

Breast Cancer Research Council Priority-Setting Retreat
April 27-28, 2023
Double Tree by Hilton Berkeley Marina

Members Present: Amanda Heier, Bryan Goldner, Clara Omogbai Erika Bell, Phyllis Howard, Rati Fotedar, Salma Marco-Shariff, Sharon Pitteri, Svetlana Popova, Thomas Jascur, Ujwala Rajgopal,

Members Absent: Abigail Arons, Chris Meda, Michele Atlan

Staff: Mhel Kavanaugh-Lynch, Katherine McKenzie, Lisa Minniefield, Sen Poole, Sharima Rasanayagam

Consultants: Carmela Lomonaco, Marj Plumb

Guest: Jocelyn Chung (DEI Supplement Recipient), Nancy Buermeyer (BCPP)

Day One: April 27

- I. Call to Order:** Clara called the council to order at 9:01am, initiated introductions and gave a review of the day's agenda.
- II. Priority-Setting Background:** Sharon presented on the background of priority-setting, the timeline and approach to the recommendations. She reviewed the funding mechanisms and initiatives and recommendations in the funding areas, review process, grantee reporting, program-level capacity building actions, stakeholder engagement, and evaluation and metrics.
- III. Funding Strategy Considerations:** The staff jointly presented on the Secular Trends in Core Funding Applications. Mhel began by telling the group that the program expects a drop in funds over the next five years. Staff have been examining the conditions of breast cancer research in California and surveying previous applicants on barriers to applying for CBCRP funding. The council will have three funding strategy options to consider. Katie then presented graphs showing the estimates of the available dollars in the next five years, and others showing the decline in proposals submitted for the three funding mechanisms. Sen presented on the surveys staff sent out asking potential PIs why they didn't finish completing grant applications. She also showed the QS and CRC application numbers from the last ten years. Sharima reported on the surveyed funded PIs that stopped applying and displayed the results. Three scenarios were presented for what types and how many grants to fund with the projected amount of revenue coming to CBCRP.
- IV. Small Group Instructions:** Marj gave the council instructions for what they will accomplish in their small group discussions.

- V. **Small Group Discussions on AM Presentations:** The council met in two groups to discuss the information they received during the morning's presentations.
- VI. **CBCRP Diversity Supplement Awardee Presentation:** Jocelyn Chung presented to the council on the work she completed as a DEI supplement recipient.
- VII. **Small Group Report out to Large Group:** A representative from each small group reported on the group's discussion.
- VIII. **Large Group Discussion:** There was a long discussion on the three scenarios for the projected # of grants.

Clara adjourned meeting for the day at 4:32 pm.

Day Two: Friday, April 28

- I. **Call to Order:** Clara called the council to order at 9:02 am and reviewed the agenda for the day.
- II. **Debrief of Previous Day:** Marj debriefed what the council accomplished during the first day of the retreat.
- III. **Paths to Prevention: The California Breast Cancer Prevention:** Nancy presented, *Paths to Prevention: CA Comprehensive Breast Cancer Primary Prevention Plan*. The goal of the Plan is to develop an action plan that uses the best science, community wisdom, and policy initiatives to create systemic change to stop breast cancer before it starts. She talked about the unique aspects of the plan, the guiding principles, and where they found the data that helped create the plan.
- IV. **Large Group Discussion:** The council talked about the Paths to Prevention Plan.
- V. **Program Directed Initiatives IV:** Mhel introduced the proposed next phase of Program Initiatives 4. She first provided an overview for each of the first three stages and presented a detailed look at the evaluation of the Preventing Breast Cancer Initiative. She then presented the full proposal for Program Initiatives 4 including the proposed funds, topics, obtaining a science convener, and the structure. The group discussed the Initiative.
- VI. **VOTE: Approved CBCRP Council Recommendations:**

Diversity Supplements

1. Continue to offer Diversity Supplements (at 10K).

Community Research Collaboration Awards

2. Continue to offer Community Research Collaboration (CRC) Pilot awards.
3. Increase amount of CRC Pilot awards to \$200K.
4. Beginning in 2024-2025, offer up to 10 CRC planning grants of \$15K and the QuickStart training, and continue to offer every other year.
5. In 2024-2025 do not offer CRC Full awards.
6. Beginning in 2025-2026, offer Community Research Collaboration (CRC) Full awards (at \$600K) every other year (when CRC Planning grants are not offered). (Collaboration; Disparities, Underserved, and Accessibility; Public Health Outcomes; Translation & Dissemination)

IDEA Awards

7. Continue offering and funding IDEA awards with a 12-month (at \$150K) or 18-month duration (animal and human participants at \$200K). (Innovation)
Translational Awards
8. Beginning in 2024-2025, discontinue the Translational Research Award mechanism. (Public Health Outcomes; Translation & Dissemination).
Standard Conference Awards and Community-Led Conference Awards
9. Continue to offer Standard Conference Awards and Community-Led Conference Awards. (Collaboration; Disparities, Underserved, and Accessibility)

