



NCI SBIR & STTR

Funding, mentoring & networking assistance for next-generation life science technologies

Oct 12, 2016

Amir Rahbar, PhD, MBA Program Director National Cancer Institute SBIR Development Center

Congressionally-Mandated Programs

Small Business Innovation Research (SBIR)

Set-aside program for small business concerns to engage in Federal R&D with the potential for commercialization

Federal agencies with an extramural R&D budget > \$100M

Small Business Technology Transfer (STTR)

Set-aside program to facilitate cooperative R&D between small business concerns and U.S. research institutions with the potential for commercialization

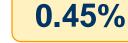
Federal agencies with an extramural R&D budget > \$1B

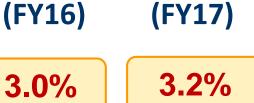
~\$877M annually at NIH ~\$136M annually at NCI

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Set Aside

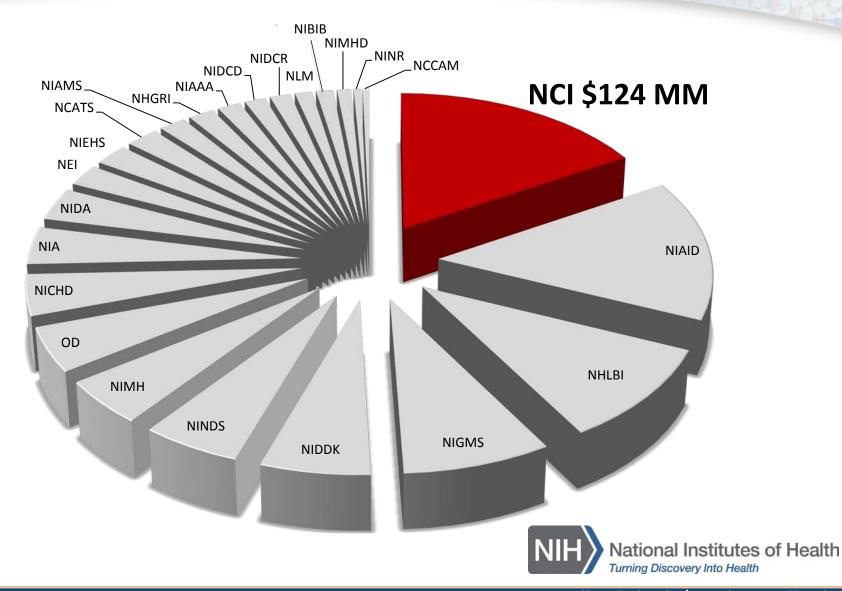
0.45%

NIH FY2015 Small Business Funding (\$786 M)

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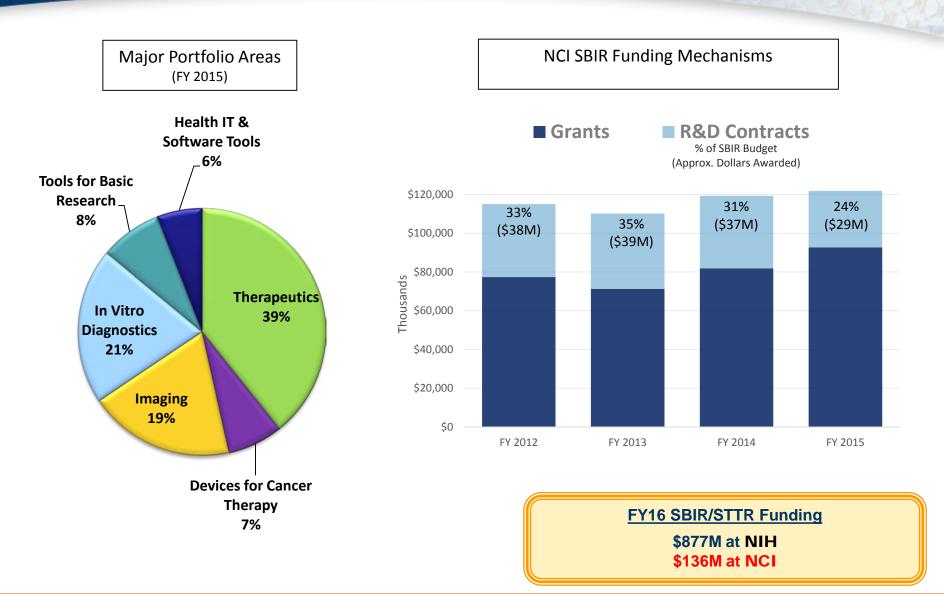


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NCI SBIR/STTR Portfolio

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SBIR Eligibility Requirements

New Rules starting 1/28/13



- Applicant is a Small Business Concern (SBC)
- Organized for-profit U.S. business
- 500 or fewer employees, including affiliates
- PI's primary employment (>50%) must be with the SBC at time of award & for duration of project
- > 50% U.S.- owned by individuals and independently operated*

OR

 > 50% owned and controlled by other business concern/s that is/are > 50% owned and controlled by one or more individuals*

OR

 > 50% owned by <u>multiple</u> venture capital operating companies, hedge funds, private equity firms, or any combination of these *

^{*}Formerly >= 51%; *New rule starting 1/28/13, NIH SBIR only

STTR Eligibility Requirements

- Applicant is a Small Business Concern (SBC)
- Organized for-profit U.S. business
- Formal cooperative R&D effort
 - Minimum 40% by small business
 - Minimum 30% by US research institution
- US Research Institution: college or university; non-profit research organization; Federally-Funded R&D Center (FFRDC)
- Principal Investigator's primary employment may be with either the SBC or the research institution
- SBC must have right to IP to carry out follow-on R&D and commercialization

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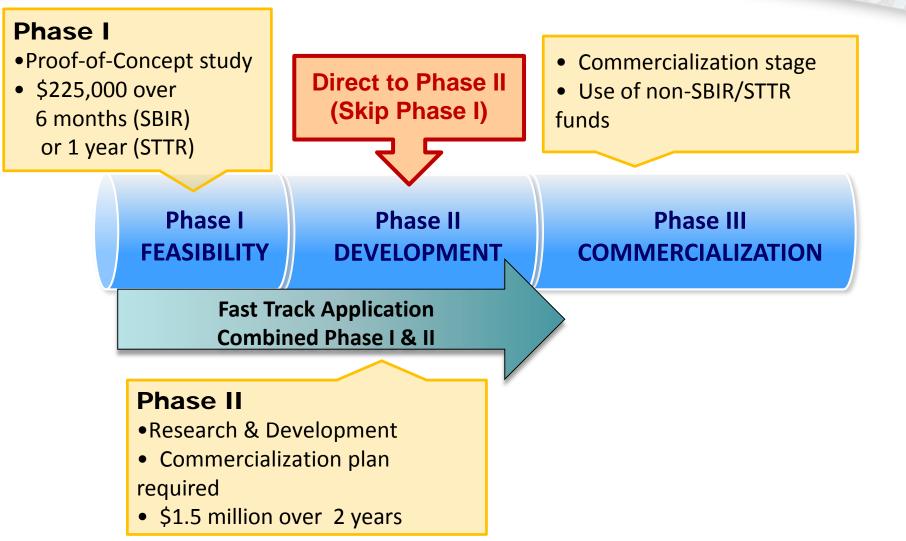
SBIR vs. STTR: Which Program is Best for You?



