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Notice of Intent to Sole Source/Bid Board Posting
Notice/Solicitation Number: 75N91019Q00140

August 12, 2019

The National Cancer Institute (NCI), Division of Cancer Control and Population Sciences (DCCPS), Surveillance Research Program (SRP) plans to evaluate the data received from CancerLinQ to determine the completeness and representativeness of the information. CancerLinQ will be further evaluated to determine the complementarity of the data to current Iowa Cancer Registry data. This evaluation will establish the benefit of the linkage for supplementing registry data, both to fill in gaps in the data currently collected and in determining the feasibility of collecting new data items for the population of cancer patients. The evaluation will also investigate the ability of the linked SEER – CancerLinQ data to calculate specific Quality Of Patient Care (QOPI) measures.

NCI intends to conduct this procurement as a sole source from the University of Iowa. However, if an interested party believes it can meet the attached requirements, you must submit a statement of capabilities. The capability statement must be in writing and must contain information and material in sufficient detail to allow NCI to determine whether the party can fully meet NCI's requirement. In addition, the capability statement must be received in the NCI Office of Acquisition by August 21, 2019 at 5:00PM EST to Contracting Officer, Kimesha Leake at Kimesha.leake@nih.gov . A determination by the Government not to compete this requirement based upon responses to this notice is solely within the discretion of the Government. Information received will be considered solely for determining whether to conduct a competitive procurement. Please reference **75N91019Q00140** on all correspondence.

Sole Source:

The University of Iowa is the only known SEER registry that has the required linked dataset which is specific to the Iowa catchment area. The Iowa Cancer Registry is the sole entity with legal authority to collect this data. Given their exclusive accessibility, and intimate knowledge of the data, they are the only known source to conduct the services as outlined in the Statement of Work.

Attached documents:

Statement of Work
FAR Clause 52.213-4 Terms and Conditions-Simplified Acquisitions (Other Than Commercial Items) (January 2019) is applicable and available in full text upon request

STATEMENT OF WORK (SOW)

1.0 TITLE

Evaluation of Iowa Cancer Registry Data Linkage with American Society of Clinical Oncology (ASCO) CancerLinQ

2.0 BACKGROUND

The Surveillance, Epidemiology, and End Results (SEER) Program is one of the premier cancer surveillance programs in the world comprised of population-based cancer registries covering 36% of the total US population reporting on over 500,000 cancer cases annually. The Iowa Cancer Registry has been a member of the SEER program since 1973.

ASCO CancerLinQ is a program created to give oncologists a robust quality monitoring system that collects and analyzes data from all patient encounters to deliver the highest possible quality of care to patients. The ultimate goal of CancerLinQ is to support key stakeholders in the cancer community including patients, providers, researchers, and governments.

A data exchange between the Iowa Cancer Registry and CancerLinQ practices in the Iowa catchment area established a data pipeline to capture discrete data elements recorded within electronic health records. This pilot was designed to explore the use of claims as a form of detailed, structured data for cancer surveillance. Ideally, claims data would enhance the ability of SEER registries to capture cancer related data and facilitate healthcare provider compliance with legally mandated public health reporting requirements. Claims data could also support development of quality metrics that could be used as feedback to the providers.

The SEER Program, within the Division of Cancer Control and Population Sciences (DCCPS), National Cancer Institute (NCI), National Institutes of Health (NIH), is interested in evaluating the quality and completeness of this data exchange.

2.1 OBJECTIVE

The objective of this project to evaluate the data received from CancerLinQ to determine the completeness and representativeness of the information. CancerLinQ will be further evaluated to determine the complementarity of the data to current Iowa Cancer Registry data. This evaluation will establish the benefit of the linkage for supplementing registry data, both to fill in gaps in the data currently collected and in determining the feasibility of collecting new data items for the population of cancer patients. The evaluation will also investigate the ability of the linked SEER – CancerLinQ data to calculate specific Quality Of Patient Care (QOPI) measures.

3.0 SCOPE

The evaluation will occur in four phases: development of a statistical analysis plan, description of the cancer cases included in the CancerLinQ data and how they compare to the overall population in Iowa, assessment of the completeness of longitudinal treatment information from CancerLinQ, and building on applicability of the treatment data.

STATEMENT OF WORK (SOW)

4.0 CONTRACTOR REQUIREMENTS AND PERSONNEL QUALIFICATIONS

The Contractor shall:

4.1. Develop a Statistical Analysis Plan and hold monthly meetings by phone with NCI to maintain the timeline for project deliverables.

4.2. Describe the cancer cases included in the CancerLinQ data and how they compare to the overall population in Iowa, the agreement between the SEER data and the CancerLinQ data for data items that are contained in both data sets, and describe variables received from CancerLinQ that are not collected in SEER.

