CANCER CONSORTIUM
FRED HUTCH • UNIVERSITY OF WASHINGTON • SEATTLE CHILDREN'S

FUNDS AVAILABLE FOR PILOT GRANTS
OPEN TO CANCER CONSORTIUM MEMBERS
March 2026

RELEASE DATE: MARCH 30, 2026
DUE DATE: MAY 18, 2026 BY 12:00 PM PST
EARLIEST START DATE: JULY 1, 2026

Funds are available from the Fred Hutch/University of Washington/Seattle Children's Cancer Consortium ("The Consortium") Cancer Center Support Grant (CCSG) to support cancer-related pilot projects focused on:

1) the Consortium's catchment area, which includes the entire state of Washington (WA). Pilot proposals in the catchment area of WA must focus on primary research or secondary analyses.

OR

2) populations in the state of Alaska (AK). Pilot proposals in AK can include primary research and secondary analyses as well as projects that aim to set up research infrastructure for a future study and/or partnership with AK-based organizations, communities, investigators, or healthcare systems.

CONSORTIUM CATCHMENT AREA OVERVIEW (WASHINGTON STATE)

The Consortium's Catchment Area

- Constitutes all 39 counties in Washington (WA)
- Total population: 7,705,281 (2020 Decennial Census)
- 36% of the population are members of minoritized racial or ethnic groups (2020 Decennial Census)
- 39,991 cancer cases diagnosed annually (2018-2022 Average annual new cases; National Program of Cancer Registries and Surveillance, Epidemiology, and End Results SEER*Stat Database)

Cancer Consortium Strategic Priorities:

Priority Populations
- Black/African American
- American Indian/Alaska Native (AI/AN)
- Children ages 0-14 with Leukemia
- Adults ages ≥65 with Ovarian Cancer

Priority Cancers
- Breast cancer
- Colon cancer
- Lung cancer
- Hematologic malignancies
- Prostate cancer

Cancer Control Priorities
- Colorectal cancer screening
- Breast cancer screening
- HPV vaccination

NOTE: Additional information on the cancer burden in WA and AK can be found in the Appendix starting on page 6.

GUIDELINES

1. The aim of these pilot awards is to support new projects or research directions that advance cancer-related research relevant to our catchment area of WA or to populations in AK. Projects may demonstrate feasibility and seek preliminary data for additional funding applications. Proposals should **not** be an extension of on-going, well-established, or recently funded studies. Grants from more established

investigators (e.g., Professors) will be competitive if they are for a pilot study that is needed to establish a new direction or research project. Collaborations between established investigators and junior colleagues will also be viewed favorably.

2. Your proposal should address research on cancers relevant to the catchment area and/or the populations that face the highest burden or cancer disparities in WA or AK. This may include topics such as:

    - Designing prevention and/or risk-reducing strategies for:
        - One or more of the 5 most common cancer types and causes of cancer death (female breast, colorectal, lung, hematologic, and prostate)
        - Liver cancer, a leading cause of cancer death for Asian/Pacific Islanders and Hispanic/Latino/a/x populations in the catchment area
    - Mitigating cancer-related behaviors that put communities at risk of cancer
    - Empowering communities to promote cancer prevention activities (tobacco cessation, physical activity, HPV vaccination)
    - Supporting communities to meet screening recommendations for breast, cervical, colorectal and lung cancer
    - Reducing cancer burden in rural communities
    - Reducing cancer inequities among Indigenous populations
    - Increasing enrollment of underrepresented populations into Consortium clinical trials

3. Anticipated funding: We anticipate funding two meritorious projects, each with an individual one-year budget at a maximum of $100,000 direct costs, with associated F&A included at the appropriate institutional rate. Priority will be given to funding at least one award that focuses on the cancer burden or cancer disparities within AK.

4. Award period: Earliest anticipated start date is July 1, 2026. Awarded funds should be spent within the one-year award period.