	<u>SBIR</u>	<u>STTR</u>
Principal Investigator	Primary employment must be with small business	PI may be employed by either small business or research institution, and must commit minimum of 10% effort to project
Research Partner	Permits partnering Small business must do 67% Phase I, 50% Phase II	Requires partnering with US research institution <i>Small business min. 40%,</i> <i>Research institution min. 30%</i>

- Small Business Concern is ALWAYS the Applicant/Awardee Organization
- Funding rates vary annually based primarily on application numbers
- The best choice is the fit for your budget and leadership structure

NIH SBIR & STTR: Three-Phase Program O SBIR & STTR





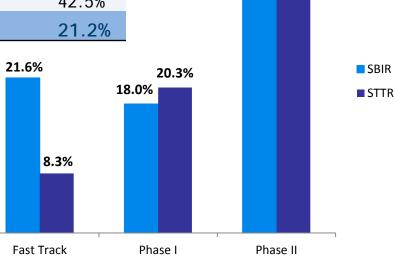
NIH-wide SBIR/STTR Success Rates FY2014

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42.5%

40.5%

SBIR/STTR	Phase	# of Applications Reviewed	# of Applications Awarded	Success Rate
SBIR	Fast Track	328	71	21.6%
SBIR	Phase I	3622	652	18.0%
SBIR	Phase II	566	229	40.5%
STTR	Fast Track	60	5	8.3%
STTR	Phase I	788	160	20.3%
STTR	Phase II	87	37	42.5%
FY TOTAL		5,451	1,154	21.2%

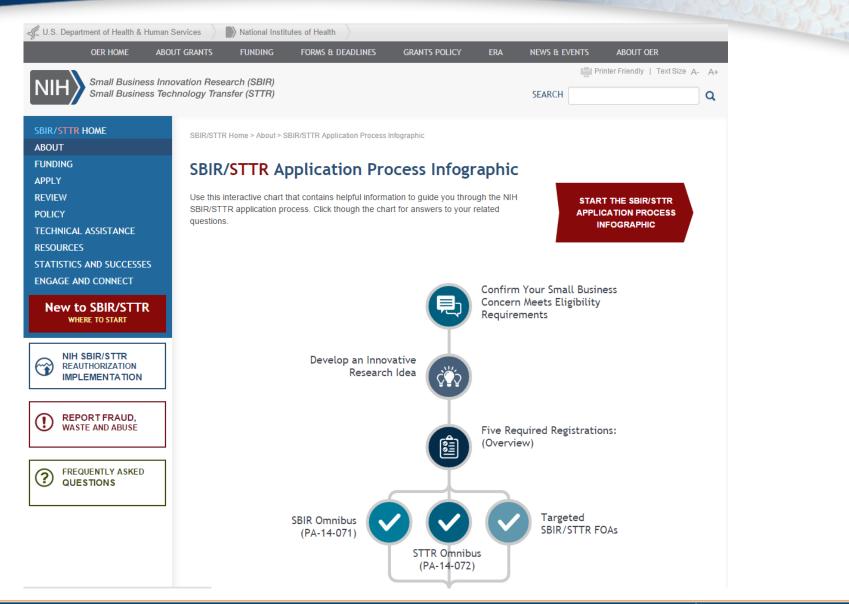


Success Rates Posted Online: http://report.nih.gov/success_rates/index.aspx



http://sbir.nih.gov

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Reasons to Seek SBIR/STTR Funding

- One of the largest sources of seed funding for innovative technology development by small businesses
- Not a Loan
 - No repayment is required
 - Doesn't impact stock or shares in any way (i.e., non-dilutive)
- Intellectual property rights retained by the small business
- Provides recognition, verification, and visibility
- Helps provide leverage in attracting additional funding or support (*e.g.*, venture capital, strategic partner)

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- VC-backed companies (VCOC, hedge fund, private equity firms) CAN NOW apply (NIH SBIR only).
- Direct to Phase II Pilot Program now active
- Increased caps for pre-approved waiver topics (see FOA) – Ph I \$300K, Ph II \$2M
 - Otherwise: Ph I \$225K, Ph II \$1.5M

Recent Rule Changes in SBIR

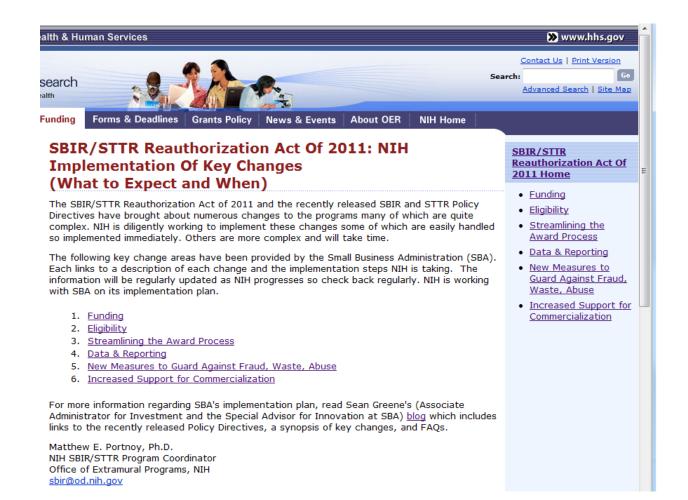


- Switching between SBIR and STTR mechanisms
 - Applicants can apply for Phase II SBIR funding based on Phase I STTR award or vice versa.
 - Applicants can apply for Phase IIB SBIR funding based on Phase II STTR award or vice versa.
- Applicants can request \$5000 in Technical Assistance, beyond award caps.
 - Regulatory consultant
 - Reimbursement consultant

NIH Reauthorization website

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http://grants.nih.gov/grants/funding/sbir/reauthorization.htm



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14



OLD TIMELINE: 8 -16 months from application to award

Due Date	Scientific Review	Council Review	Award Date (earliest)
April 5	July	October	December
August 5	October	January	April
December 5	March	May	July

NEW TIMELINE GOAL: Funding of > 50% of applications within 6 months

Standard Due Date	Scientific Review	Council Review	Award Date (earliest)
September 5	December	January	March
January 5	March	May	June
April 5	June	September	September



National Institutes of Health Turning Discovery Into Health





The NCI SBIR Development Center

http://sbir.cancer.gov

NCI SBIR Development Center Program Staff

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Michael Weingarten, MA **Director** NCI SBIR Development Center

Greg Evans, PhD Lead Program Director Cancer Biology, E-Health, Epidemiology, Research Tools

Patricia Weber, DrPH

Program Director

Digital Health, Therapeutics, Biologics, SBIR

Deepa Narayanan, MS

Program Director

Investor Forum, FRAC Workshop









Program Director Cancer Diagnostics & Therapeutics, Cancer Control & Prevention, Molecular Imaging, Bioinformatics, Stem Cells



Program Manager Cancer/Biological Imaging, Research Tools, Devices, Scientific Communications, and I-Corps at NIH

Christie Canaria, PhD



Kory Hallett, PhD AAAS Science & Technology Policy Fellow Monoclonal Antibodies, Immunotherapy, Biologics, and **Program Analysis**



Andrew J. Kurtz, PhD Lead Program Director

Biologics, Small Molecules, Nanotherapeutics, Molecular Diagnostics, Bridge Award



Jian Lou, PhD **Program Director**

In-Vitro Diagnostics, Theranostics, early-stage drug development, Bioinformatics, FRAC Workshop



Todd Haim, PhD **Program Director**

Small Molecules, Biologics, Immunotherapeutics, Theranostics, SBIR Investor Forum, FRAC Workshop



Amir Rahbar, PhD, MBA **Program Director** In-Vitro Diagnostics, Biologics, Therapeutics, Proteomics, SBIR Investor Forum



Jonathan Franca-Koh, PhD, MBA **Program Director** Cancer Biology, Biologics, Small Molecules, Cell Based Therapies

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sbir.cancer.gov

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- Play active role in seeding emerging technology areas
- Coach applicants in preparation of funding applications
- Provide central oversight of all 400+ NCI-funded SBIR and STTR projects (Program Director role)
- Conduct regular outreach events all over the U.S. (with state-based, BIO-like organizations)
- Maintain a network of investors, and broker personal connections between NCI SBIR companies and potential third-party investors/strategic partners

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Investigator-Initiated Grants



- Omnibus Solicitations (Phase I, Phase II, FastTrack)
 - <u>PA-16-302</u> (SBIR) and <u>PA-16-303</u> (STTR)
- Direct to Phase II Solicitation
 - <u>PAR-14-088</u> (SBIR only)

We encourage applications for any topic within the NIH mission

Due September 5, January 5, April 5



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Goal: To encourage SBIR grant applications that transfer technology out of NIH intramural research labs and into the private sector.

