PAR-21-330: Utilizing the PLCO Biospecimens Resource to Bridge Gaps in Cancer Etiology and Early Detection Research (U01 Clinical Trial Not Allowed)

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The PLCO Team

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- Craig Williams (IMS)
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Purpose of the PAR

To stimulate cancer research in areas that require prospectively collected <u>pre-diagnostic</u> blood specimens and matched tumor tissues available from the NCI's PLCO (Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial) Biorepository

To improve access to the PLCO Biorepository resource by the extramural community. This PAR provides an integrated review process for both the PLCO biospecimens and NCI funding. Applications selected for funding are granted access to the PLCO biospecimens automatically. (Previously, an investigator would have to apply for access to the PLCO biospecimens and for NCI funding separately.)

History of the PAR

| PAR-13-036 | Initial FOA published on December 6, 2012 |
|------------|---|
|------------|---|

- PAR-15-297 1st re-issue published on July 14, 2015
- PAR-18-913 2nd re-issue published on September 7, 2018
- PAR-21-330 3rd re-issue published on September 9, 2021 (expires 10/12/2024)



Requirements Specific to this PAR

- Must use PLCO biospecimens, but may include biospecimens from other biobank(s)
- Must obtain pre-approval for the use of the biospecimens from PLCO and from other biobank(s), if applicable
 - Applicants must submit a "Specimen Verification Form" online at https://biometry.nci.nih.gov/cdas/plco/, at least one month before the U01 due date.
 - A "Confirmatory Letter" will be sent to the PI if the requested samples are available.
 - PI must include this letter (and approval letter(s) from other biobank(s), if applicable) in the U01 application.

Data return policy

 Samples are coded when released to the PI lab. PI must submit all laboratory results back to PLCO, at which point the samples are unblinded to the PI. These study-generated data are made available for secondary research after study results have been published.

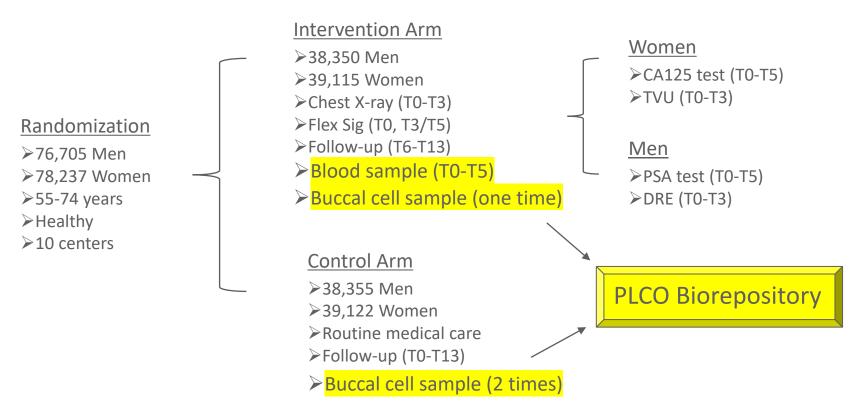
Application Due dates

| New | Renewal / Resubmission / Revision (as allowed) | AIDS |
|-------------------|---|----------------|
| February 11, 2022 | February 11, 2022 | Not Applicable |
| June 10, 2022 | June 10, 2022 | Not Applicable |
| October 11, 2022 | October 11, 2022 | Not Applicable |
| February 10, 2023 | February 10, 2023 | Not Applicable |
| June 13, 2023 | June 13, 2023 | Not Applicable |
| October 11, 2023 | October 11, 2023 | Not Applicable |
| February 13, 2024 | February 13, 2024 | Not Applicable |
| June 11, 2024 | June 11, 2024 | Not Applicable |
| October 11, 2024 | October 11, 2024 | Not Applicable |

