

Opportunity Number	Link	Agency / Organization	Title	Total Amount (w/out indirect)	Project period (years)	Due Date	KEY synopsis message
2024 ONC mUC and MIBC	<a href="https://cdn.pfizer.com/pfizercom/2024-05/GMG-2024-ONC-mUCandMIBC_0.pdf?VersionId=t.566V.B_KrTw0qSCCunQjms4Vhg50ig">https://cdn.pfizer.com/pfizercom/2024-05/GMG-2024-ONC-mUCandMIBC_0.pdf?VersionId=t.566V.B_KrTw0qSCCunQjms4Vhg50ig</a>	Pfizer GMG/RFP	Evolving Treatment Options in First-line Metastatic Urothelial Carcinoma (mUC) and Muscle Invasive Bladder Cancer (MIBC)	\$225,000	1.5	07/19/24	Grant for education of HCPs on new NCCN guidelines for bladder cancer, including ICIs. Priorities are: Guideline recommended care in first-line metastatic urothelial carcinoma (mUC) and the holistic management of patients with UC, including combination regimens and optimal sequencing; • Early identification and management of adverse events associated with UC treatment within the multidisciplinary team; and/or • The role of antibody-drug conjugates (ADCs) and their targeted MOA to potentially address the unmet need in earlier stages of UC. Examples of educational formats that will be considered under this RFP include but are not limited to: • Multi-activity or tiered education that builds over time such as a series of activities or curriculum-based learning • Tethered programs, incorporating patients/caregivers into learning activities • On agenda educational sessions during live conferences or satellite symposia adjacent to major conferences (including through Spring of 2025, ASCO GU etc.) • Grand Rounds or tumor boards • Expert interviews recorded at live conferences, conference coverage reviews • Online articles, newsletter articles, training courses, webinars, podcasts • Social media posted and linked content • All learning resources such as videos, infographics, animation
NCCN-Pfizer-PARPi	<a href="https://cdn.pfizer.com/pfizercom/2024-05/GMG-2024-ONC-US-NCCN-HematologicalToxicityPARPiRES.pdf">https://cdn.pfizer.com/pfizercom/2024-05/GMG-2024-ONC-US-NCCN-HematologicalToxicityPARPiRES.pdf</a>	Pfizer GMG/NCCN	Understanding the Mechanisms and Formulating the Optimal Management of Hematological Toxicity of PARPi in the Treatment of Prostate Cancer	\$500,000		07/23/24	ONLY NCCN Members AIM: To advance the understanding and management of hematologic toxicity of PARPi alone or in combination with NHT in the treatment of patients with prostate cancer
PGMG-Onc-Cervical	<a href="https://cdn.pfizer.com/pfizercom/2024-05/2024%20ONC%20US%20Cervical%20MedEd%20RFP.pdf">https://cdn.pfizer.com/pfizercom/2024-05/2024%20ONC%20US%20Cervical%20MedEd%20RFP.pdf</a>	Pfizer GMG/RFP	Pfizer Independent Medical Education	\$100,000	1	08/22/24	Education for HCPs, preferably supported by multiple funders
PAR-23-032	<a href="https://grants.gov/search-results-detail/344212">https://grants.gov/search-results-detail/344212</a>	SBIR	Late-Stage Translation of Biomedical and Behavioral Research Results in Arthritis and Musculoskeletal and Skin Diseases from Academic/Non-profit Lab to Marketplace	\$2,300,000	3	09/05/24	Late-stage pre-clinical studies on technology or therapy feasibility, and studies that are required for regulatory approval before clinical testing and making new lab technologies more practical for clinical use. Human subjects research ok, but no clinical trials, A late-stage translation is the continuation of previous research work that has shown promising data for development of a product. It is expected that the academic/non-profit labs have conducted mechanistic studies and obtained preliminary results that provide a strong premise to further develop the technology or therapy. The concept of a product should be well defined. NIAMS mission-relevant research topics include, but are not limited to: -Development of therapies such as drugs, biologics, devices, cells, genes or behavioral interventions -Development of innovative strategies for the delivery of drugs -Biomarker studies focusing on changes in disease-associated biochemistry, imaging, physiology, or other measures that would facilitate screening and diagnosis -Development of outcome measures and methodologies that would enhance future observational studies and clinical trials -Development of 3D human tissue models for studying pathogenesis and/or testing new therapeutics

