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## AstraZeneca Quality Improvement Grants:

# Strategies to Improve Guideline Concordant Care and Clinical Trial Access for Lung Cancer Patients in the United States

## Request for Proposals

Last Updated: May 26, 2026

**Applications Due: July 24, 2026**

Link to [Funding Opportunity](#)

Application Portal: [everygrant.smapply.us](https://everygrant.smapply.us)

## Overview

Conquer Cancer, the ASCO Foundation and AstraZeneca are collaborating to offer a Quality Improvement grant funding opportunity to develop and deliver strategies to improve guideline concordant care and/or clinical trial access for lung cancer patients in the community and rural care settings in the United States.

Applications from organizations specializing in community and/or rural lung cancer care are highly encouraged. Projects should be designed to provide meaningful impact for patients and be sustainable and transferable to other settings.

This grant program is a collaboration between AstraZeneca and EveryGrant® powered by Conquer Cancer, designed expressly to meet the needs of lung cancer patients and care providers. Conquer Cancer acts as the primary administrator for the review and evaluation of applications. Grant funding will be provided directly to recipients by AstraZeneca.

### Project Background and Brief Overview

Community oncology practices deliver care for a substantial proportion of patients, yet disparities persist in **both access to clinical trials and delivery of guideline-concordant** care. The evidence base shows lower trial enrollment rates and lower adherence to evidence-based pathways in community settings versus academic centers, driven by structural, provider, and patient-level barriers. These gaps contribute to delayed treatment initiation, suboptimal outcomes, and inequities across socio-demographic groups. Addressing these issues is timely given evolving standards of care, increasing biomarker-driven decision-making, and the growing complexity of trial designs that can exacerbate access and adherence gaps in the community.

Despite established guidelines, many community patients do not receive recommended testing and treatments. Contributing factors include healthcare system-level inefficiencies and infrastructure limitations, treatment costs, and insurance hurdles; provider-level gaps in awareness, education, and reimbursement processes; and patient-level barriers such as limited access to biomarker testing and therapies and inconsistent insurance coverage. These barriers result in variability in care quality and outcomes.

For clinical trials, community patients are underrepresented in trials due to patient-level distrust, uncertainty, low health literacy, language barriers, and limited understanding of trial design and processes. At the provider and system level, inequitable geographic distribution of sites, complex protocols and consent requirements, protracted site start-up, insufficient provider awareness of available trials, and limited community practice capacity reduce referral and enrollment. This restricts generalizability of evidence and delays patient access to innovative therapies.

## **Problem Statement and Desired Outcomes**

In community settings, patients face two interrelated challenges: (1) suboptimal delivery of guideline-concordant care due to system inefficiencies, provider awareness and reimbursement challenges, and patient access barriers to biomarker testing and treatments; and (2) limited access to and participation in clinical trials driven by patient distrust and low health literacy, language and navigation barriers, and provider/system constraints including site availability, protocol complexity, and capacity. These factors lead to care variability, lower enrollment, and inequitable outcomes.

*The goal of this program is to implement scalable, community-focused models that (a) increase adherence to guideline-recommended testing and treatments, and (b) expand equitable clinical trial access and enrollment.*

## **Scope: Improving care and clinical trial access for lung cancer patients**

This RFP intends to fund innovative and scalable approaches to improve the care of lung cancer patients by improving the uptake and utilization of guideline-concordant care and improving access to clinical trials. Projects of interest would include, but are not limited to:

- Leveraging technology, including electronic health records and artificial intelligence, to improve adherence to testing and treatment recommendations, and identify potential clinical trial participants.
- Establish or enhance multi-disciplinary team approaches to ensure patients receive comprehensive and timely care across the disease continuum.
- Patient-centered approaches (e.g., mobile health tools and other technologies) to help patients adhere to care guidelines, understand their options regarding clinical trials, and engage in shared decision making with their providers.
- Implementation of decentralized clinical trial models to promote access beyond traditional “research hubs.”

**Out of Scope:** Clinical research projects; Interventional trials; Translational, correlative, or basic science studies are not eligible for this opportunity. Additionally, medical technology device studies would be similarly out of scope. This program is not intended to support physician educational programs.

## **Project Budget and Duration**

A total budget of \$480,000 is available under this program. Individual projects may request up to \$480,000 over a 24-month period. Please note that AstraZeneca reserves the right to adjust approved project budgets.

## **Recommendations and Target Metrics**

Applicants are strongly encouraged to incorporate established Lung Cancer care guidelines and Quality Improvement models in developing their proposals. Examples include but are not limited to:

- [ASCO Living Guideline on Therapy for Stage IV NSCLC with Driver Alterations](#)
- [NCCN Clinical Practice Guidelines: Non-Small Cell Lung Cancer](#)
- [ASCO Guidelines Assistant](#)
- [Quality Oncology Practice Initiative \(QOPI\)](#)
- Additional examples of Quality Improvement projects from the ASCO Quality Training Program can be found [here](#).