Review and Award Cycles

| Scientific Merit Review | Advisory Council Review | Earliest Start Date |
|----------------------------|----------------------------|------------------------|
| June 2022 | October 2022 | December 2022 |
| October 2022 | January 2023 | April 2023 |
| February 2023 | May 2023 | July 2023 |
| June 2023 | October 2023 | December 2023 |
| October 2023 | January 2024 | April 2024 |
| February 2024 | May 2024 | July 2024 |
| June 2024 | October 2024 | December 2024 |
| October 2024 | January 2025 | April 2025 |
| February 2025 | May 2025 | July 2025 |

Background: The Prostate, Lung, Colorectal and Ovarian Cancer (PLCO) Cancer Screening Trial



Background: PLCO Biorepository Overview

- Serial blood samples (serum/plasma/DNA) collected annually for 6 years (intervention arm).
- Buccal cells (from mouth wash) collected at 1-2 time points (intervention and control arms).
- Tissue microarrays and cores of FFPE tumor samples for select cancers (breast, prostate, colorectal, lung, bladder and ovarian).
- Digital images of the H&E slides for the donor blocks used for tissue microarrays and immunohistochemistry (IHC) slides for various biomarkers generated from prior studies
- Genome wide association data available on almost all PLCO participants
- Detailed demographic, behavioral, dietary, lifestyle, and clinical data (all cancer incidence and all-cause mortality)

Background: Serial samples and time interval from sample collection to diagnosis

| | Blood | Blood | Blood | Blood | Blood | Blood | |
|----------------|------------|-------------|--------------|-------|-------------|-------------|---------------|
| | lacksquare | V | V | • | V | V | // |
| | T0 | T1 | T2 | T3 | T4 | T5 | Study Year |
| Serum | Χ | Χ | Χ | | Χ | Χ | |
| Plasma-EDTA | | | | Χ | Χ | Χ | |
| Plasma-Heparin | Χ | | | Χ | | | |
| Buffy coat | Χ | | | Χ | Χ | Χ | |
| Whole Blood | | | | Χ | | | |
| Subject 1 | ○ | k | | | | | |
| Subject 2 | <u> </u> | | | | | | |
| Subject 3 | 0 | | - | | | | |
| Subject 4 | <u> </u> | | | | * | | |
| Subject 5 | <u> </u> | <u> </u> | | | | <u> </u> | |



Background: Number of Cancer Cases* with Specimens Available

| | | EDTA | Heparin | | | |
|------------------------------|-------|--------|---------|-------------|---------|---------------|
| | Serum | Plasma | Plasma | Serum + DNA | Any DNA | Has GWAS Data |
| Prostate | 4563 | 2799 | 4449 | 4337 | 8143 | 7734 |
| Lung | 2035 | 1367 | 1615 | 1762 | 2729 | 2896 |
| Colon | 1056 | 651 | 1031 | 944 | 1982 | 2079 |
| Ovary | 306 | 205 | 159 | 280 | 490 | 476 |
| Female Breast (Invasive) | 1970 | 1396 | 1894 | 1882 | 3817 | 3604 |
| Melanoma | 1126 | 862 | 1109 | 1079 | 2184 | 2096 |
| Bladder | 984 | 738 | 951 | 930 | 1863 | 1775 |
| Non-Hodgkin's Lymphoma | 857 | 625 | 835 | 777 | 1573 | 1549 |
| Female Breast (In Situ) | 533 | 361 | 509 | 511 | 960 | 922 |
| Kidney and Renal Pelvis | 498 | 372 | 488 | 448 | 794 | 858 |
| Pancreas | 490 | 355 | 469 | 425 | 577 | 671 |
| Endometrium | 414 | 262 | 403 | 390 | 811 | 803 |
| Other Leukemia | 371 | 296 | 362 | 342 | 662 | 626 |
| Chronic Lymphocytic Leukemia | 299 | 201 | 284 | 268 | 537 | 530 |
| Multiple Myeloma | 297 | 236 | 289 | 270 | 489 | 445 |
| Oral Cavity/Tonsil/Pharynx | 270 | 209 | 265 | 251 | 421 | 430 |
| Stomach | 242 | 176 | 234 | 216 | 330 | 344 |
| Glioma | 190 | 130 | 185 | 145 | 241 | 268 |
| Esophagus | 172 | 127 | 168 | 149 | 228 | 255 |
| Liver/Intrahepatic Bile Duct | 166 | 121 | 161 | 144 | 255 | 250 |
| Acute Myeloid Leukemia | 163 | 125 | 159 | 145 | 269 | 251 |
| Thyroid | 161 | 128 | 159 | 158 | 332 | 324 |
| Larynx | 129 | 80 | 124 | 114 | 170 | 176 |
| Other Biliary | 85 | 58 | 79 | 72 | 108 | 103 |
| Small Intestine | 76 | 57 | 72 | 70 | 127 | 122 |
| Gallbladder | 42 | 34 | 41 | 40 | 63 | 62 |
| Hodgkin's Lymphoma | 29 | 20 | 28 | 28 | 57 | 53 |
| Male Breast | 28 | 22 | 28 | 25 | 35 | 39 |

