

# Implementation Science for Cancer Control in People Living with HIV (PLWH) in Low- and Middle-Income Countries (LMICs)

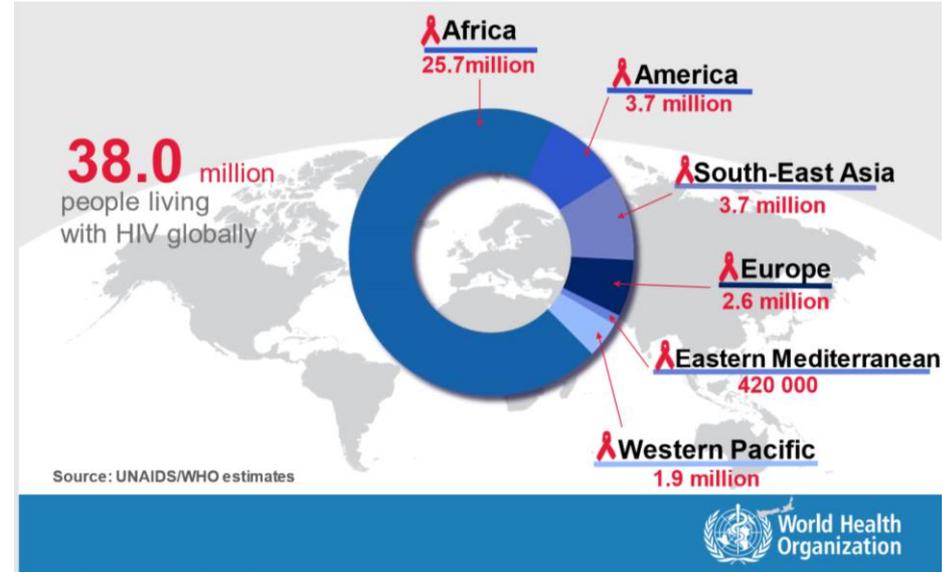


## *RFA Concept Proposal*

Vidya Vedham, PhD  
Program Director  
Center for Global Health  
National Cancer Institute  
Email: [vidya.vedham@nih.gov](mailto:vidya.vedham@nih.gov)

# Increasing Cancer Burden Among Aging PLWH Worldwide

- 38.0 million people living with HIV
- 26.0 million people have access to antiretroviral therapy (ART)
- ~ 90 % of PLWH in LMICs
- With increased ART access, PLWH in LMICs are aging with increasing cancer morbidity and mortality



# Opportunities for Cancer Control in LMICs

- Leverage and build on community infrastructure for HIV treatment and prevention to promote the uptake of evidence-based cancer control interventions.
- Integrate or bundle evidence-based cancer control interventions into HIV treatment and prevention programs that engage remote and vulnerable communities.
- Develop or adapt innovations in telemedicine and mobile health to improve the uptake and reach of evidence-based cancer control interventions in PLWH.

# Implementation Science for Cancer Control among PLWH in LMICs



<i>Pre-Clinical Development</i>	<i>Phase 1/2/3 Clinical Trials</i>	<i>Phase 3/Phase 4 Clinical Trials</i>	<i>Dissemination &amp; Implementation</i>
Translation to Humans	Translation to Patients		Translation to Practice

Implementation science is the study of strategies to promote the adoption and integration of evidence-based interventions in a variety of settings to improve the impact on population health.

# New RFA Request: Implementation Science for Cancer Control in People Living with HIV (PLWH) in Low- and Middle-Income Countries (LMICs)

**Goal of RFA:** Support the development, adaptation, and testing of implementation strategies to deliver evidence-based interventions, tools, and technologies for cancer control among PLWH in LMICs.

Use appropriated NIH AIDS research funds. *Concept was approved for inclusion in NIH OAR FY22 Budget and addresses multiple NIH Priorities for HIV and HIV Related Research (Goal 3 :FY21-25 Strategic plan)*

- Anticipate funding 6-8 U01 awards (Clinical Trial Optional)
- Estimated total cost: \$25 million; Year 1 (2022) set-aside: \$5 million
- Application budgets limited to \$500,000 in direct costs per year

# Example Research Topics

Studies to design, develop, and test theory-informed implementation strategies to improve uptake and integration of evidence-based cancer control interventions for PLWH.

Studies evaluating the comparative effectiveness and cost-effectiveness of different implementation strategies.

Studies of policies and other contextual factors that influence the success of dissemination and/or implementation efforts.

Studies that explore strategies to support the integration of telehealth/telemedicine interventions to deliver evidence-based cancer control.

Studies to understand how and why implementation efforts are successful (or unsuccessful) in HIV positive populations in LMICs.

# Discussion with BSA Review Subcommittee

## Additional Requirements for Applicants

- Background and Significance: Describe the LMIC environment and how the project addresses local cancer control priorities.
- Preliminary Data for intervention studies: Provide preliminary data regarding the efficacy of the intervention(s) to be implemented.
- Intervention delivery: Include plans for assessing feasibility and acceptability of the intervention in the intended LMIC context and describe potential for the intervention to be scaled up and sustained.
- Established and equitable partnerships: Demonstrate a track record of long-term partnerships with the LMIC institution(s) and diverse LMIC stakeholders (policy makers, community workers, and implementors).

## Exclusion Criteria

- Projects that aim to develop and test new interventions or utilize interventions with no initial proof-of-concept.
- Absence of key personnel from LMICs.
- Lack of potential for scalability and sustainability of implementation strategies.

## Effective Use of U01 Cooperative Agreement Mechanism

# Additional Review Criteria

- Does the project adequately account for characteristics of the local health systems, and is the proposed implementation approach appropriate for the problem and population proposed?
- Are the research methods relevant, rigorous, and practical in the context of the LMIC setting?
- Does the proposal demonstrate relevant community engagement in the research project including equitable partnership opportunities for the LMIC clinical research community?
- Does the proposal clearly describe potential for scalability and sustainability of the project or intervention within the local LMIC context?
- Does the proposal include an adequate training and dissemination plan involving LMIC investigators, institutions, and stakeholders?

# Summary

- ✓ Remarkable gains in HIV control have created important cancer control opportunities among PLWH receiving ART who are experiencing an increasing cancer burden in LMICs.
- ✓ Implementation Science is a priority area in the NCI Annual Plan and NIH Strategic Plan for HIV and HIV-related research. However, implementation science is underrepresented in the current NCI global and HIV portfolios.
- ✓ Increasing NCI support for implementation science as a discipline and community in LMICs can likely address critical evidence-to-practice gaps and complement existing HIV-related programs at NCI and NIH.
- ✓ This RFA seeks to support projects tailored to the diverse cancer control needs of PLWH while leveraging existing capacity for HIV care delivery in LMICs.



**NATIONAL  
CANCER  
INSTITUTE**

[www.cancer.gov](http://www.cancer.gov)

[www.cancer.gov/espanol](http://www.cancer.gov/espanol)