## Application Details

### Applicant Eligibility Criteria

- Principal Investigators must be an oncologist with at least 5 years of experience.
- The investigator and/or organization must ensure that lung cancer patients make up at least 15-20% of their patient population.
- Eligible organizations include community clinics, academic institutions, healthcare systems, hospitals, and other cancer care delivery organizations in the United States.
- Only organizations are eligible to receive grants, not individuals or private practices.
- Cross-organizational collaboration is encouraged, provided the project targets eligible community or rural populations.
- The principal investigator must be an employee or contractor of the applicant organization.

### Geographic Scope

- Primary geography of interest: United States

### Key Dates

- RFP Release Date: **May 29, 2026**
- Proposal Submission Deadline: **July 24, 2026, 11:59 EST**
- Anticipated Award Notification Date: **September 2026**

### Review and Selection Criteria

Applications will be reviewed by an external review committee comprised of subject matter experts, including medical oncology, radiation oncology, and quality improvement experts as appropriate. Reviews will be based on the following criteria, i.e.:

- Impact of the proposed project
- Feasibility of completing the proposed project within the 2-year grant term
- Scalability and transferability of the proposed interventions
- Cost-efficiency and Sustainability of the programs beyond the funding term
- Experience and capability of the investigator and team

### How to Submit

All applications must be submitted in accordance with the requirements and instructions of this Request for Proposals (RFP). All application materials must be in English and must be submitted online through the [EveryGrant application portal](#). Please note, applicants

will be prompted to create an account prior to submitting an application. No paper applications sent by mail, e-mail, or fax will be accepted.

### Questions

If you have questions regarding this RFP, please direct them in writing to Andrew L. Smith, PhD ([andrew.smith@conquer.org](mailto:andrew.smith@conquer.org)), Lynn Kayali, PharmD ([lynn.kayali@astrazeneca.com](mailto:lynn.kayali@astrazeneca.com)), and Ilker Arslan, MD ([Ilker.Arslan@astrazeneca.com](mailto:Ilker.Arslan@astrazeneca.com)).

### Grant Agreements and AZ's Terms and Conditions

If your grant is approved, your organization must execute a written grant agreement with AstraZeneca. AstraZeneca will onboard the proposal using its standard research agreement template.

### Award Notification and Feedback

- All applicants will receive an email notification regarding their status by the dates listed above.
- During the review period, applicants may be contacted to provide additional clarification on their proposals.
- Eligible applicants will receive a feedback report containing comments from the external review panel.

## **Submission Requirements**

All necessary application components detailed below must be completed and submitted via the online [application portal](#).

1. Principal Investigator information
2. Project Information
3. Quality Improvement Proposal (3-page limit)
  - a. Goals and Objectives
  - b. Assessment of Need
  - c. Target Audience
  - d. Project Design and Methods
  - e. Innovation
  - f. Evaluation and Outcomes
4. Anticipated Project Timeline
5. Project Participants and Collaborators
6. Budget
7. Organization Letter of Support
8. Optional Supporting Documents
9. Applicant Organization information

## 1. Principal Investigator Information

Principal Investigators must complete all required fields below in the online portal and upload a biosketch where instructed.

- First, Middle, Last Name
- Degree
- Position/Title
- Address, City, State, Zip, Country
- Primary Email Address
- Phone Number

## 2. Project Information

This section includes the following proposed project information (all are required):

- Research Project Title (250 characters maximum): Provide a short descriptive title of the research project.
- Brief Research Project Description/Abstract (3000 characters maximum): Provide a brief abstract of the research project.
- Lay Abstract (2500 characters maximum): Provide a layperson summary of the project. Describe the work to a non-scientific audience, without using technical and scientific terms or confidential details.
- Specific Aims (1000 characters maximum per aim): Select the number of aims from the drop-down list. Briefly describe the goals of each aim separately and concisely in the boxes provided. Include the following for each aim: the aim objective (e.g., to test a stated hypothesis, create a novel design, solve a specific problem, challenge an existing paradigm or clinical practice, address a critical barrier to progress in the field, or develop new technology), the research approach, and the expected outcomes. At least one specific aim is required. Details (e.g., background, rationale for each aim and alternative strategy) for respective aims can be included in the Quality Improvement Proposal section.

## 3. Quality Improvement Proposal

The proposal **must not exceed 3 pages** (using 12-point font and 1-inch margins) and should be submitted as a PDF. Please ensure your proposal addresses the following sections:

### a. Goals and Objectives

- Briefly state the overall goal of the project and describe how this goal aligns with the focus of this program to improve the care of patients.
- List the overall objectives you plan to meet with your project, in terms of practice improvements, trial access, and patient outcomes. Please describe the patient outcomes that would define success for the project.