^{*}Confirmed cases through 12/31/2017, including tumor registry data

Scientific Scope

- Studies of biomarkers of various environmental, biochemical, and genetic risk factors of cancer;
- Pivotal validation studies of early detection blood biomarkers in pre-diagnostic samples;
- Studies of early detection and/or risk prediction models based on longitudinal patterns of the biomarkers;
- Studies of biomarkers that correlate with clinical behavior of the tumors, especially those that differentiate between aggressive and indolent cancers;
- Studies correlating blood biomarkers to tissue biomarkers, histological and molecular subtypes, and clinical behaviors;
- Biomarker discovery in pre-diagnostic samples using high through-put, proven technologies; and
- Research on non-cancer outcomes, especially those related to aging (e.g., Alzheimer's, depression, hip fracture, osteoporosis, and rheumatoid arthritis).

Additional Review Criteria Specific to This PAR

- Appropriateness of the overall study design/sampling plan
- Justifications for using pre-diagnostic specimens
- Rationale for the chosen time-to-diagnosis interval of the requested samples
- Justification for the need to use the serial samples, if applicable.
- Utilization of the characteristics of the PLCO cohort
- Parsimonious use of the samples
- Rationale for conducting biomarker discovery, if applicable

Applications Reviewed to Date (~150) – Concept Frequency

 ${\tt Screening.for.cancer}_{\tt Tumor.Tissue}_{\tt colorectal.cancer.prevention}$ Methylation lung.cancer.screening Colonoscopy metabolomics Screening.for.Prostate.Cancer Cohort Studies Malignant.neoplasm.of.ovary Smoking Woman Colorectal.Adenoma Diagnosis Antigens biomarker.panel Prostate Colorectal.Cancer DNA.Methylation biobank Risk cancer.biomarkers Ovarian MicroRNAs Serum Early. Diagnosis Colorectal Sampling Cancer. Etiology cohort Blood.specimen Staging Validation Plasmamen Biological.Markers case.control Benian Blood Diagnostic Screening.for.Ovarian.Cancer **Antibodies** CA-19-9.Antigen adenoma Smoker tumor cancer.risk Malignant.neoplasm.of.pancreas Recurrence screening Blood.Tests malignant.breast.neoplasm Smoking.Status Colorectal.Neoplasms Autoantibodies Nested. Case-Control. Study colorectal.cancer.risk blood-based.biomarker X-Ray.Computed.Tomography Malignant.neoplasm.of.prostate