4.3. Assess the completeness of longitudinal treatment information from CancerLinQ through comparison with Iowa registry SEER-Medicare for patients 65 years of age and older and compare the treatment information in CancerLinQ data to SEER-Medicare for cases included in both to assess the completeness of the CancerLinQ data.

4.4. Evaluate the ability to calculate selected QOPI measures from the combined SEER-CancerLinQ data. Selected QOPI measures include: 1) Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (QPP 102); 2) Prostate Cancer: Adjuvant Hormonal Therapy for High Risk or Very High Risk Prostate Cancer (QPP 104); 3) QPP 449 HER2 Negative or Undocumented Breast Cancer Patients Spared Treatment with HER2- Targeted Therapies and; 4) QPP 450 Trastuzumab Received By Patients With AJCC Stage I (T1c) - III And HER2 Positive Breast Cancer Receiving Adjuvant Chemotherapy in collaboration with the CancerLinQ analysis team and clinical staff members.

5.0 TYPE OF ORDER

This is a severable firm fixed price purchase order.

The services acquired under this contract are severable services. Funds are only available for use for the contract line item (CLIN) to which they are obligated. Unused funds from one CLIN may not rollover for use in other periods.

6.0 PERIOD OF PERFORMANCE

The period of performance shall be 12 months from the date of award.

7.0 PLACE OF PERFORMANCE

Iowa Cancer Registry
2600 UCC
The University of Iowa
Iowa City, IA 52242-5500

8.0 REPORT(S)/DELIVERABLES AND DELIVERY SCHEDULE

All deliverable shall be delivered electronically via email in Microsoft Word or compatible format to the NCI Technical Point of Contact (TPC).

DELIVERABLE	***DELIVERABLE DESCRIPTION / FORMAT REQUIREMENTS***	***DUE DATE***
#1 (Task 4.1)	Statistical Analysis Plan (SAP) and analytic file shall include, but not be limited to: a.) detailed data dictionary with meta data b.) inclusion/exclusion criteria c.) calculations for descriptive measures of the CancerLinQ data, including an assessment of which CancerLinQ variables are completely populated and within acceptable ranges. d.) comparisons of CancerLinQ variables that correspond to SEER variables e.) draft table shells	3 months after award
#2 (Task 4.1)	Monthly meetings by phone with NCI to maintain the timeline for project deliverables.	Every month for duration of award
#3 (Task 4.2)	Data Representativeness and Completeness Report shall include, but not be limited to the following: a. Representativeness of the cases that linked to CancerLinQ i. Information on the percent of cases that linked overall and by specific case characteristics ii. Comparison of cases that linked compared with the cases that did not link	6 months after award

	b. Comparison of shared data elements (e.g. tumor characterization) can provide comparative validation of data elements captured both electronically via EHR **(**CancerLinQ) and manually via abstraction (SEER) i. Assess agreement ii. Validation of data streams iii. Investigate characteristics of cases where variables did not agree iv. Recommend if the SEER variable or the CancerLinQ Variable should take precedence. c. Describe the variables not typically collected in SEER i. Among the cases that linked to CancerLinQ provide descriptive tables on the variable values overall and by case characteristics ii. Suggest potential research questions that could be addressed using this data	
#4 (Tasks 4.3)	Report comparing detailed chemotherapy, radiation and surgery information with SEER-Medicare	12 months after award
#5 (Task 4.4)	Report on the evaluation of ASCO QOPI Measures	12 months after award

9.0 NCI TECHNICAL POINT OF CONTACT

TBD

10.0 CLAUSES

HHSAR 339.203-70(a). Electronic and Information Technology Accessibility Notice (December 2015)

(a) Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d), as amended by the Workforce Investment Act of 1998 and the Architectural and Transportation Barriers Compliance Board Electronic and Information (EIT) Accessibility Standards (36 CFR part 1194), require that when Federal agencies develop, procure, maintain, or use electronic and information technology, Federal employees with disabilities have access to and use of information and data that is comparable to the access and use by Federal employees who are not individuals with disabilities, unless an undue burden would be imposed on the agency. Section 508 also requires that individuals with disabilities, who are members of the public seeking information or services from a Federal agency, have access to and use of information and data that is comparable to that provided to the public who are not individuals with disabilities, unless an undue burden would be imposed on the agency.

