2020.88567.
20. Clarke CA, Hubbell E, Kurian AW, Colditz GA, Hartman A-R, Gomez SL. Projected reductions in absolute cancer-related deaths from diagnosing cancers before metastasis, 2006-2015. *Cancer Epidemiol Biomarkers Prev.* 2020;29(5):895-902. DOI: 10.1158/1055-9965.EPI-19-1366.

21. Hubbell E, Clarke CA, Aravanis AM, Berg CD. Modeled reductions in late-stage cancer with a multi-cancer early detection test. *Cancer Epidemiol Biomarkers Prev.* 2020;30(3):460-468. DOI: 10.1158/1055-9965.EPI-20-1134.
22. Klein EA, Richards D, Cohn A, Tummala M, Lapham R, Cosgrove D, Chung G, Clement J, Gao J, Hunkapiller N, Jamshidi A, Kurtzman KN, Seiden MV, Swanton C, Liu MC. Clinical validation of a targeted methylation-based multi-cancer early detection test using an independent validation set. *Ann Oncol.* 2021 Jun 23;S0923-7534(21)02046-9. DOI:<https://doi.org/10.1016/j.annonc.2021.05.806>
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Additional referenced materials may be found at:

<https://grail.com/manuscripts/>

<https://grail.com/presentations/>

<https://grail.com/clinical-expertise/?module=clinical-studies-title>

<https://grail.com/clinical-expertise/?module=clinical-program-overview>

On Cancer Control Disparities:

National Cancer Institute:

"Cancer Disparities and Health Equity: A Policy Statement from the American Society of Clinical Oncology"

"Cancer Data & Statistics, by Race/Ethnicity"

American Cancer Society:

"Cancer Facts & Figures 2024"

"Cancer Disparities and Social Determinants of Health"

National Partnership for Cancer Care:

"Addressing Cancer Disparities: Challenges and Opportunities"

Centers for Disease Control and Prevention:

"National Center for Minority Health and Health Equity"

On Multi-Cancer Early Detection Technologies (MCEDs):

Cancer Research UK:
"Liquid Biopsies: Detecting Cancer Earlier with Blood Tests"

National Cancer Institute:
"Multi-Cancer Early Detection"

AACR Cancer Research Magazine:
"Liquid Biopsy Could Revolutionize Early Cancer Detection"

Science Translational Medicine:
"Liquid Biopsy for Early Detection of Cancer"

On Public Partnerships and Community Engagement:

Cancer Control PLANET:
"Public Partnerships to Address Cancer Disparities"

National Cancer Institute:
"Community Engagement Resources and Tools"

Robert Wood Johnson Foundation:
"Leveraging Partnerships to Address Health Disparities":

Association of Schools and Programs of Public Health:
"Public Health Partnerships: A Resource Guide"

Specific to Indigenous Populations:

National Cancer Institute:
"Native People and Cancer"

Indian Health Service:
"Division of Cancer Prevention and Control"

National Indigenous Cancer Consortium:

American Journal of Public Health:
"Cancer Disparities among American Indians and Alaska Natives"

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