- Royalty-free, non-exclusive patent license agreement for internal research use will be granted to the SBC upon award
- Collaborate with NIH intramural researchers (no SBIR funds may go back to intramural investigators)
- For a searchable listing of NCI inventions: <u>http://www.ott.nih.gov/ic/nci</u>

Standard due dates apply. Expires September 6, 2018.

Contact Dr. Christie Canaria: christie.canaria@nih.gov and John D. Hewes, NCI Tech Transfer Center: john.hewes@nih.gov <u>http://grants.nih.gov/grants/guide/pa-files/PA-15-354.html</u>

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Goal: To support small businesses that propose development of a broad base of innovative technologies in biomedical computing, informatics, and Big Data Science that will support rapid progress in areas of scientific opportunity in biomedical research.

•SBIR FOA: <u>PA-14-154</u>

- •STTR FOA: <u>PA-14-157</u>
- Direct-to-Phase II FOA: PA-15-288

Standard due dates apply. Expires April 6, 2017.

Contact Dr. Jonathan Franca-Koh: jonathan.franca-koh@nih.gov



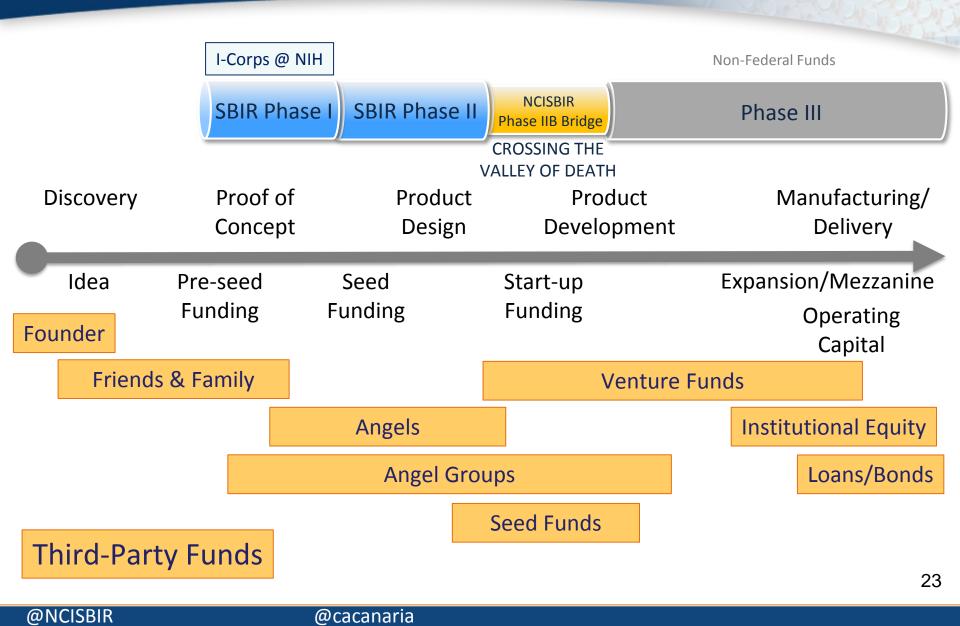
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- Provides up to \$1M per year for up to 3 years
- Open to any NIH-funded Phase II awardees with projects relevant to NCI mission
- Accelerates commercialization by incentivizing partnerships with third-party investors & strategic partners <u>earlier in the</u> <u>development process</u>
- Competitive preference and funding priority to applicants that can raise substantial third-party funds (i.e., ≥ 1:1 match)

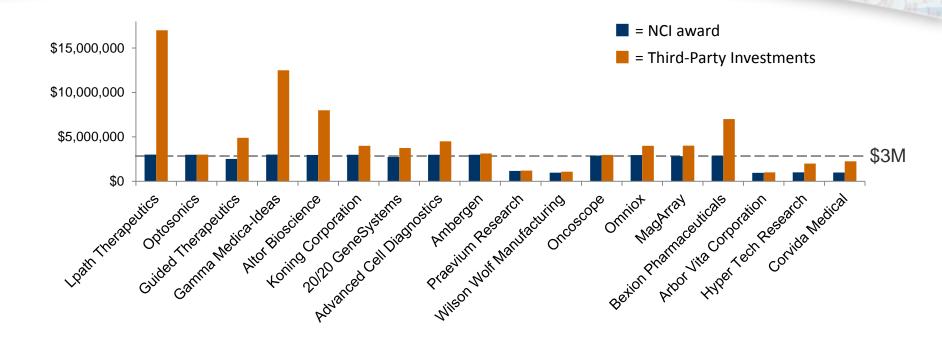
NIH SBIR/STTR Resources





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4 Cancer-Focused NCI SBIR Investor Forums-2009, 2010, 2012, and 2014

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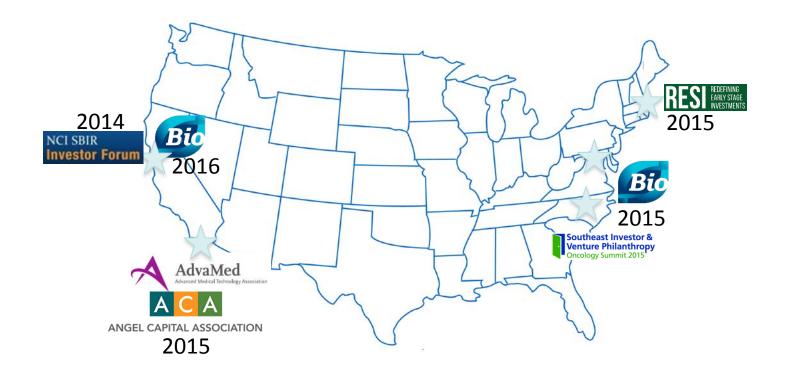
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43

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Leveraging existing investor and partnering events





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Company Selection Based on Investor Reviews



- External Investor based Review Panel consists of 50+ investors and strategic industry partners.
 - Includes representatives from Pfizer, BMS, J&J, GE Ventures, Varian, Bayer, Venrock, Arch Venture Partners, Soffinova and many more.
- Facilitate meetings between reviewers & companies if reviewers are interested.
- Offer feedback to companies from these investors.
- 100+ companies reviewed in the last investor review, around 30 companies selected for showcase events based on reviewer recommendation.