APPLICATION

A. Eligibility

Faculty who have received a Cancer Center Support Grant (CCSG)-funded award of any kind or a Safeway pilot award within three years of the anticipated award start date (July 1, 2026), **are not eligible to apply.**

Eligibility Criteria
Only eligible applicants may serve as Principal Investigator (PI) on the Pilot Award.
Applicants must be Consortium members or provisional members* by the application deadline to be eligible.
Faculty with clinical trial affiliate membership* are not eligible to apply but can be involved in the pilot project as collaborators.
Faculty can only serve as PI on one pilot award application per year; however, they may be collaborators/co-Investigators on more than one application.

**For additional information about membership categories (member, provisional member, and clinical trial affiliate) and an up-to-date listing of Consortium members, visit: https://www.cancerconsortium.org/membership.html.*

B. Application Content/Format

Applicants must submit the Pilot Application using Fred Hutch's instance of InfoReady. Please adhere to NIH font and line spacing guidelines as outlined here. The information below is provided as reference as applications are completed via the InfoReady portal.

1. **Requirements**

- Project Title
- Primary Institution
- Primary Institution Start Date (Month, Year)

2. **Research Plan:** Pilot proposal research plans are limited to 2 pages and should clearly address the following:
   - In the InfoReady platform, please provide the requested project information and an abstract that states the primary hypothesis.
   - The abstract and proposal should both be written to be understandable by reviewers with diverse expertise, as the review panel will consist of faculty from across the Consortium.
   - The scientific research plan is limited to 2 pages maximum in 11-point font with a minimum 0.5 inch margins.
   - Figures/tables can each be one additional page. No page limit for references.
   - Identify if the project is focused on the WA catchment area, on AK, or on both areas.
   - Identify what catchment area or AK-related research priority/priorities the project will address.
   - Indicate how this work will address a programmatic deficiency related to health disparities with respect to current Cancer Consortium-defined Research Programs listed here: https://www.cancerconsortium.org/about/research-programs.html.
   - Describe how this work is a new direction for your laboratory/research group and is highly innovative, yet technically feasible.
   - Show how this work reveals the homegrown intellectual and creative strengths of the investigators. New collaborations between established investigators and junior colleagues or between Consortium Research Programs will be viewed favorably, as will collaborations involving institutions and researchers based in AK.
   - Describe how this work will benefit cancer prevention, diagnosis, screening, treatment, or survivorship. If relevant, describe how the project addresses the Cancer Consortium's strategic priorities (refer to page 1 of RFA).
   - Describe what key data or results will be gathered to support further NIH or other external funding. ***Note:*** *no preliminary data are required to apply for these awards.*
   - Include a long-range plan for sustained interactions with WA catchment area or AK-based communities around cancer-related topics.
   - If you have received Consortium pilot funding in the past 5 years and have completed the project, include a summary (additional page with a 1-page maximum) describing the main aim of the funded project, and whether any publications, new collaborations, or external grants resulted from the funding.

3. **Budget & Budget Justification:** Use the templates provided on the Supporting Documents page in the InfoReady platform.

Primary Site Fred Hutch
• UW or Children's collaborators are allowable and a subaward should be budgeted.
  ○ Submit a PHS398 budget page for each institution. Direct cost budgets should total no more than $100,000 combined. F&A will be provided to each institution at the appropriate rate.
  ○ An LOI from the subaward institution must accompany the pilot application.
• Subawards to non-Consortium institutions are not allowed.
• Up to $50,000 of the budget can be used for community-based organizations as consultants. If you are planning on including a community-based organization as a consultant in your application, please reach out to Elizabeth Carosso ecarosso@fredhutch.org to discuss.

Primary Site UW or Children's • Cross-institutional collaborators at FH, UW, and SC are allowed.