PAR-22-165	<a href="https://grants.nih.gov/grants/guide/pa-files/PAR-22-165.html">https://grants.nih.gov/grants/guide/pa-files/PAR-22-165.html</a>	NIH	Innovative Approaches to Studying Cancer Communication in the New Information Ecosystem	\$275,000	2	10/16/24	This Funding Opportunity Announcement (FOA) is intended to encourage research projects in three distinct domains related to cancer communication: 1) utility and application of new cancer communication surveillance approaches, 2) development and testing of larger-scale interventions using innovative methods and designs, and 3) development and testing of multilevel cancer communication models emphasizing bidirectional influence between levels. Applications should apply one or more innovative methodologies (including, but not limited to, social media data mining, Natural Language Processing (NLP) techniques, online social network analysis, mixed methods approaches, crowdsourcing research tools, online search data, Ecological Momentary Assessment, testing of mobile and digital technologies to facilitate communication and health engagement, neuroscience and biobehavioral approaches to communication, artificial intelligence, visual data analysis, and geographic information systems) across the cancer control continuum, from prevention, early detection, diagnosis, treatment, and survivorship, to end of life. Relevant topics include, but are not limited to, effectively communicating cancer risks; affecting positive behavior change relevant to cancer prevention and control (e.g., tobacco use, diet, physical activity, cancer screening, alcohol consumption, sun protection); enabling patient-centered cancer care and effective navigation of the healthcare system; offering informational, social, and psychological support in cancer care as well as in decision-making about cancer screening and treatment; and maximizing quality of life for survivors and their caregivers, including the utilization of palliative care. Multilevel approaches are encouraged. Intervention studies should consider applicability across multiple contexts (e.g., health systems, family- or community-based settings, or virtual/online communities). Studies should assess outcomes related to cancer prevention and control (e.g., knowledge; attitudes; beliefs; health/science literacy; trust; perceived risk; decision making in vaccination, screening and treatment; information inequalities; social support; shared decision making; persuasion; caregiving; behavioral intentions; preventive behaviors; and policy support, among others).
PAR-22-209	<a href="https://grants.nih.gov/grants/guide/pa-files/PAR-22-109.html">https://grants.nih.gov/grants/guide/pa-files/PAR-22-109.html</a>	NIH	Dissemination and Implementation Research in Health	\$275,000	2	10/16/24	Pilot or test to overcome barriers to adopting EBM
PAR-23-058	<a href="https://grants.nih.gov/grants/guide/pa-files/PAR-23-058.html">https://grants.nih.gov/grants/guide/pa-files/PAR-23-058.html</a>	NIH	NCI Small Grants Program for Cancer Research for Years 2023, 2024, and 2025 (NCI Omnibus) (R03 Clinical Trial Optional)	\$100,000	2	10/17/24	Pilot or feasibility studies; Secondary analysis of existing data; Small, self-contained research projects; Development of research methodology; and Development of new research technology.
PAR-23-309	<a href="https://grants.nih.gov/grants/guide/pa-files/PAR-23-309.html">https://grants.nih.gov/grants/guide/pa-files/PAR-23-309.html</a>	NIH	Health and Health Care Disparities Among Persons Living with Disabilities	\$2,500,000	5	10/25/24	The overarching goals of this funding opportunity are to support innovative research that focuses on the health (e.g., conditions, outcomes, trajectories, etc.) and healthcare (e.g., modalities systemic or structural factors, access/barriers, service delivery, care quality, utilization, etc.) of persons living with disabilities and the intersections with race and ethnicity, and SES. Research focused on intersections with sexual and gender minority self-identification, and living in underserved rural locations are also of interest.