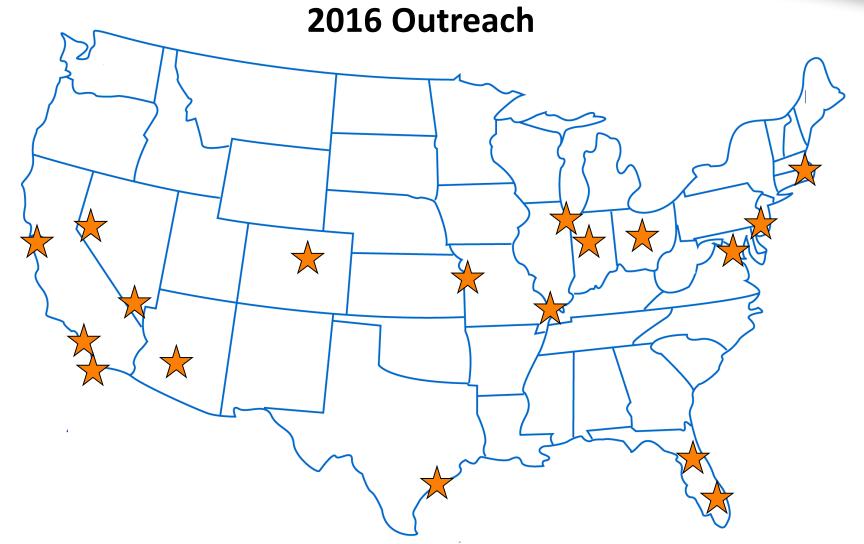
Bringing together NCI SBIR/STTR awardees to move funded technologies from bench to bedside

http://sbir.cancer.gov/programseducation/fracworkshop

- May 24-25, 2016 at NCI Shady Grove
- Speakers from FDA, CMS, USPTO, and across NIH
- Panels on other sources of federal funding, resources & collaborative programs at NIH, and unique life science investment organizations
- One-on-one meetings with program directors and speakers

NCI SBIR Outreach Across the Country







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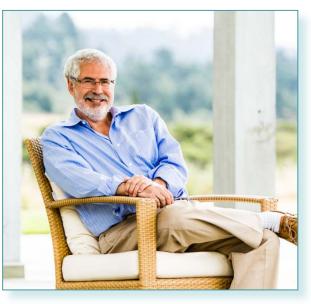
Program for SBIR Phase I grantees to help:

- Define the value proposition (e.g., clinical utility) <u>early</u> before spending millions – saves time AND money
- Assess IP and regulatory risk before design and build
- Better understand core customers and the <u>specific</u> steps required for downstream commercialization
 - Teams are required to conduct 100 interviews
- Gather information essential to customer partnerships/ collaborations/ purchases before doing the science
- Identify financing vehicles before they are needed (helping to avoid the "Valley of Death")



I-Corps[™] is based on a curriculum called <u>Lean LaunchPad</u>

- Developed by Steve Blank as a graduate course at Stanford
- Brings together customer development, agile development, business model generation, and pivots



Steve Blank

- Serial entrepreneur
- 21 years / 8 startups
- 13 years @ Berkeley, Columbia, Stanford, & UCSF



Technology commercialization efforts have two components

- 1. The science/technology
- 2. The business model
- Commercialization efforts often focus on #1
- Successful efforts require the team to do both

Innovation Corps (I-Corps[™]) program is focused on developing the business model



Mexico

- I-Corps[™] at NIH instructors come from nodes
 - Trained with I-Corps
 curriculum

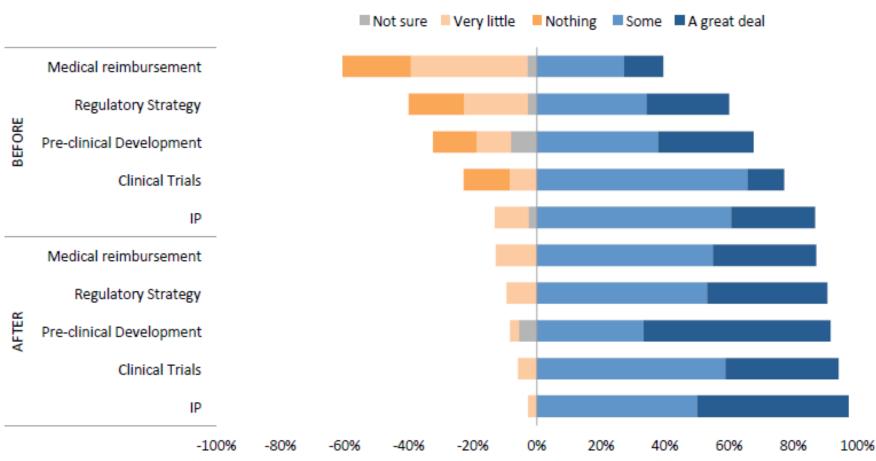
Map data @2016 Google, INEGI Terms of Use

Life Science Commercialization Knowledge



Spring 2016 Cohort

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Knowledge of areas of Commercialization & Life Sciences



#ICorpsNIH

Today's Presentation



- Tips on Applying
 - Deciding to Apply
 - Building the Application
 - After you Submit the Application



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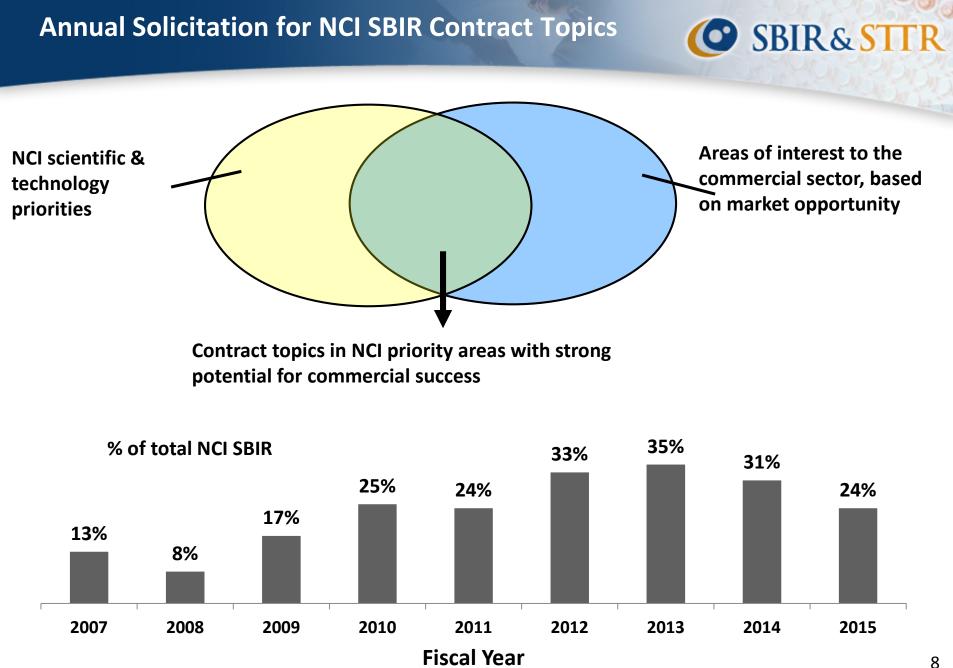