○ Submit a PHS398 budget page for each institution. Direct cost budgets should total no more than $100,000 combined. F&A will be provided to each institution at the appropriate rate. ○ An LOI from the subaward institution must accompany the pilot application. • Subawards to non-Consortium institutions (third tier subawards) are not allowed. • Up to $50,000 of the budget can be used for community-based organizations as consultants. If you are planning on including a community-based organization as a consultant in your application, please reach out to Elizabeth Carosso ecarosso@fredhutch.org to discuss.
Primary Site UW or SC with a FH Budget Component • A FH co-Investigator (or Administrative PI) needs to be named to maintain financial oversight of the work taking place at FH. • Funds to be spent at FH will be deducted from the award amount prior to issuing the subaward; the balance will be issued via a subaward to UW or SC. • FH direct cost budget and UW or SC direct budget should total no more than $100,000 combined. F&A will be provided to each institution at the appropriate rate. Submit a PHS398 budget page for each institution. • Additional F&A associated with Consortium F&A collection will be included in your award and will not come out of your direct costs.
Funding
PI of the application must have some measurable effort on the project for direction and supervision. Consortium leadership recommends the PI include some salary on the project. Investigators must adhere to the current NIH Executive Level II salary cap.
Subawards to Consortium institutions (FH, UW, SC) are allowed.
Subawards from UW or SC to outside institutions (third tier subawards) are **not** allowed.
Not allowable: tuition and training, upgrades to established shared resources, equipment, and foreign components.
Facilities and administrative (F&A): F&A will be included in addition to the direct cost amount at the appropriate institutional rate. If multiple Consortium institutions are involved, a direct cost budget for *each* institution should be included in PHS398 format. The total direct cost budget cannot exceed $100,000 combined.
A single no-cost extension (NCE) will be considered on a case-by-case basis and will only be considered for projects facing extenuating circumstances. All NCE requests will need to be reviewed and approved by the Cancer Consortium Executive Committee.

4. **NIH Biosketch:** An NIH Biosketch that adheres to the most recent NIH guidelines should be included for each key personnel involved with the project. A biosketch sample, template, and instructions can be found here. Please be sure all information is current, especially the applicant's appointment date at their primary Consortium institution.

5. **Other Support:** The applicant should provide an NIH Other Support document adhering to the most recent NIH guidelines. Other Support sample, template, and instructions can be found here. Please be sure all information is current.

6. **Institutional Sign-off**
   - **FH Applicants:** Institutional sign-off is not required at the time of submission for applicants from Fred Hutch who intend to keep the entire budget at Fred Hutch. Fred Hutch OSR approval via Hutch Grants will be required at the time of award. However, if the applicant anticipates issuing a subaward for a portion of the budget to UW or Children's, a signed letter of intent (LOI) from the institution receiving the subaward will need to be included in the application packet.
   - **UW and SC Applicants:** Per Executive Order 34, institutional sign-off by the applicant's Office of Sponsored Research/Programs is required at the time of application. A signed letter LOI must be submitted with the application packet.
     i. **UW Applicants:** please complete the FDP Subrecipient LOI_UW supporting document found in InfoReady and upload where indicated (PDF only)

ii. **SC Applicants:** please complete the Fred Hutch LOI_Seattle Children's supporting document found in InfoReady and upload where indicated (PDF only)

C. Criteria for Funding

Applications should meet the criteria stated above for pilot awards (See section "B. Application Format").

Successful applications will:

- Advance cancer-related research relevant to our catchment area or the state of Alaska.
- Yield key preliminary data and/or demonstrate feasibility in a one-year award time frame.
- While not required, pilot applications that engage community-based organizations, including Tribes or Tribal Organizations, to identify and/or address cancer inequities of high priority are highly encouraged.
    - **Note:** Any submission that proposes to work with one or more Indigenous communities should include a documented tribal approval or agreement to participate in the proposed project. Submissions are not limited to this population focus and may include other communities of interest.

D. Submission Deadline

Applications are due **Monday, May 18, 2026, by 12:00 pm PST**. Applications received after this deadline will not be accepted for evaluation by the Review Committee.

