Provocative Questions (PQ) Initiative; Cancer with an Underlying HIV Infection

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In Collaboration with...

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RFA Purpose

Advance our understanding of the

• risks
• development
• progression
• diagnosis
• treatment

of malignancies observed in individuals with an underlying HIV infection
NCI HIV and AIDS Portfolio Analysis

<table>
<thead>
<tr>
<th></th>
<th>Number of Funded Grants</th>
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<tbody>
<tr>
<td>AIDS/all</td>
<td>198</td>
</tr>
<tr>
<td>Inflammation</td>
<td>12</td>
</tr>
<tr>
<td>Risk</td>
<td>9</td>
</tr>
<tr>
<td>Aging</td>
<td>56</td>
</tr>
<tr>
<td>Immune Monitoring</td>
<td>2</td>
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**Legend:**
- **Funded Grants**
Background

- Building on the success of the broad PQ Initiative, OHAM proposed and the BSA Ad hoc Subcommittee on HIV and AIDS Malignancy endorsed a PQ focused on HIV/AIDS malignancy research.

- Use of NCI AIDS funds for this initiative was endorsed by the NIH OAR.

- PQs were developed in a workshop that included experts in HIV/AIDS malignancy and relevant fields.

- Based on the questions proposed by workshop participants, six final questions were selected and refined by NCI staff.
HIV Provocative Questions
(Inflammation)

1. Are there unique features of HIV-associated inflammation and do these contribute to cancer incidence or outcome?

2. Other than immune dysfunction (including inflammation), what are the HIV-mediated mechanisms that underlie differential cancer risk in individuals with HIV infection?

3. Other than immune dysfunction (including inflammation), and known oncogenic mechanisms or risk factors that affect HIV-uninfected individuals, what if any are the mechanisms that play a role in the differential cancer risk in individuals with well-treated HIV infection?
HIV Provocative Questions
(Aging, Analogous Tumors and Cancer Types)

4. How do the biology of aging and HIV infection interact in the development of various cancers?

5. What are the differences between analogous tumors of the same tissue type or subtype in HIV vs. non-HIV infected patients and can these differences inform prognosis or treatment decisions?

6. Why are only certain cancer types increased whereas others are unchanged or even decreased in people with HIV infection?
Administrative

• Mimics the “parent” PQ Initiative Approved for 2015
• Mechanisms: R01 (5 years) and R21 (2 years)
• Two Receipt Dates
  • Anticipated Award Dates
    • ~December, 2015
    • ~ July, 2016
• Anticipate Funding 4-5 applications per PQ/each receipt date

Budget

• First Year Budget Set Aside: $ 8 X 10^6
• Source of Funds: RPG
• Total Budget for Project Period: ~$ 40 X 10^6
Justification for Use of an RFA

• The requested budget set-aside will attract applications from outstanding investigators.

• As an incentive for investigators to propose high risk projects that will address these PQs set aside funds are necessary.

• Applications will be reviewed by a panel of area experts convened by NCI DEA.
Evaluation of the HIV PQs RFA

- Evaluation will be done by the same metrics as previous PQ RFA initiatives.

- We will solicit input from the BSA ad hoc sub-committee on HIV and AIDS Malignancies.

- A committee of scientific staff from DCB, OHAM, and other DOCs will be formed to track all applications from receipt and evaluations of responsiveness to the PQs through funding plan approval.
All ICs AIDS and Cancer Portfolio Analysis

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<td>Inflammation</td>
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<td>Risk</td>
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<td>Aging</td>
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