NCI SBIR Contract Funding Opportunities

http://sbir.cancer.gov/funding/contracts

Due Date Oct 21, 2016



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SBIR Contracts vs. Grants



	SBIR Grants	SBIR Contracts	
Scope of the proposal	Investigator-defined within the mission of NIH	Defined (narrowly) by the NIH	
Questions during solicitation period?	May speak with any Program Officer	MUST contact the contracting officer [ncioasbir@mail.nih.gov]	
Receipt Dates	3 times/year for Omnibus	Only ONCE per year	
Peer Review Locus	NIH Center for Scientific Review (CSR)	NCI DEA (target 50% business reviewers)	
Basis for Award	Peer review score/ Program assessment	Peer review score/negotiation of technical deliverables, budget	
Reporting	One final report (Phase I); Annual reports (Phase II)	Kickoff presentation, quarterly progress reports, final report, commercialization plan	
Set-aside funds for particular areas?	No	Yes	
Program Staff Involvement	Low	High	

Funding Opportunity Summary

- PHS-2017-1 HHS Small Business Innovation Research (SBIR) Program Contract Solicitation
- ONE application receipt date per year:
 - Published August 1, 2016

Receipt Date: October 21, 2016, 5:00 PM EDT

- RFP can be found at:
 - https://sbir.nih.gov/sites/default/files/PHS2017-1.pdf
- More info about NCI's topic areas:
 - <u>http://sbir.cancer.gov/funding/contracts/</u>

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NCI Contract Topics for FY2017

- <u>NIH/NCI 355:</u> Cell and Animal-Based Models to Advance Cancer Health Disparity Research
- <u>NIH/NCI 356</u>: Tools and Technologies for Monitoring RNA
- <u>NIH/NCI 357</u>: Innovative Tools for Interrogating Tumor Microenvironment Dynamics
- NIH/NCI 358: Modulating the Microbiome to Improve Therapeutic Efficacy of Cancer Therapeutics
- <u>NIH/NCI 359</u>: Technologies for Differential Isolation of Exosomes and Oncosomes
- <u>NIH/NCI 360</u>: Manufacturing Innovation for the Production of Cell-Based Cancer Immunotherapies
- <u>NIH/NCI 361</u>: Highly Innovative Tools for Quantifying Redox Effector Dynamics in Cancer
- <u>NIH/NCI 362</u>: Informatics Tools to Measure Cancer Care Coordination
- <u>NIH/NCI 363</u>: Connecting Cancer Caregivers to Care Teams: Digital Platforms to Support Informal Cancer Caregiving
- <u>NIH/NCI 364</u>: Methods and Software for Integration of Cancer Metabolomic Data with Other –Omic and Imaging Data
- <u>NIH/NCI 365</u>: Imaging Informatics Tools and Resources for Clinical Cancer Research
- <u>NIH/NCI 366</u>: Clonogenic High-Throughput Assay for Screening Anti-Cancer Agents and Radiation Modulators
- <u>NIH/NCI 367</u>: Predictive Biomarkers to Improve Radiation Treatment
- NIH/NCI 368: Molecularly Targeted Radiation Therapy for Cancer Treatment
- <u>NIH/NCI 369</u>: Development of Pediatric Cancer Drug Delivery Devices

http://sbir.cancer.gov/funding/contracts



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Fast-Track proposals accepted. Direct-to-Phase II proposals accepted.

Goal: Develop new, commercially available models relevant to diverse racial/ethnic populations including American Indians, Alaska Natives, Asians, African Americans, Pacific Islanders, and Hispanic/Latinos. Solicited models include patient-derived cell lines, patient-derived xenograft (PDX) mouse models, and 3D human tissue model culture systems established from racially/ethnically diverse patient populations.

- Establish an experimental model derived from a racial/ethnic minority population and/or relevant to CHD research.
- Establish a stable cell line from human tumor cells and passage the cells in culture to determine viability and experimental relevance.
- Establish a serially transplantable, phenotypically stable, human cancer xenograft model in immunocompromised mice.
- Establish a 3D culture that mimics the tumor microenvironment. Note that all proposed model systems must be using established technologies with previously demonstrated reproducibility in pre-clinical or chemo-sensitivity assays.



Fast-Track proposals **not** accepted. Direct-to-Phase II proposals **not** accepted.

Goal: Generate tools, technologies, and products for monitoring covalently modified eukaryotic RNA, including messenger RNA and regulatory RNA. In the long term, these tools and products will allow the investigation of how altered RNA modifications contribute to the initiation and progression of cancer and potentially identify a new class of cancer biomarkers.

- Identify and justify development of a tool or technology for monitoring a specific RNA modification or set of RNA modifications.
- Develop and characterize the tool or technology for monitoring the specific RNA Modification(s).
- Develop an assay or system for testing and benchmarking the specificity and sensitivity of the tool or technology and comparing the tool or technology to existing approaches if applicable.
- Provide a proof-of-concept SOP for the tool or technology.



Fast-Track proposals accepted. Direct-to-Phase II proposals accepted.

Goal: Develop non-invasive, in vivo platforms that can: image, assess or interrogate TME dynamics over time for tumor diagnosis and/or treatment prediction/response.

- Identification and validation of marker(s) for TME
- Prepare, select and demonstrate TME-targeting probes/sensors based on target specificity and minimal toxicity in vitro
- Optimize detection scheme to demonstrate in vitro signal specificity and correlate signals to molecular target concentrations measured using conventional assays
- Determine optimal dose and detection window through proof-of-concept small animal studies with evidence of systemic stability and minimal toxicity
- Establish calibration curves correlating in vivo signal changes to concentration of molecular targets measured via conventional biological assays.
- Demonstrate robust signal changes in response to in vivo perturbation
- Benchmark experiments against currently state of the art methodologies.
- Present Phase I results and development to NCI staff



Fast-Track proposals **not** accepted. Direct-to-Phase II proposals **not** accepted.

Goal: Develop effective adjuvant strategies that specifically target critical microbial activities or populations that affect drug efficacy and/or tolerability.

- Define and characterize a host/microbe interaction that affects therapeutic efficacy, demonstrated through appropriate in vitro and in vivo experiments.
- Develop targeted microbiota regulated/directed intervention strategies designed to improve, either alone or in combination, patient outcomes for new or current therapeutic agents
- Test and refine therapeutic approaches in order to identify lead candidates or agent to develop further in Phase II studies
- Offeror should determine and justify the assays and endpoints that will be used to evaluate the success of their approach.
- Submit a statement to NCI that specifies the metrics and criteria used to evaluate the success of the approach being developed, and justification for these metrics and criteria from a commercial and scientific perspective.



Fast-Track proposals **not** accepted. Direct-to-Phase II proposals **not** accepted.

Goal: Accelerate the use of exosomes from body fluids for cancer research and clinical care, and Develop technology for differential isolation of tissue-specific exosomes and oncosomes in serial collections of archived body fluids to enable assessment of cancer initiation, progression, risk, aggressiveness, prognosis and/or treatment outcomes.

- Develop a technology for differential isolation of exosomes andoncosomes, which originated in a specific tissue, from body fluid(s) collected from cancer patients.
- Demonstrate that the technology can obtain distinct preparations of exosomes and oncosomes from the routinely collected fresh/archived body fluids, and yields sufficient quantity for downstream analysis.
- Demonstrate that the reproducibility is >90% and yield is >70%
- Demonstrate collection of >75% intact and undamaged exosomes/oncosomes is using physicochemical methods.
- Deliver to NCI the SOPs for exosome/oncosome isolation, and the data from physicochemical characterization that demonstrates the quality



Fast-Track proposals accepted. Direct-to-Phase II proposals **not** accepted.

Goal: Facilitate the development of innovative methods and technologies capable of improving and modernizing product manufacturing processes for cell-based cancer immunotherapies.