E. Application Submission

Applications should be submitted using Fred Hutch's instance of InfoReady:
https://fredhutch.infoready4.com/#freeformCompetitionDetail/2011295

- Fred Hutch users should use the single-sign-on (SSO) to start their application.
- Seattle Children's and University of Washington applicants will first need to create an account. *Please use the applicants' primary institutional affiliation email address*.
- If you would like an administrator to submit on your behalf, the primary applicant will need to sign-in and designate this role.
- Use the templates provided in the "Details" menu under Supporting Documents.
- The file name of each element of your application should be: Lastname_Application_date.pdf

Contact Cancer Consortium Administration cancerconsortium@fredhutch.org with any technical concerns or questions about using the InfoReady platform or for assistance with proxy submission if needed.

F. Award Timeline

Applications will be reviewed and funding recommendations presented to the CCSG Executive Committee in May. Funding is expected to begin by July 1, 2026. Access to award funds is subject to Fred Hutch Office of Sponsored Research (OSR) review and receipt of all compliance documents such as IRB approval where needed, COI disclosures, PI Assurances, etc.

Further inquiries about the RFA or award administration may be directed to Kathy Briant (kbriant@fredhutch.org) or Elizabeth Carosso (ecarosso@fredhutch.org)

APPENDIX

The following is a snapshot of the cancer burden in WA, as presented in the *Consortium's 2025 Community Health Assessment*.

Table 1: Age-adjusted cancer incidence rates per 100,000 in Washington State, All ages, All races and ethnicities, 2017-2021

	Annual Average Count	Rate	95% Confidence Interval
Female breast	6205	137.1	(137.1-135.6)
Prostate	4815	104.0	(102.6-105.3)
Lung	4513	49.0	(48.4-49.7)
Hematologic malignancies	3729	42.6	(42.0-43.2)
Colorectal	2964	34.2	(33.7-34.8)

Source: National Program of Cancer Registries SEER*Stat Database, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

WA Disparities in Cancer Incidence (2017-2021)

- Breast Cancer:
  - AI/AN people have the highest incidence rate of female breast cancer (159.9 per 100,000).
  - AI/AN people also have the highest rate of late-stage female breast cancer (63.8 per 100,000).
  - Chelan county has the highest incidence of late-stage female breast cancer (57.1 per 100,000).
  - Chelan, Skagit, and Snohomish counties all experienced late-stage female breast cancer incidence that significantly exceeded the overall rate in WA.

- Prostate Cancer:
  - Black men have the highest incidence rate of prostate cancer (164.0 per 100,000).
  - The incidence of late-stage prostate cancer is highest among Black men (46.7 per 100,000).
  - San Juan county has the highest incidence of late-stage prostate cancer (42.1 per 100,000).
  - San Juan, Clallam, Whatcom, and King counties all have significantly higher incidence rates of late-stage prostate cancer compared to the overall rate in WA.

- Lung Cancer:
  - The incidence of lung cancer is higher for males (51.5 per 100,000) than females (47.5 per 100,000).
  - AI/AN people have the highest lung cancer incidence rate (77.3 per 100,000).
  - AI/AN people also have the highest rate of late-stage lung cancer (54.8 per 100,000).
  - Mason, Grays Harbor, Okanogan, Pierce, Skagit, Snohomish, Clallam, and Thurston counties all have significantly higher incidence rates of late-stage lung cancer compared to the overall rate in WA.

- Hematologic Malignancies: AI/AN people have the highest incidence rate (48.3 per 100,000) of hematologic malignancies.

- Colorectal Cancer:
  - AI/AN people have the highest rate of colorectal cancer (53.4 per 100,000).
  - AI/AN people also have the highest rate of late-stage colorectal cancer (33.7 per 100,000).
  - Counties with the highest incidence of late-stage colorectal cancer include: Adams, Franklin, San Juan, Island, Jefferson, Grays Harbor, and Skamania.