Funded Applications (N=14)

| Project | FY | Contact PI | Title |
|---------------|------|--------------------------|--|
| | | | 15-Hydroxyprostaglandin Dehydrogenase, NSAIDs, Vitamin D, and Coloretcal |
| CA181770-01 | 2014 | LI, LI | Neoplasi |
| CA182364-01 | 2014 | DAI, QI | Translating gene-calcium interactions to precision medicine for colorectal cancer |
| CA182367-01A1 | 2015 | CHAN, ANDREW T | Molecular Risk Stratification for Colonoscopic Surveillance |
| CA182370-01 | 2014 | PEI, ZHIHENG | Oral microbiome in esophageal adenocarcinoma |
| CA182371-01 | 2014 | WIEMELS, JOSEPH LEO | Varicella virus antigens in glioma etiology and survival |
| | | | Validation of findings from the Epigenome-Wide Association Study of Breast |
| CA184910-01A1 | 2014 | STURGEON, SUSAN R | Cancer |
| CA185094-01A1 | 2014 | PETERS, ULRIKE | Colorectal Tumor Risk Prediction in the PLCO Trial |
| CA185097-01 | 2014 | LAMPE, PAUL D | Proteomic, Glycomic and Autoantibody Lung Cancer Biomarker Validation |
| CA194733-01A1 | 2016 | FENG, ZIDING | Incorporating Biomarkers to Improve Lung Cancer Risk Prediction |
| CA217078-01 | 2017 | BISSONNETTE, BRUCE MARC | Development of 5hmC and 5mC biomarkers in cell-free circulating DNA for sensitive colon cancer detection and prognosis |
| CA222163-01A1 | 2019 | DAVIS, JENNIFER SARAH | Colorectal cancer risk factors, risk prediction and blood-based biomarker by tumor consensus molecular subtype |
| | | SCHMIDT, CHRISTIAN | Longitudinal Proteomic and Metabolomic Predictors of Pancreatic Cyst |
| CA239522-01A1 | 2021 | MAXIMILLIAN | Malignant Progression and Early Stage Pancreatic Cancer |
| CA250186-01A1 | 2021 | AHN, JIYOUNG | The Oral Mycobiome and Risk of Pancreatic Cancer |
| CA260758-01 | 2021 | SKATES, STEVEN J | Proteomic Analyses of Serial Pre-diagnostic PLCO Serum in Cases and Controls to Identify Early Detection Ovarian Cancer Biomarkers Rising in a Substantial Fraction of Cases and Stable in Most Controls |

Resources for Prospective Applicants

- NCI Cancer Data Access System (CDAS)
 - https://cdas.cancer.gov/plco/
 - "One-stop shop" for all things PLCO, including information needed for submitting applications to the PLCO PAR

NIH RePORTER

- https://reporter.nih.gov/
- Abstract for all NIH/NCI funded research projects that involves the PLCO biospecimens
- PLCO Atlas GWAS Explorer
 - https://exploregwas.cancer.gov/plco-atlas/#/
 - Phenotypes (N=17) and genomic variants (>78,000,000) on ~110,000 PLCO participants



₩ Home > PLCO



Access to PLCO Data and Biospecimens

Begin a Data-Only Project

Begin an Images Project

Begin an EEMS Biospecimens Application

Begin a Request Form for Specimen Verification (PAR-21-330)

Latest PLCO News

Feb 24, 2022

PLCO EEMS Round 34 open for preliminary applications from Feb 24 to Aug 17, 2022

Nov 15, 2021

Accepting Requests for Specimen Verification for FOA (PAR-21-330) from Nov 15, 2021 to Jan 13, 2022

Sep 16, 2021

PLCO EEMS Round 33 open for preliminary applications from Aug 21, 2021 to Feb 17, 2022

PLCO

The Prostate, Lung, Colorectal and Ovarian (PLCO) Cancer Screening Trial is a randomized, controlled trial to determine whether certain screening exams reduce mortality from prostate, lung, colorectal and ovarian cancer. Approximately 155,000 participants were enrolled between November 1993 and July 2001. PLCO has the following five ClinicalTrials.gov registration numbers: NCT00002540 (Prostate), NCT01696968 (Lung), NCT01696981 (Colorectal), NCT01696994 (Ovarian), and NCT00339495 (EEMS).