- Develop a device/technology/process to support commercially-relevant manufacturing advancements or improvements for the production of a specific class of cell-based cancer immunotherapies
- Provide proof of collaboration or partnership with an entity that is developing a representative cell-based therapeutic agent OR otherwise demonstrate access to a representative cell-based therapeutic agent through other means that can be used for validation of the device/technology/process
- Demonstrate pilot-scale beta-testing of the production process to demonstrate reproducible performance within appropriate specifications for identity, purity, potency, and/or other relevant metric for the chosen cell-based immunotherapy product



Fast-Track proposals **not** accepted. Direct-to-Phase II proposals **not** accepted.

Goal: Develop quantitative tools to measure redox dynamics in biological systems. Ideally, probes or biosensor tools should be minimally invasive as to not significantly perturb the system. The technical approach should: (1) allow for in vivo measurements of redox effector spatiotemporal dynamics; and-or (2) be useable in high throughput systems.

- Identify and justify development of a sensing tool or probe for specific redox effector species from both a cancer biology and commercial perspective.
- Develop and characterize a redox probe, biosensor or detection platform. Offerors shall specify quantitative milestones that can be used to evaluate the success of the technology being developed, and justify these milestones from the viewpoint of both scientific utility and commercial value.
- Develop an assay or system that demonstrates proof-of-concept testing and benchmarking of specificity and sensitivity parameters of the agent or system for a range of redox effector species.



Fast-Track proposals accepted. Direct-to-Phase II proposals **not** accepted.

Goal: Create scalable health IT-based informatics tools that measure care coordination in order to assess and improve quality of care and patient outcomes, assist the ongoing healthcare delivery system transformation and improve research efficiency.

- Develop a prototype platform to generate at least 5 cancer-relevant care coordination measures from EHRs and other relevant, IT platforms at one cancer care delivery site and to display them in the right format to the right user at the right time.
- Develop a prototype platform to assess clinical team composition; workflows and team interactions with health IT; flow of relevant data across diverse delivery sites; extent of patient engagement; type of health IT implementation, and organizational structure and policies relevant to the informatics tool development and implementation at one cancer care delivery site.
- Provide a report detailing plans for implementation of technical assistance and delivery of software, platform, and measures developed.



Fast-Track proposals accepted. Direct-to-Phase II proposals not accepted.

Goal: Develop software, database systems and mobile application tools to support cancer caregivers and connect them with their patients' care teams.

- Establish a project team with expertise in the areas of software development, patient-centered design, health communication, oncology, oncology nursing, palliative care, family medicine behavioral science, health services, and computer programming. Note that team members may have dual expertise
- Perform an environmental scan of available and relevant software systems designed to support cancer patients and caregivers to identify major gaps
- Conduct a small number of key informant interviews with cancer patients and caregivers to further refine and prioritize areas of unmet needs
- A dashboard/database that would communicate to caregivers, patients, and providers about community resources
- Develop a functional prototype of the software system



Fast-Track proposals accepted. Direct-to-Phase II proposals **not** accepted.

Goal: Develop new and innovative <u>bioinformatic methods</u> to integrate metabolite data with and other –omics and/or cancer imaging data and ultimately design scalable <u>software tool(s)</u> that apply these methods to automate the integration of the data.

- Develop bioinformatic methods for identified metabolite data integration with other –omics and/or cancer imaging data for <u>at least one</u> analytical technology used in metabolomics and <u>at least one</u> analytical technology used in in genomics, proteomics, epigenomics, transcriptomics, or cancer imaging. Datasets with cancer outcomes must be used.
- Develop data formats that support the import and export of individual datasets and "combined" datasets, store structured data from different sources of metabolite and other –omics and/or cancer imaging data, and are readily used for data integration and QC protocols.
- Finalize data formats and structure, data collection, transport and importation methods for targeted Phase I data inputs.



Fast-Track proposals accepted. Direct-to-Phase II proposals **not** accepted.

Goal: Develop and implement solutions for sustained support for the advanced development, evolution, and broad adoption of cancer imaging informatics tools and resources.

- Design specifications for enhancing image informatics tools and resources to support required usability, data and tools interoperability, patient data protection, as well as other features required for supporting phase II commercialization,
- Clear documentation of the tools and resources, and
- An early phase product prototype and detailed project plan for phase II implementation, as well as a demonstration of the prototype to NCI (using funds set aside for this purpose).



Fast-Track proposals **not** accepted. Direct-to-Phase II proposals **not** accepted.

Goal:

(i) Promote stronger academic industry partnerships in radiobiology to develop clonogenic survival-based HTS systems
(ii) Exploit recent advances in the technical maturity of HTS technologies and combine them with advances in clonogenic assays
(iii) Encourage small businesses to specifically develop HTS systems for screening potential anti-cancer agents based on a clonogenic endpoint
(iv) Integrate relevant technologies.

- Delivery of a prototype system with validated SOPs that are translatable to other laboratories.
- Defined cell line panels that have been shown to be appropriate for use with the system and the clonogenic endpoint. Validation of representative "hits" using conventional clonogenic assay.
- Licensing of individual components for use in the system as needed.



Fast-Track proposals accepted. Direct-to-Phase II proposals **not** accepted.

Goal: Develop a simple cost effective test that can be used by clinicians to personalize radiation/chemoradiotherapy treatment regimens.

- Discovery and early development
 - Demonstrate biomarker prevalence and utility
 - Develop a working qualitative test correlating the presence or absence of the biomarker(s) with potential outcome or a quantitative assay to assess radiation sensitivity
 - Demonstrate feasibility
- Preclinical development and technical validity
 - Provide assay characteristics
 - Illustrate the performance of the biomarker(s) with receiver operating characteristic (ROC) data
 - Demonstrate suitability of the test for use in the clinic, including kinetics of biomarker, if transient.



Fast-Track proposals accepted. Direct-to-Phase II proposals **not** accepted.

Goal:

- Short-term goal to perform feasibility studies for development and use of possible radiotherapeutics for the treatment of cancer.
- Long-term goal to enable a small business to bring a fully developed TRT compound or TRT-supporting technology to the clinic and eventually to the market.

- Proof-of-concept of the conjugation or attachment of the radioisotope to the antibody or other targeting moiety.
- Radiation dosimetry studies in an appropriate small animal model
- Proof-of-concept small animal studies demonstrating an improved therapeutic efficacy and improved therapeutic index, assessment of toxicity to normal tissues, and pharmacokinetic/pharmacodynamic studies utilizing an appropriate animal model.



Fast-Track proposals **not** accepted. Direct-to-Phase II proposals **not** accepted.

Goal: Develop technologies to aid the administration of cancer therapies to pediatric patients, taking into account pediatric specific issues which include but are not limited to: dosage limitations, size restraints, comfort level and mobility.

- Select cancer type(s), site(s) and cancer drugs for the development of delivery device with adequate justification
- Design and develop a prototype of a drug delivery device that is
- Suitable for the anatomical restrictions of pediatric patients.
- Suitable for the dosage limitations of pediatric patients.
- Demonstrate preliminary proof-of-concept of the device in a suitable animal model.
- Develop the required specifications necessary to make the device clinic ready.
- Demonstrate understanding of the requirements to file a regulatory application for the device





What Does It Take to Get Funded? *Tips on Applying*





- SBIR/STTR applicants are smart, highly skilled, accomplished, and hail from top institutions
- NIH receives many strong SBIR/STTR proposals
- SBIR/STTR awards are highly competitive
 - Funding success rate around 10-15%
 - Resubmissions are very common
- You <u>must</u> prepare a strong application!





Deciding to Apply



When is an SBIR/STTR appropriate?