Table 2: Age-adjusted cancer mortality rates per 100,000 in Washington State, All ages, All races and ethnicities, 2018-2022

	Annual Average Count	Rate	95% Confidence Interval
Female breast	904	18.7	(18.2-19.3)
Prostate	770	20.5	(19.8-21.2)
Lung	2762	29.8	(29.3-30.3)
Hematologic malignancies	1291	14.6	(14.2-14.9)
Colorectal	1065	11.9	(11.6-12.2)

Source: National Program of Cancer Registries SEER*Stat Database, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

WA Disparities in Cancer Mortality (2018-2022)

- Breast cancer mortality rates for White (19.6 per 100,000), Black (19.3 per 100,000) and AI/AN (21.6 per 100,000) people are significantly higher than the mortality rates for Asian/Pacific Islander (11.1 per 100,000) or Hispanic (12.8 per 100,000) people.

- Black men have the highest prostate cancer mortality rate (36.5 per 100,000).

- Lung cancer mortality rates for White (31.2 per 100,000), Black (31.8 per 100,000) and AI/AN (38.3 per 100,000) people are significantly higher than the mortality rates for Asian/Pacific Islander (20.8 per 100,000) or Hispanic (14.6 per 100,000) people. Black (16.0 per 100,000) and AI/AN (16.1 per 100,000) people have the highest mortality rates of hematologic malignancies.

- AI/AN (17.8 per 100,000) and Black (14.3 per 100,000) people experience significantly higher mortality rates of colorectal cancer compared to Hispanic (9.1 per 100,000) and Asian/Pacific Islander people (9.1 per 100,000).

For more information, please see *2025 Community Health Assessment*. Additional sources of catchment area data include:

- Cancer InFocus™ Washington
- State Cancer Profiles

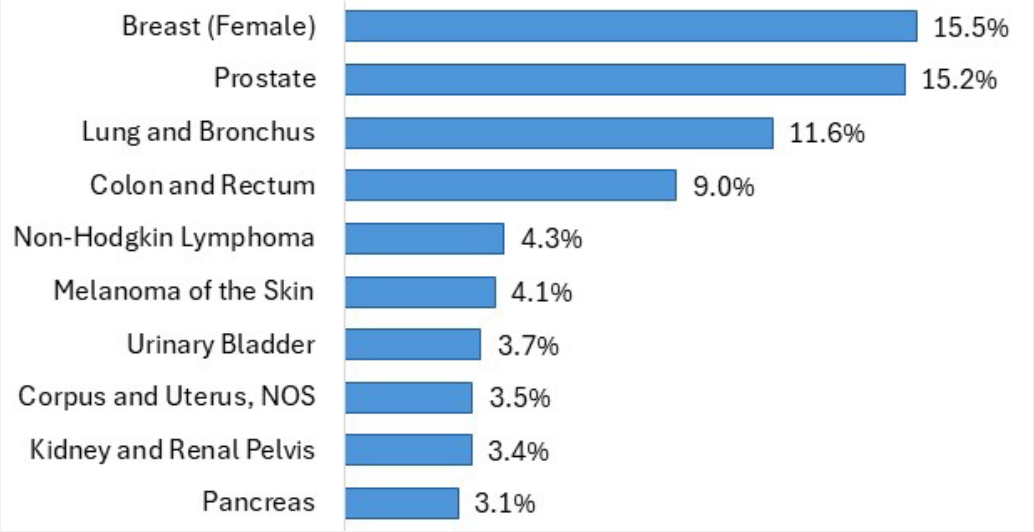
If you need any other cancer data for your application, please complete an OCOE Recruitment & Retention Shared Resource Request Form.

BACKGROUND ON THE CANCER BURDEN IN ALASKA (AK)

While the Consortium has not formally conducted strategic planning around the cancer burden in AK, the following reports provide a wealth of data on cancer incidence and mortality to address the burden of cancer in AK, with selected figures and tables below.