Cancer data collected up to December 31, 2009 and mortality data collected through 2015 for each subject in the PLCO trial are available on this website. Cancers and deaths continue to accrue. At some point in the future, these data will become available. For more information, see https://prevention.cancer.gov/majorprograms/prostate-lung colorectal-and-ovarian-cancer-screening-trial.

- Learn about PLCO
- This describes the 📶 al, explaining how and what data were collected. The main findings of the trial and counts of cancers can be found here.
- Datasets
- This page has detailed documentation of the PLCO data available on this website. Each dataset has a data dictionary, SAS format code, and a user guide.
- Approved Projects
- Search through approved projects that used PLCO data.
- Publications

(More)

- Search through published articles on PLCO data.
- Contact Us

If you have any questions about the data or access to it, please contact us.

Submit a PLCO Application

To gain access to available PLCO data and/or biospecimens, you must submit a project proposal. These are reviewed by NCI. If your project is approved, you will be required to complete a Data Transfer Agreement (and a Material Transfer Agreement, if applicable) before you will be granted access.

There are four types of PLCO projects. You may click one to begin a new project proposal

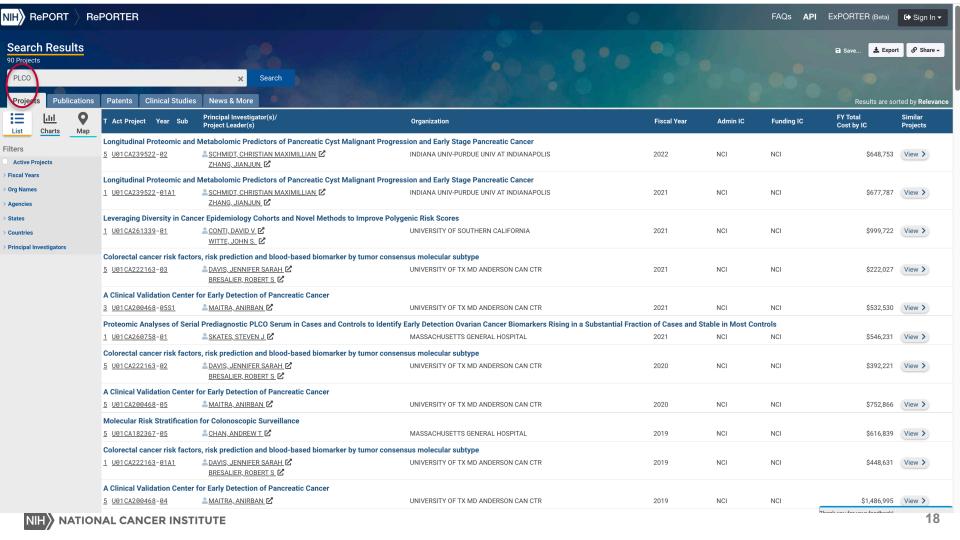
| Data-Only | Images | EEMS (Biospecimens) | Request Form for Specimen Verification for PAR-21-330 |
|---|--|---|---|
| CO data is available to the general ientific community. You may begin a new object for PLCO data (no biospecimens). | PLCO images and corresponding data are available to the scientific community. You may begin a new project for PLCO image data (no biospecimens). | Etiologic and Early Marker Studies (EEMS) is the NCI program by which access to biospecimens is granted. You may begin a preliminary application for PLCO biospecimens. | The NCI has issued a Funding Opportunity Announcement (FOA), Utilizing the PLCO Biospecimens Resource to Bridge Gaps in Cancer Etiology and Early Detection Research (PAR-21-330), for soliciting grant applications to utilize the PLCO Biorepository. You may initiate a Request Form for Specimen Verification under PAR-21-330. |