- Innovative solution to significant unmet clinical need
- Solution has significant commercial potential
- Leverages company/founder expertise
- Seeking funding to produce feasibility data (Phase 1)
- Seeking funding for development (Phase 2)
- Start-up company, too early for private investment
- Established SBC, seeking funding to pursue a new project (and your Board supports an SBIR application)

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When NOT to Apply



- Chasing NIH funding solicitations "why not?"
- Need cash urgently
 - Time from application to award is 8-12 months; SBIR/STTR funding should be part of a larger financing strategy
- "Me too" product matching competitor's capabilities
- Incremental innovation: no change to clinical paradigm
- Basic research still required to demonstrate commercial and clinical feasibility
- Trying to bridge the gap when you have lost your R01

- Consider your company's strengths and how to exploit them
- Consider your company's weaknesses and how to address them
- Contact an appropriate NIH Program Director in advance (at least 1 month before due date!), to discuss your specific aims and receive feedback
- Review similar, currently-funded NIH projects
 - NIH Project RePORTER

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Search Previous Awards



http://projectreporter.nih.gov

Research Portfolio Online Reporting Tools (RePORT)			ls	Search				
				HO	ME ABOUT Re	PORT FAQs	GLOSSARY CONTA	ACT US
QUICK LINKS	RESEARCH	ORGANIZATIONS	WORKFORCE	FUNDI	NG F	EPORTS	LINKS & DATA	
Note: RePORTER will be temporarily unavailable for system updates from 10 p.m. (ET) Saturday, June 29 until 7 a.m. (ET) Sunday, June 30. We apologize for any inconvenience.								
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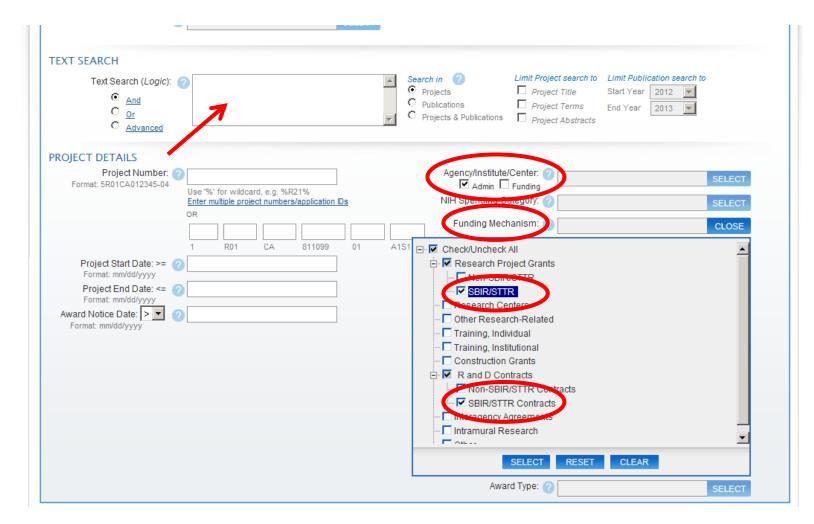


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Search Previous Awards



http://projectreporter.nih.gov



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Building the Application

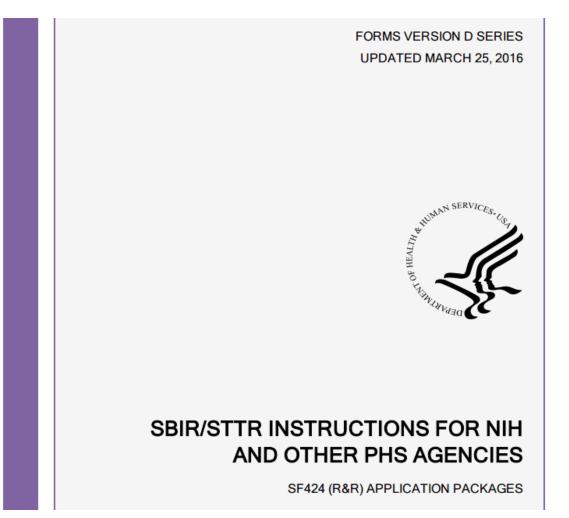




- Strong proposals take time to develop!
- Carefully read the funding solicitation, and allow time to address all of the key requirements
 - Assemble a strong scientific team
 - Gain access to equipment and other resources
 - Obtain letters of support from collaborators
- Complete the necessary administrative registrations
 - Start this at least 2 months before deadline!
 - <u>http://sbir.nih.gov</u> > see info on *Electronic Submission*
 - <u>See SF424 application guide</u> (grants.gov, eRA Commons)

SF424 Application Guide – NEW VERSION O SBIR& STTR

New PDF guide





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SF424 Application Guide – NEW VERSION O SBIR& STTR

@NCIsbir

New web-based guide

Home ODownload PDF	Search				
GENERAL APPLICATION GUIDE	FOR NIH AND OTHER PHS AGENCIES				
SF424 (R&R) - Forms Version D - Updated I	March 25, 2016				
G.100 How to use the Application Instructions	G.100 - How to Use the Application Instructions				
G.110 Application Process	The state of an approximation of the state o				
G.120 Significant Changes					
G.130 Program Overview	Tour the new Application Guide!				
G.200 SF 424 (R&R) Forms	A Constant and A Cons				
G.210 PHS 398 Cover Page Supplement	 Become familiar with the application submission process. Understanding the information in the Application Process section of this guide, including required registrations, is critical to successfully submitting your application. 				
Form					
G.220 R&R Other Project Information Form	Use these instructions in conjunction with your funding opportunity announcement (FOA).				
	Remember that the funding opportunity announcement instructions always supersede these application instructions.				
G.230 Project Performance Site Locations Form	Pick a format.				
G.240 Senior/Key Person Profile (Expanded) Form	 Comprehensive. Use the general (G) instructions, available in both HTML and PDF format, to complete the application forms for any type of grant program. 				
	 Program-specific. Take advantage of the filtered PDFs to see just the instructions you need for research (R), career development (K), training (T), fellowship (F), multi-project (M) or SBIR/STTR (B) applications. 				
G.300 R&R Budget Form	Determine which instructions are needed.				
G.310 R&R Subaward Budget Attachment(s) Form	 Refer to <u>Selecting the Correct Application Instructions</u> to match the activity code of your funding opportunity to the needed instructions (e.g., the R01 activity code maps to the Research (R) instructions). 				
G.320 PHS 398 Modular Budget Form	Consult the Program Overview section for context for program specific instructions.				

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Apply Online Using ASSIST

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Application Submission System & Interface for Submission Tracking (ASSIST)

Earliest Start Date	Standard dates apply
Expiration Date	April 6, 2017
Due Dates for E.O. 12372	Not Applicable

Required Application Instructions

It is critical that applicants follow the instructions in the SF424 (R&R) SBIR/STTR Application Guide except where instructed to do otherwise (in this FOA or in a Notice from the *NIH Guide for Grants and Contracts*). Conformance to all requirements (both in the Application Guide and the FOA) is required and strictly enforced. Applicants must read and follow all application instructions in the Application Guide as well as any program-specific instructions noted in Section IV. When the program-specific instructions deviate from those in the Application Guide, follow the program-specific instructions that do not comply with these instructions may be delayed or not accepted for review.

There are several options to submit your application to the agency through Grants.gov. You can use the ASSIST system to prepare, submit and track your application online. You can download an application package from Grants.gov, complete the forms offline, submit the completed forms to Grants.gov and track your application in eRA Commons. Or, you can use other the completed forms to grants.gov, and track your application in eRA Commons. Or, you can use other the completed forms to grants.gov and track your application in eRA Commons. Or, you can use other the complete system to sy

Apply Online Using ASSIST

A bly Using Downloadable Forms

Problem Service Desk. Problems downloading forms should be directed to Grants.gov Customer Support.