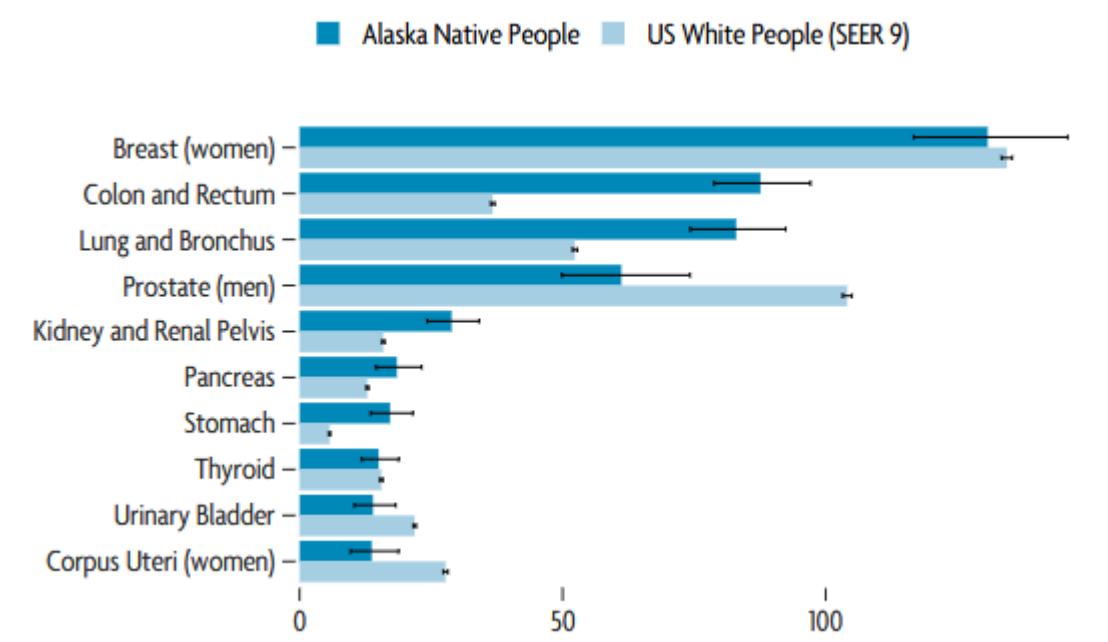
- The Alaska Cancer Registry (ACR) published *Cancer in Alaska - 2022* which summarizes the overall burden of cancer in the state.
- The Alaska Native Tribal Health Consortium (ANTHC) Epidemiology Center produces health reports that provide statewide and regional data to entities working to improve the health of Alaska Native people. *Cancer in Alaska Native People: 50-Year Report* shows detailed information on cancer incidence and mortality among Alaska Native people compared to US whites.

Figure 1: Ten highest ranked cancer sites by percent of total cancer cases. 2022 cancer incidence of Alaska residents*



*All incidence rates are for malignant cases with the exception of in situ bladder cases, which are included with malignant Bladder cancer. **Source:** Cancer in Alaska - 2022

Figure 2: Leading cancers among Alaska Native people (5-year Incidence, men and women combined), 2014-2018*



*Age-adjusted incidence rate per 100,000
Source: Cancer in Alaska Native People: 50-Year Report

Table 3: Ten highest ranked cancers by age-adjusted rate among females, Alaska 2022*

Ranking	Cancer Types, Female	Rate	Count
1	Breast	138.9	527
2	Lung and Bronchus	47.6	191
3	Colon and Rectum	36.0	132
4	Corpus and Uterus, NOS	30.1	118
5	Thyroid	19.9	69
6	Non-Hodgkin Lymphoma	17.7	67
7	Melanoma of the Skin	16.8	61
8	Pancreas	12.7	50
9	Brain and Other Nervous System (benign)	12.1	48
10	Oral Cavity and Pharynx	8.9	36

