

BREAST CANCER SURVEILLANCE CONSORTIUM RESEARCH CONCEPT PROPOSAL FORM

Please use this form to notify the BCSC Steering Committee of your interest in using BCSC data. Your brief description of the research idea or concept will help us to identify (1) potential overlap with approved proposals, (2) conformance with BCSC data sharing guidelines, and (3) BCSC investigators to facilitate proposal development.

This form may also be used to request a completely de-identified aggregate dataset or data tables that may only be used to assess project feasibility.

We suggest that you submit this form even if you do not yet know whether you need feasibility data. You can request feasibility data later by submitting a revised version of this form.

Approval of a concept proposal, with or without a data request for feasibility, conveys consent to develop the full proposal, but does not guarantee approval of the full proposal. A full proposal must be submitted within 6 months of approval of the concept proposal for it to remain active. If your proposal becomes inactive, other researchers may propose a similar idea. You may request an extension by providing written justification for Steering Committee review.

ADMINISTRATIVE

1. General information about this request:

Date proposal submitted to the BCSC:	
Project title (or working title):	
Project leader name:	
Affiliation/ organization:	
Address:	
Email address:	
Phone number:	

2. Purpose of research project: (Double-click boxes to mark all that apply)

- Data analysis for manuscript. Target journal: _____
- Preliminary data for grant proposal
- Inputs/calibration data for simulation, decision analysis, or cost-effectiveness model
- Development of statistical methods for publication
- Other: Please describe: _____

3. Supplemental funding.

Is this study supported by grant funding? (Check yes if this is a BCSC P01 or ADVANCE-related project.)
<input type="checkbox"/> NO
<input type="checkbox"/> YES, we have grant funding from _____
<input type="checkbox"/> YES, we plan to apply for a grant from _____ (due date _____)
Does this study involve the support or collaboration of a for-profit entity?
<input type="checkbox"/> NO
<input type="checkbox"/> YES, we have support from and/or are collaborating with _____
Do you intend to use the data to patent any process, aspect, or outcome of the analysis?
<input type="checkbox"/> NO
<input type="checkbox"/> YES

4. How did you hear about the BCSC? (Double-click boxes to mark all that apply)

- I am a BCSC investigator.
- I have worked with the BCSC in the past.
- I received an e-mail inviting me to collaborate with the BCSC.
- I saw materials describing the BCSC at a conference.
- I read a publication that used BCSC data.
- I found the BCSC website through an internet search.
- I heard about the BCSC from a collaborator. *Collaborator's name:* _____
- Other - *Please describe:* _____

5. Did you use the [BCSC Data Explorer Tool](#) before completing this form?

- NO
- YES

RESEARCH OBJECTIVE/MAJOR HYPOTHESES:

6. Provide a brief summary of the project, including the specific aims and description of the study population. Summary length should be limited to ½ page.

7. Are you requesting preliminary aggregate data?

- NO – Thank you. You are finished with this form.
- YES – Please complete items 7a and 7b.

7a. Describe the preliminary data you are requesting:

7b. Which registries will be included in this feasibility request?

- KP Washington (Western Washington) San Francisco
- New Hampshire Vermont
- North Carolina Chicago

The data below is only used rarely:

- Colorado (film mammography data through 2006 only)
- New Mexico (film mammography data through 2009 only)

Thank you for your submission. The review process is typically completed within 6 weeks. We will respond with your approval status and any comments as soon as possible. If your feasibility request is approved, an SCC analyst will contact you to discuss the data requirements in detail.

Administrative items to be completed by the SCC:

Proposal Number: _____

Date of Steering Committee Review: _____

Steering Committee Action:

- Approved: concept may proceed to development of full proposal / feasibility request approved
- Not Approved: changes suggested for modifying the concept and / or feasibility request
- Not Approved: concept satisfactory but project should be done later (reason _____)
- Not Approved: concept unsatisfactory (reason _____)

Questions for Project Leader: _____

Is the lead investigator from:

- A BCSC steering committee (BCSC-ADVANCE or P01)
- A BCSC registry or site – not on steering committee
- External lead with BCSC involvement
*BCSC Facilitator _____
- External lead without BCSC involvement
*BCSC Facilitator _____
- Ancillary grant (if checked, please answer the questions below):
*What is the name of this grant? (e.g., CISNET) _____
*BCSC Facilitator _____
*Is this grant using BCSC data? (YES/NO) _____

Is this proposal a:

- Concept
- Feasibility Request

Which funding source is this proposal affiliated with? (check all that apply)

- BCSC-P01 RENEWAL
Which project or core is this proposal for? _____
If it is associated with more than one project or core, which is primary? _____
- BCSC-P01 (“original P01”)
Which project or core is this proposal for? _____
If it is associated with more than one project or core, which is primary? _____
- BCSC-ADVANCE
- Other Grant (e.g., EMPRESS, SNOW, etc): _____

Specify which data source(s) will be used for this project (as known at this point):

- Original BCSC data(1994-2009) AIM data FAVOR data
- BCSC-P01 P01 Project 1 data P01 Project 3 data BCSC-ADVANCE data

BCSC Medicare data:

- Original EMPRESS linkage if related to EMPRESS data) P01 linkage (if related to P01 data)
- Other: Specify _____

What is the current status of the project:

- In Analysis
- In Queue
- Completed
- Other (i.e. concept approved and lead is drafting full proposal)
- Track for grant funding

SCC analyst needed?

- YES (who?) _____
- NO

SCC Programmer needed?

- YES (who?) _____
- NO