Biospecimen Applications: New applications for biospecimens

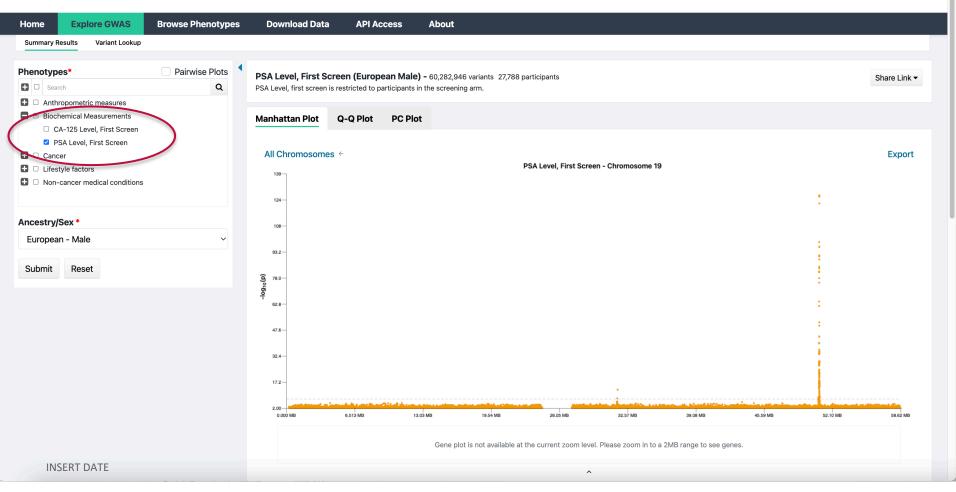
are currently being accepted for the following project types. Application periods close on the dates indicated at 11:59 PM EST.

- PLCO PAR
- PLCO EEMS
 - Aug 17

May 12









The Prostate, Lung, Colon, Ovary Screening Trial (PLCO)

deGaP Study Accession: phs001286.v2.p2

Request Access

Study version history

Study Phenotype Datasets Variables Molecular Datasets Analyses Documents

Jump to: Authorized Access | Attribution | Authorized Requests

Study Description

The Prostate, Lung, Colorectal and Ovarian (PLCO) Cancer Screening Trial is a large population-based randomized trial designed and sponsored by the National Cancer Institute (NCI) to determine the effects of screening on cancer-related mortality and secondary endpoints in over 150,000 men and women aged 55 to 74. The screening component of the trial was completed in 2006. However, participants have been under follow-up for cancer incidence and mortality since that time. In addition, PLCO included a large biological sample biorepository which has served as a unique resource for cancer research, particularly for etiologic and early-marker studies. As part of these efforts, PLCO has been used for a large number of genome-wide association and exome sequencing studies for different types of cancer.

- · Study Weblinks:
- Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial (PLCO)
- · Study Design:
 - Prospective Longitudinal Cohort
- · Study Type:
- Cohort
- · dbGaP estimated ancestry using GRAF-pop
- Total number of consented subjects: 110559

Authorized Access

- Data access provided by: dbGaP Authorized Access
- Release Date: February 14, 2022
- Embargo Release Date: February 14, 2022
- Data Use Certification Requirements (DUC)
- Public Posting of Genomic Summary Results: Allowed
- Use Restrictions

| Consent group | Is IRB required? | Data Access Committee | Number of participants |
|--|------------------|----------------------------------|---------------------------|
| Research relating to adults diseases and methods 🥹 | | NCI DAC (NCIDAC@mail.nih.gov) | 110559 |

List of components downloadable from Authorized Access

Publicly Available Data (Public ftp)

Connect to the public download site. The site contains release notes and manifests. The site also contains data dictionaries, variable summaries, documents, and truncated analyses, whenever available.

Study Inclusion/Exclusion Criteria

Here, we are posting a harmonized and imputed dataset of PLCO GWAS and exome data, consisting of all harmonizable PLCO genotype data from each completed scan of cancer cases and controls, as well as the key covariates

Important Links and Information

- Request access via Authorized Access
 - Instructions for requestors
 - o Data Use Certification (DUC) Agreement
- Talking Glossary of Genetic Terms

Contact information

Claire Zhu, Ph.D.

NCI Division of Cancer Prevention

Early Detection Research Group



www.cancer.gov/espanol