Policy Initiatives

10. Continue to offer Policy Initiatives with the guidance of the PRAG. (Disparities, Underserved, and Accessibility; Policy; Public Health Outcomes)
11. Continue to include initiatives that address the disparities, underserved and/or accessibility program goal in Program-Directed Initiatives and Policy Initiatives. (Disparities, Underserved, and Accessibility)

Program-Directed Initiatives

12. Continue the Program-Directed Initiatives set-aside and grant funding. (Disparities, Underserved, and Accessibility; Innovation; Non-Duplicative; Translation & Dissemination; Public Health Outcomes)
13. Continue to include initiatives that address the disparities, underserved and/or accessibility program goal in Program-Directed Initiatives and Policy Initiatives. (Disparities, Underserved, and Accessibility)
14. Continue to include policy-focused initiatives in program directed initiatives. (Policy)

15. Continue to encourage translational research through the Community Research Collaboration (CRC) awards, and program-directed initiatives, including policy initiatives.
16. Continue funding grant mechanisms that at their foundation leverage California Specific criteria: community research collaboration, program directed and policy initiatives. (California Specific)
17. Prioritize focus on populations with high breast cancer burden but move past description to solution-based approaches in and with these communities. (California Specific)
18. Continue to refine how best to fund non-duplicative research. (Non-Duplicative)
19. Continue to assess the impact of the Policy Initiative. (Policy)
20. Monitor grantee awareness of funding mechanisms and programmatic goals; Educate grantees where there appear to be gaps in awareness (Responsive)

21. Encourage investigators, regardless of the grant mechanism, to consider the California-Specific criteria in the development of their research projects by allocating an extra point during programmatic grant review for applications that utilize California Specific criteria or resources. (California Specific)

22. Ensure that grantees provide specific policy outcomes (both public and private) in their annual progress and final closeout reports. (Policy)

23. The Program should continue to engage in creative capacity-building efforts (e.g. approaches used with IDEA awards; advocacy-involvement technical support materials for IDEA investigators; CPPR technical support programs). (Capacity Building)
24. Continue efforts to provide technical support for collaborations. Examples include but are not limited to: Consultations with program officers for advocate engagement for IDEA awards; technical assistance programs for community-partnered participatory research. (Collaboration)
25. Continue to implement program-level approaches to increase equity and inclusion, enhance diversity, and/or address disparities in breast cancer research. (Disparities, Underserved, and Accessibility)
26. Investigate additional opportunities and develop strategies to support capacity of communities (e.g. community-based organizations) to successfully compete for research grants and lead research projects with academic partners. (Responsive)

27. Improve community and advocate engagement as a continued requirement in CBCRP funding mechanisms. (Responsive)
28. Continue to integrate community perspective to the research CBCRP funds (e.g., selecting topic areas in program-directed initiatives; mechanisms). (Responsive)
29. Strengthen and increase knowledge in researchers and their trainees about the value of advocate and community involvement. (Responsive)

30. Explore how advocates and/or California-specific resources may impact funded research, compared to research of similar content without this requirement (both internal and external). (Non-Duplicative)

31. By the fall 2025 Council meeting, the Council's Evaluation Committee should complete an updated evaluation of Translational awards [including projects funded up through 2024]. (Translation & Dissemination)

32. Continue efforts to develop standard evaluation metrics and data collection for all CBCRP grants, that consider additional metrics to determine innovation and impact, including public health impact. (Innovation; Public Health Outcomes)

33. CBCRP should explore methods to collect demographics of research team members besides the Principal Investigators. (Disparities, Underserved, and Accessibility)

34. By Summer 2024, CBCRP staff provide a summary to Council, describing the policies and practices generated by the RGPO Equity in Grantmaking Committee, that are aimed at increasing equity and reducing bias in grantmaking. (Disparities, Underserved, and Accessibility)

35. By January 2025, CBCRP staff provide a progress update to Council on Research Grants Program Office (RGPO) implementation of reporting process relevant to public health outcomes. (Public Health Outcomes)

36. Accept proposal for Program-Directed Initiatives 4, including the description of the following elements:

- * RFQ for Convener
- * Steering Committee Leadership and Strategy Team
- * Idea generation: Paths to Prevention; and Gaps document & Gaps supplement document; as well as suggested new items from strategy advisors.
- * Academic & Community Engagement: CLASP-BC; Primary Prevention teams; CBCRP Online Conferences
- * Concept Papers form basis for RFPs
- * On-going Evaluation
- * Timeline

MOTION: Rati moved (Phyllis seconded) to accept all the recommendations as stated above. The motion passed unanimously.

VII. CBCRP Business Meeting:

- a. **Outreach Committee:** Bryan presented on the CBCRP Conference Series the committee has been planning. He presented the topics and the structure for the first conference including plenary and breakout sessions. The group discussed the conference and asked questions.

b. Chair/Vice Chair Election: The council voted unanimously to approve Sharon Pitteri for chair and Erika Bell for vice chair for the 2023-24 cycle.

Clara Adjourned the meeting at 12:12pm