### b. Assessment of Need

- Please include a quantitative baseline data summary, initial metrics (e.g., quality measures), or a project starting point (please cite data on gap analyses or relevant patient-level data that informs the stated objectives) for your patient population to demonstrate the current utilization of guideline-concordant care and clinical trial access.
- Describe how the baseline data was collected and analyzed to determine that a gap existed.
- If a full analysis has not yet been conducted, please include a description of your plan to obtain this information.

c. Target Audience

- Describe the primary audience(s) targeted for this project. Also indicate whom you believe will directly benefit from the project outcomes. Describe the overall population size and the size of your sample population.
- Briefly describe the lung cancer patient population of your organization that would benefit from this project, as well as the relevant care teams that may participate in the proposed approaches.

d. Project Design and Methods

- Describe the planned project and how it would improve care and trial access.
- Describe any appropriate quality improvement or implementation frameworks that will be employed in the project.
- If the project involves technological solutions (e.g., mobile apps, AI), please describe how these tools were developed and how patients and/or providers will access and utilize them.

e. Innovation

- Describe how this project is novel and will improve the clinical care outcomes and clinical trials access for lung cancer patients.
- Describe how this project, if successful, could be scaled up and transferable to other settings.
- Describe how these proposed approaches, if successful, would be sustained long term.

f. Evaluation and Outcomes Measurements

- Using quantitative or qualitative metrics, describe how success will be defined.
- Describe how you expect to collect and analyze the data.
- Describe how the project outcomes will be broadly disseminated.

4. Anticipated Project Timeline

Use the provided template to outline your project milestones and their expected start and end dates. The timeline should be submitted as a PDF.

5. Project Participants and Collaborators

Please upload a document listing all key project participants (individuals and organizations) alongside a description of their respective roles.

## 6. Budget

Please use the budget form provided in the online portal. All requested amounts must be in U.S. dollars (USD). When developing your budget please adhere to the following guidelines:

- Indirect Costs: Institutional overhead and indirect costs may be included but are capped at 25% of the total requested budget.
- Budget Cap: Total costs – including overhead – must not exceed the maximum budget limit of \$480,000 over a 24-month period.

## 7. Organization Letter of Support

Please upload an institutional letter of support confirming your organization's commitment to the project and any allocated resources. The letter must include:

- PI Status: Confirmation of the PI's current position within the organization
- Patient Population: Verification that lung cancer patients account for at least 15–20% of the investigator's or organization's total patient population.

## 8. Optional Supporting Documents

Please upload only documents that are essential and directly relevant to supporting your application (such as biosketches of key personnel and letters from collaborators and stakeholders). Please avoid uploading excessive or redundant materials.

## 9. Applicant Organization Information

Principal Investigators must complete all applicant organization details within the online portal. **This section is required for funding consideration; incomplete applications will be administratively disqualified.**

Please provide the following:

- Organization Details: Legal name and full address
- Organizational Classification: For-profit or nonprofit status
- Tax ID: Employer Identification Number (EIN)
- Authorized Signing Official Signature Page: Uploaded using the provided template

## About AstraZeneca

AstraZeneca (LSE/STO/NYSE: AZN) is leading a revolution in oncology with the ambition to provide cures for cancer in every form, following the science to understand cancer and all its complexities to discover, develop and deliver life-changing medicines to patients.

The Company's focus is on some of the most challenging cancers. It is through persistent innovation that AstraZeneca has built one of the most diverse portfolios and pipelines in the industry, with the potential to catalyze changes in the practice of medicine and transform the patient experience.

AstraZeneca has the vision to redefine cancer care and, one day, eliminate cancer as a cause of death.

AstraZeneca is a global, science-led biopharmaceutical company that focuses on the discovery, development, and commercialization of prescription medicines in Oncology, Rare Diseases, and BioPharmaceuticals, including Cardiovascular, Renal & Metabolism, and Respiratory & Immunology. Based in Cambridge, UK, AstraZeneca's innovative medicines are sold in more than 125 countries and used by millions of patients worldwide. Please visit [astrazeneca.com](https://astrazeneca.com) and follow the Company on Social Media [@AstraZeneca](https://twitter.com/AstraZeneca).

## About Conquer Cancer, the ASCO Foundation and EveryGrant

Conquer Cancer®, the ASCO Foundation, funds research for every cancer, every patient, everywhere. Since 1984, its Grants & Awards program has awarded more than \$215 million through more than 10,500 grants and awards to improve cancer care and accelerate breakthroughs in clinical and translational oncology research. For more information visit [CONQUER.ORG](https://CONQUER.ORG).

Powered by Conquer Cancer, EveryGrant® is a comprehensive grant management service that blends decades of grantmaking success with a global network of experts to help organizations design innovative funding programs—all without navigating the complexities of building them in-house. Contact us at [EveryGrant@conquer.org](mailto:EveryGrant@conquer.org).