11.0 PAYMENT

Payment shall be made upon acceptance of each deliverable Payment authorization requires submission and approval of invoices to the NCI TPC and NIH OFM, in accordance with the attached payment provisions listed below:

The following clause is applicable to all Purchase Orders, Task or Delivery Orders, and Blanket Purchase Agreement (BPA) Calls: PROMPT PAYMENT (JAN 2017) FAR 52.232-25. Highlights of this clause and NIH implementation requirements follow:

I INVOICE REQUIREMENTS

A. An invoice is the Contractor's bill or written request for payment under the contract for supplies delivered or services performed. A proper invoice is an "Original" which must include the items listed in subdivisions 1 through 12, below, in addition to the requirements of FAR 32.9. If the invoice does not comply with these requirements, the Contractor will be notified of the defect within 7 days after the date the designated billing office received the invoice (3 days for meat, meat food products, or fish, and 5 days for perishable agricultural commodities, dairy products, edible fats or oils) with a statement of the reasons why it is not a proper invoice. (See exceptions under II., below.) Untimely notification will be taken into account in the computation of any interest penalty owed the Contractor.

1. Vendor/Contractor: Name, Address, Point of Contact for the invoice (Name, title, telephone number, e-mail and mailing address of point of contact).
2. Remit-to address (Name and complete mailing address to send payment).
3. Remittance name must match exactly with name on original order/contract. If the Remittance name differs from the Legal Business Name, then both names must appear on the invoice.
4. Invoice date.
5. Unique invoice #s for all invoices per vendor regardless of site.
6. NBS document number formats must be included for awards created in the NBS: Contract Number; Purchase Order Number; Task or Delivery Order Number and Source

Award Number (e.g., Indefinite Delivery Contract number; General Services Administration number); or, BPA Call Number and BPA Parent Award Number.

7. Data Universal Numbering System (DUNS) or DUNS + 4 as registered in the Central Contractor Registration (CCR).
8. Federal Taxpayer Identification Number (TIN). In those exceptional cases where a contractor does not have a DUNS number or TIN, a Vendor Identification Number (VIN) must be referenced on the invoice. The VIN is the number that appears after the contractor's name on the face page of the award document.
9. Identify that payment is to be made using a three-way match.
10. Description of supplies/services that match the description on the award, by line billed.*
11. Freight or delivery charge must be billed as shown on the award. If it is included in the item price do not bill it separately. If identified in the award as a separate line item, it must be billed separately.
12. Quantity, Unit of Measure, Unit Price, Extended Price of supplies delivered or services performed, as applicable, and that match the line items specified in the award.*

* NOTE: If your invoice must differ from the line items on the award, please contact the Contracting Officer before submitting the invoice. A modification to the order or contract may be needed before the invoice can be submitted and paid.

B. Shipping costs will be reimbursed only if authorized by the Contract/Purchase Order. If authorized, shipping costs must be itemized. Where shipping costs exceed $100, the invoice must be supported by a bill of lading or a paid carrier's receipt.

C. Mail an original and 1 copy of the itemized invoice to:

National Institutes of Health
Office of Financial Management, Commercial Accounts
2115 East Jefferson Street, Room 4B-432, MSC 8500
Bethesda, MD 20892-8500

For inquiries regarding payment call: (301) 496-6088

In order to facilitate the prompt payment of invoices, it is recommended that the vendor submit a photocopy of the invoice to the "Consignee" designated for the acquisition in blocks 6A – 6E of the face page of the Order/Award document.

II. INVOICE PAYMENT

A. Except as indicated in paragraph B., below, the due date for making invoice payments by the designated payment office shall be the later of the following two events:

1. The 30th day after the designated billing office has received a proper invoice.
2. The 30th day after Government acceptance of supplies delivered or services performed.

B. The due date for making invoice payments for meat and meat food products, perishable agricultural commodities, dairy products, and edible fats or oils, shall be in accordance with the Prompt Payment Act, as amended.

III. INTEREST PENALTIES

A. An interest penalty shall be paid automatically, if payment is not made by the due date and the conditions listed below are met, if applicable.
   1. A proper invoice was received by the designated billing office.
   2. A receiving report or other Government documentation authorizing payment was processed and there was no disagreement over quantity, quality, or contractor compliance with a term or condition.
   3. In the case of a final invoice for any balance of funds due the contractor for supplies delivered or services performed, the amount was not subject to further settlement actions between the Government and the Contractor.

B. Determination of interest and penalties due will be made in accordance with the provisions of the Prompt Payment Act, as amended, the Contract Disputes Act, and regulations issued by the Office of Management and Budget.

IV. PROVIDING ACCELERATED PAYMENT TO SMALL BUSINESS SUBCONTRACTORS, FAR 52.232-40 (DEC 2013)

a) Upon receipt of accelerated payments from the Government, the Contractor shall make accelerated payments to its small business subcontractors under this contract, to the maximum extent practicable and prior to when such payment is otherwise required under the applicable contract or subcontract, after receipt of a proper invoice and all other required documentation from the small business subcontractor.
b) The acceleration of payments under this clause does not provide any new rights under the prompt Payment Act.

Include the substance of this clause, include this paragraph c, in all subcontracts with small business concerns, including subcontracts with small business concerns for the acquisition of commercial items.