PAR-24-035	<a href="https://grants.nih.gov/grants/guide/pa-files/PAR-24-035.html#_Section_II_Award_1">https://grants.nih.gov/grants/guide/pa-files/PAR-24-035.html#_Section_II_Award_1</a>	NIH/NIAMS	Exploratory Clinical Trial Grants in Arthritis and Musculoskeletal and Skin Diseases (R61 Clinical Trial Required)	\$600,000	3	11/04/24	Examples of research areas of interest include, but are not limited to: Conducting early-stage clinical trials, such as but not limited to; first in human, dose-finding or escalation/tolerability/safety/efficacy studies with drugs, biologics, devices, behavioral interventions, and/or physical therapy for treatment of arthritis, musculoskeletal, or skin conditions or diseases. Clinical trials to provide data required to support a future, more robust clinical trial whose aim is to help establish the safety and efficacy or effectiveness of an intervention. Clinical trials in rare diseases where the number of potential study participants is limited. Clinical trials to determine the predictive value of a potential biomarker.

PAR-24-036	<a href="https://grants.nih.gov/grants/guide/pa-files/PAR-24-036.html">https://grants.nih.gov/grants/guide/pa-files/PAR-24-036.html</a>	NIH/NIAMS	Clinical Observational (CO) Studies in Musculoskeletal, Rheumatic, and Skin Diseases (R01 Clinical Trial Not Allowed)	\$475,000	4	11/04/24	Clinical Observational (CO) studies that assess specific health characteristics by collecting biospecimens (e.g., for biomarker or genomic analyses), obtaining photographic, radiographic or other images, and/or collecting medical history or exposure data. Applications that leverage telehealth methods, digital outcomes, or wearable devices are encouraged. Obtain information about disease symptoms, stages, and timing of disease progression; comorbid conditions; availability of potential clinical study participants; and outcomes that are important to patients. Facilitate efforts to validate objective biomarkers or subjective outcome measures for use in a future clinical study. Studies that address significant obstacles or questions in the design of a clinical study, such as determining the appropriate primary or secondary outcome measures or identifying the stages of disease during which patients are most likely to respond to an intervention are encouraged as are use of the best available methods for design, assessment, and analysis in observational studies. Intended to inform planning and execution of future clinical research studies, the resulting data may also have a direct impact on clinical care.
RFA-NS-24-041	<a href="https://grants.nih.gov/grants/guide/rfa-files/RFA-NS-24-041.html">https://grants.nih.gov/grants/guide/rfa-files/RFA-NS-24-041.html</a>	NIH	NIH HEAL Initiative: Coordinated Approaches to Pain Care in Health Care Systems (UG3/UH3 - Clinical Trial Optional)	\$4,945,000	5	11/07/24	The aim of the HEAL Coordinated Approaches to Pain Care in Health Care Systems program is to establish a framework to deliver quality coordinated multidisciplinary pain management that integrates primary care and specialty care services within the infrastructure and resources of a variety of Health Care Systems. Participation in such studies will benefit the Health Care Systems by providing resources for implementation trials to embed evidence-based coordinated pain care practices into routine care.
PAR-24-208	<a href="https://grants.nih.gov/grants/guide/pa-files/PAR-24-208.html">https://grants.nih.gov/grants/guide/pa-files/PAR-24-208.html</a>	NIH/NIAMS	NIAMS Clinical Trial Implementation Cooperative Agreement (UG3/UH3 Clinical Trial Required)	\$6,250,000	6	11/24/24	This Notice of Funding Opportunity Announcement (NOFO) solicits cooperative agreement (UG3/UH3) applications for implementation of investigator-initiated, single or multi-site, interventional clinical trials (all phases). Investigators who have completed all necessary preparation (e.g., the trial design, protocol synopsis, data analysis plan, etc.) through other means may apply for a NIAMS UG3/UH3. The UG3 phase is designed to allow the investigators to prepare the final aspects needed to start the trial, (e.g., establishing the single IRB (sIRB), contracts and reliance agreements with sites, hiring of staff, etc.). Transition to the UH3 phase to begin the trial is dependent upon completion of the UG3 milestones proposed by the investigator and approved by NIAMS. UG3 projects that meet their milestones will be administratively considered by NIAMS and prioritized for transition to the UH3 phase. NIAMS expects trials to be hypothesis-driven and have the potential for high clinical impact within the research mission of NIAMS.