*Rates are per 100,000 and age-adjusted to the 2000 U.S. gender-specific population. All incidence rates are for malignant cases with the exception of benign Brain and Other Nervous System cancer, which is included as aseparate category.
Source: Cancer in Alaska - 2022

Table 4: Average annual age-adjusted cancer incidence by site for the top 10 sites, Alaska Native females, 1969-2018

	Alaska Native People		
	Count	Rate	95% CI
All sites	**6,682**	**470.4**	**(458.6, 482.4)**
Breast (women)	1,794	118.7	(113.1, 124.5)
Colon and Rectum	1,143	89.5	(84.1, 95.1)
Lung and Bronchus	867	68.1	(63.4, 73.0)
Kidney and Renal Pelvis	259	17.8	(15.6, 20.2)
Cervix Uteri (women)	258	14.5	(12.7, 16.5)
Pancreas	179	14.0	(11.9, 16.3)
Stomach	190	13.6	(11.6, 15.7)
Thyroid	229	12.9	(11.2, 14.8)
Corpus Uteri (women)	191	12.4	(10.7, 14.4)
Ovary (women)	168	11.1	(9.4, 13.0)

Rates are per 100,000 and age-adjusted to the 2000 US Std Population (19 age groups - Census P25-1130) standard.
Source: Cancer in Alaska Native People: 50-Year Report

Table 5: Ten Highest ranked cancers by age-adjusted rate among males, Alaska 2022*

Ranking	Cancer Types, Male	Rate	Count
1	Prostate	121.2	516
2	Lung and Bronchus	50.4	203
3	Colon and Rectum	45.9	174
4	Urinary Bladder	29.4	98
5	Kidney and Renal Pelvis	21.7	82
6	Non-Hodgkin Lymphoma	21.7	80
7	Melanoma of the Skin	20.4	78
8	Oral Cavity and Pharynx	14.8	62
9	Pancreas	13.1	55
10	Leukemia	11.8	43

*Rates are per 100,000 and age-adjusted to the 2000 U.S. gender-specific population. All incidence rates are for malignant cases with the exception of in situ bladder cases, which are included with malignant Bladder cancer.

Source: Cancer in Alaska - 2022

Table 6: Average annual age-adjusted cancer incidence by site for the top 10 sites, Alaska Native males, 1969-2018

	Alaska Native People		
	Count	Rate	95% CI
All sites	**6,015**	**503.4**	**(489.3, 517.8)**
Lung and Bronchus	1,220	109.3	(102.7, 116.2)
Colon and Rectum	1,082	95.2	(89.0, 101.7)
Prostate (men)	704	65.5	(60.2, 71.0)
Stomach	357	28.7	(25.5, 32.2)
Kidney and Renal Pelvis	340	27.5	(24.4, 30.9)
Urinary Bladder	197	18.5	(15.7, 21.6)
Pancreas	194	16.7	(14.2, 19.5)
Liver	170	12.3	(10.3, 14.6)
Esophagus	137	12.1	(10.0, 14.5)
Nasopharynx	145	10.5	(8.7, 12.6)

Rates are per 100,000 and age-adjusted to the 2000 US Std Population (19 age groups - Census P25-1130) standard.

Source: Cancer in Alaska Native People: 50-Year Report

Largest Disparity in Cancer Incidence in Alaska by Race/Ethnicity, 2018-2022

- Alaska Native people in AK have 2.4-times the risk of being diagnosed with colorectal cancer than non-Hispanic White people in AK. **Source:** NPCR/SEER, 2018-2022, age-adjusted to US Population, 2000.

Largest Disparity in Cancer Mortality in Alaska by Race/Ethnicity, 2019-2023

- Alaska Native people in AK have 2.5-times the risk of dying from colorectal cancer than non-Hispanic White people in AK. **Source:** SEER Mortality, 2019-2023, age-adjusted to US Population, 2000.