Table of Contents

Part 1. Overview Information Part 2. Full Text of the Announcement

Section I. Funding Opportunity Description Section II. Award Information Section III. Eligibility Information Section IV. Application and Submission Information Section V. Application Review Information



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Key #2 – Take Time to Refine the Vision

- Start informal discussions to clarify the product vision
 - Technical experts, potential customers, investors, commercialization partners, and other stakeholders
- Seek help from others with experience and insights
 - Current/prior SBIR grantees
 - Academic collaborators with grant writing experience
 - Professional grant writers*
 - Engage with SBIR program staff early in the process to provide a summary of specific aims and request feedback
- Carefully consider the study design
 - Identify strategies to mitigate risk
 - Present alternative approaches if problems are encountered

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- Select a Principal Investigator (PI) with the right expertise
- For multidisciplinary projects, consider a multi-PI team
 - Are multiple PIs needed to cover the necessary expertise?
 - Must appoint Contact PI (SBIR, > 50% of time w/ business)
- Partner to fill the gaps
 - Academic collaborations
 - Consultants and CROs
 - Other companies/strategic partners
 - Business executives who understand product development

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Specific Aims (1 page): Grab and Secure Positive Attention

- Focal point of the application
- Highlight the technology's major strengths
- Describe goals of the application (be specific)
- Include quantitative performance milestones
- <u>Describe the unmet need that you are attempting to address</u>

Research Strategy

- Provide background information
- Provide detailed technical plan to achieve the Specific Aims
- Propose a project scope within the budget and time constraints
- Preliminary data not required (Ph I), but needed to be competitive
- Describe potential pitfalls and alternative angles of attack

Key #4 – Draft a Clear Application (cont'd)

- Other application components
 - Letters of support
 - Necessary from consultants and collaborators
 - Powerful endorsements when obtained from clinicians, other endusers, and potential investors/partners
 - Phase II Commercialization Plan (12 pages)
 - Cover Letter Not seen by reviewers
 - Used to request and justify a specific study section
 - Used to request dual assignment to multiple NIH ICs
 - New in Forms-D: PHS Assignment Request Form complements the cover letter
 - Bio-sketches for all senior and key personnel (< 4 pages each)
 - Budgets for each project period & for each subcontract
 - Detailed descriptions of facilities and equipment
 - Human subject research section (if applicable)
 - Vertebrate animals section (if applicable)

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BEFORE YOU SUBMIT:

Read your application as if you were a reviewer

- What are the weaknesses?
- Point out potential pitfalls (don't try to hide them); and suggest strategies to address potential problems
- Ask your collaborators to critically review the application
- Solicit feedback from independent, technically-trained readers
 - Do they understand the proposal?
 - Are they excited about the idea, the potential impact, and the experimental approach?

Know NIH Review Criteria



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After You Submit the Application



What if you are not funded?

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- Rejection is painful, BUT...
- Feedback provides a roadmap for next steps
 - Carefully review the Summary Statement (written critiques)
 - Use reviewer comments to improve your application
 - Discuss Summary Statement with your NIH Program Director
- Revise and resubmit the application
 - Introduction Page: Response to reviewer critiques
 - Be constructive not defensive
- Learn more about SBIR/STTR grants
 - Talk to successful applicants
 - Understand review process and dynamics <u>http://csr.nih.gov</u>



Reviewers do not believe you are working on significant problem

- Carefully consider reviewer comments in the context of their view of current clinical practice (or relevant sector)
- Address reviewer comments in an evidence-based fashion
- Be specific and quantitative when providing data to support your claims
- Obtain additional letters of support from stakeholders who can confirm the magnitude of the problem <u>AND</u> the potential impact of your solution

Common Pitfalls



Reviewers did not understand your proposal

- Possible Reason: Proposal is not clearly written
 - *Solution:* Improve your presentation
- Possible Reason: Not enough data, or vague descriptions of the technology (e.g., chemical structure for lead compound)
 - Solution: Don't rely solely on publications. Include any relevant information that doesn't threaten your IP position
- **Possible Reason:** Proposal was reviewed by the wrong study section
 - Solution: Discuss study section assignment with your NIH Program Director. Can you identify a more appropriate study section?



Reviewers say the proposal is 'not innovative'

- *Possible Reason*: Technology is not clearly differentiated
 - Solution: Describe how the technology is positioned relative to available alternatives; how are you benchmarking your solution against other competing technologies?
- Possible Reason: Your solution combines existing technologies or approaches that (by themselves) are not innovative
 - Solution: Emphasize the novelty of how your combined approach is novel – be specific about the value proposition!



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Reviewers believe the team is not qualified

- Strengthen your team by adding collaborators and consultants
- If the PI has specific gaps in his/her or expertise, consider assembling a multi-PI team
- Ensure that all collaborators have reviewed the proposal to help identify gaps
- Consider including a management plan/strategy that describes who is completing which aspects of the work, and why they are qualified to complete that work

Other Considerations (budget)

- Total budget and duration of project period should be determined by needs of the project
- <u>Must</u> adhere to the statutory requirements and other NIH program guidelines stipulated in the funding announcement
- Eligibility:
 - SBIR Phase I (\geq 66% of the work at company)
 - STTR Phase I (40% at the company, 30% at research inst)
 - Other work may be outsourced to a subcontractor(s)
 - Fee-for-service activities may count as direct costs
 - Intellectual work and analysis must be done by the company
 - Indirect costs are a defining characteristic of subawards
 - Discuss with NIH Program Director and/or grants specialist

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Other Considerations (solicitations)

- Contract proposal or grant application?
- Phase I versus Fast-Track or Direct to Phase II?
 - Things to consider:
 - Stage of development (early or late, e.g., clinical trials)
 - Companies that have already been awarded grants on a particular technology, familiar with common concerns
 - Companies that have demonstrated track record of commercialization

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Other Considerations (facilities)

- Environment, facilities and resources
- NOT necessary to have these secured at the time of application, but <u>must</u> be in place at the time of award
- Criterion score includes an evaluation of the facilities, so these components <u>must</u> be described in the application
 - Be detailed and specific
 - Reiterate how personnel and resources combine to provide the right pieces to complete the aims
 - Utilize core facilities and/or reputable CROs and/or other outside organizations as appropriate

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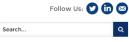
THANK YOU!

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http://sbir.cancer.gov



NATIONAL CANCER INSTITUTE SBIR Development Center





• What are the NCI SBIR & STTR Programs?

The SBIR & STTR Programs are one of the largest sources of early stage technology financing in the United States. We welcome entrepreneurs and small business leaders to this website to explore grant and contract funding opportunities.

Learn more about the programs >



o Success Stories

@NCISBIR

Learn how NCI SBIR & STTR Programs have helped small businesses with funding awards that help advance cancer research.

Latest Announcements

Are you in Boston, MA? July 26, 2016

Join us @ JLABS in Cambridge on August 31!

NEW I-Corps at NIH FOA Now Available! August 30, 2016

The 2017 I-Corps at NIH FOA is now available. Next deadline=Nov 1, 2016! [MORE]

NCI SBIR is Coming to Your City! August 30, 2016

This September, we are going to IN, CA, TX, NC, MD, WA, and MORE!

Meet with NCI SBIR at HHS SBIR/STTR





www.linkedin.com/company/ncisbir-development-center

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