PAR-22-164	<a href="https://app.smartsheet.com/sheets/Hg2qF7fxc72jhiRqQp24Rq38fPXq893X77hxX7W1?view=grid">https://app.smartsheet.com/sheets/Hg2qF7fxc72jhiRqQp24Rq38fPXq893X77hxX7W1?view=grid</a>	NIH	Innovative Approaches to Studying Cancer Communication in the New Information Ecosystem (R01 Clinical Trial Optional)	\$2,500,000	5	02/05/25	Through this Funding Opportunity Announcement (FOA), the National Cancer Institute (NCI) announces its interest in supporting meritorious research projects in three distinct domains related to cancer communication: 1) the utility and application of new cancer communication surveillance approaches; 2) the development and testing of rapid cancer communication interventions using innovative methods and designs; and 3) the development and testing of multilevel cancer communication models emphasizing bidirectional influence between levels. For such projects, applicants should apply communication science approaches to the investigation of behavioral targets and health outcomes related to cancer prevention and control. Applications should utilize one or more innovative communication research methodologies.
RFA-NR-24-006	<a href="https://grants.nih.gov/grants/guide/rfa-files/RFA-NR-24-006.html#_Section%20II.%20Award%20Information">https://grants.nih.gov/grants/guide/rfa-files/RFA-NR-24-006.html#_Section%20II.%20Award%20Information</a>	NIH	Understanding the Intersection of Social Inequities to Optimize Health and Reduce Health Disparities: The Axes Initiative (R01 Clinical Trial Optional)	\$2,500,000	5	02/14/25	Research shows that intersecting systems of privilege and oppression produce and sustain wide and unjust variations in health. The Axes Initiative will support research to understand health at the intersections of social statuses such as race, ethnicity, socioeconomic status, sexual orientation, and ability, by examining contributions of social and other determinants of health. This NOFO requires a Plan for Enhancing Diverse Perspectives (PEDP), which will be assessed as part of the scientific and technical peer review evaluation. Applications that fail to include a PEDP will be considered incomplete and will be withdrawn.

RFA-MD-24-003	<a href="https://grants.nih.gov/grants/guide/rfa-files/RFA-MD-24-003.html">https://grants.nih.gov/grants/guide/rfa-files/RFA-MD-24-003.html</a>	NIH	Interventions to Address HIV-Related Comorbidities among Highly Affected Populations Experiencing Health Disparities (R01 - Clinical Trial Required)	\$7,500,000		12/11/25	<p>Specific intervention research topics may include but are not limited to the following among people with HIV from populations experiencing health disparities:</p> <ul style="list-style-type: none"> <li>Develop systems level intervening strategies to coordinate and improve care among patients with multiple comorbidities</li> <li>Address the role of health care access and uptake of services in treatment outcomes among PWH experiencing multiple marginalized identities</li> <li>Behavioral change/lifestyle approaches for modifiable factors such as smoking cessation and mindfulness to improve health outcomes</li> <li>Test mHealth approaches to reduce stigma, promote resiliency, build social networks, and provide timely linkages to services and care</li> <li>Examine peer-based integrated strategies to promote successful aging in community settings</li> <li>Develop peer-based approaches among SGM PWH with intersecting identities and multiple comorbidities to manage disease or improve QoL</li> <li>Test evidence-based programs to promote QoL and successful aging</li> <li>Develop family-based and intergenerational approaches to coordinate care and promote successful aging and improve QoL</li> <li>Implement comprehensive systems level approaches to bolster social networks and integrate care for common comorbidities such as diabetes and mental illness</li> <li>Place-based approaches accounting for SDOH that promote QoL with multiple comorbidities</li> <li>Develop strategies that address social needs (i.e., housing instability, food security, transportation, unemployment, financial planning) and improve health care access and quality of care</li> <li>Strategies to increase access to and improve the quality of palliative care, pain management, and end of life care and planning</li> </ul>
RWJF E4A	<a href="#">viewCfp.do (rwjf.org)</a>	RWJF	Evidence for Action	\$500,000	2	Rolling	Intersection of health, race, sexual minority status