



RFP NUMBER: S13-088	DATE ISSUED: January 15, 2013
ISSUED BY: Leidos Biomedical Research, Inc. Research Contracts Dept. P.O. Box B Frederick, MD 21702	
FOR INFORMATION REGARDING THIS SOLICITATION/ PROPOSAL SUBMITTAL:	
NAME: Jessica Staley	EMAIL: jessica.staley@nih.gov

A. Introduction

This request is being issued by Leidos Biomedical Research, Inc. (Leidos Biomed), a wholly owned subsidiary of Leidos Corporation under its prime contract with the National Cancer Institute (NCI) at Frederick in response to the proposal submitted by your firm for the “Request for Proposals for Pilot Collaborations with LMICs in Global Health Research at NCI-designated Cancer Centers”.

The provisions and clauses contained herein and attached are influenced by and reflect the relationship of the parties in that Agreement, which was awarded and is administered under the provision of the Federal Acquisition Regulation (FAR).

B. Request for Proposal (RFP) Package

This package consists of two documents: this one, which is referred to as the Supplemental RFP Document, and another, which is referred to as the Agreement Document. The Agreement Document is being provided in advance of award, so that the Subcontractor may review Leidos Biomedical Research, Inc. Terms and Conditions. A final Agreement Document will be issued at time of Award.

C. Agreement Type/Procurement Objective

It is anticipated that this RFP will solicit proposals from qualified potential sources in response to the technical challenges and objectives described herein and attached. The resulting Agreement will be a hybrid combination of multiple agreement types. Firm-Fixed pricing will be utilized for milestone payments associated with Institutional Review Board (IRB) approval and executing a Material Transfer Agreement (MTA). Fixed-Unit pricing shall apply to the delivery of tumor samples, case reports/diagnostic histopathology and one-year case reports respectively. A Firm-Fixed and/or Fixed-Unit Price Agreement provides for a price that is not subject to any

adjustment as a result of the Subcontractor's cost experience. The Subcontractor may not exceed the established fixed amount without the prior approval of the Contracting Officer.

For Travel Expenses **ONLY** the resulting Agreement will be Cost Reimbursable as described in FAR Part 16.302. A Cost-Reimbursement Agreement provides for payment of allowable incurred costs to the extent prescribed in the Agreement. The Subcontractor may not exceed the established ceiling amount without the prior approval of the Contracting Officer.

D. Instructions to Offerors

D.1. Conflicts of Interest

Subcontractors who have a potential Conflict of Interest must notify Leidos Biomed in writing along with a mitigation plan addressing the conflict prior to the agreement award.

D.2. Proposal Instructions to Offeror

To be considered responsive to this RFP, the Offeror must provide and/or complete the following requirements:

D.2.a. VOLUME 1 – RFP

This document shall contain the RFP Document with all items completed as required below and submitted as prescribed in D.1. General Information above. The document shall be clearly named Volume 1 – RFP.

Requirements:

1. Complete Section F. Representations and Certifications of this document.
2. Complete Section G.1. Subcontracting Certification of this document and, if applicable, provide a subcontracting plan as described in FAR 19.704. A subcontracting plan template may be found at <http://www.hhs.gov/about/smallbusiness/subcontractplan.html>
3. Complete Section G.2. Certificate of Current Cost or Pricing Data
4. Complete Section G.3. E-Verify Compliance

5. Complete Section H. Offeror Representatives identifying the (1) Official Authorized to Negotiate on behalf of Offeror, (2) Offeror Key Personnel, (3) Offeror Invoice Representative, (4) Offeror Invoice Remittance Address, and (5) Offeror Regulatory Affairs Representative.
6. Complete Section I. Offeror Signature designating the individual duly authorized to make an Offer on behalf of the Offeror.
7. Complete Attachment 4 – Certificate of Accounting and Billing System Adequacy.
8. Complete Attachment 5 – Executive Compensation & Sub-award Information Reporting Representations and Certifications.
9. Include a copy of organization’s negotiated indirect cost (IDC) rate agreement. If no current IDC rate agreement is in effect, provide a detailed explanation that details the methodology used for determining the proposed IDC costs including a description of the cost components for both base and pool costs.
10. Complete and submit an IRS Form W-9. All Subcontractors MUST be registered with the System for Award Management (SAM) -- formerly the Central Contractor’s Registration (CCR). Subcontractors may register with SAM at <http://www.sam.gov>. The address included on the W-9 MUST match the address registered at SAM, and/or included with the Representations, Certifications, and Other Statements of Subcontractors.

D.2.b. VOLUME 2 – TECHNICAL PROPOSAL

This document shall contain the Technical Proposal Document with all items completed as required below and submitted as prescribed in Attachment 2 to this RFP. The document shall be clearly named Volume 2 – Technical Proposal.

Requirements:

The Offeror must provide proposals that clearly demonstrate the Offeror's current capabilities to meet each of the various requirements as established in RFP Attachment 1 – Statement of Work and in accordance with the guidelines set forth in RFP Attachment 2 – Technical Proposal Information Requirements. Responses shall be focused, succinct, and free of extraneous data or information responding solely to the requirements contained in this RFP. Additionally, technical proposals shall be formatted in such a way to clearly cross-reference the relevant sections in the RFP.

IMPORTANT:

- Technical proposals shall not include cost or pricing information.
- Technical Proposals must include page numbers on all pages, including all appendices and attachments. There must also be a cover page that lists all appendices and attachments.
- Please refer to RFP Attachment 2 – Technical Proposal Information Requirements for an outline of specific information to be addressed in the Technical Proposal and for maximum page limitations for each of the required sections.

D.2.c. VOLUME 3 – COST (OR PRICE) PROPOSAL

This document shall contain the Cost (or Price) Proposal Document with all items completed as required below and submitted as prescribed in Attachment 3 to this RFP. The document shall be clearly named Volume 3 – Cost (or Price) Proposal.

Requirements:

Offerors shall submit Cost (or Price) Proposals that provide a cost for the project proposed. The Cost (or Price) Proposal shall include the information required in RFP Attachment 3 – Cost (or Price) Proposal Information Requirements. Cost proposals provided in response to this RFP will be used for planning and evaluation purposes. Any requests from Offerors to revise the original cost

proposal, as the result of changes requested to the original technical approach during subcontract negotiations, may be considered but these requests from Offerors must be accompanied by a detailed explanation of the nature and impact of the change and the need for monetary adjustment.

Travel: Funds may be requested to cover the cost of one trip to attend the CPTAC Program annual meeting.

D.3. RFP Attachments

The following are considered attachments to this RFP:

RFP Attachment No.	Document Description
1	Statement of Work
2	Technical Proposal Information Requirements
3	Cost Proposal Information Requirements
4	Certificate of Accounting and Billing System Adequacy
5	Executive Compensation & Sub-award Information Reporting Representations and Certifications

E. Proposal Evaluation Criteria

E.1. Proposal Evaluation Factors

Evaluation of the offers submitted will be considered against the following evaluation factors.

E.1.a. Technical Approach

- The Offeror demonstrates good understanding of the scope, objectives, and challenges of this project.
- The proposed approach is consistent with the CPTAC Tissue Procurement Protocol(s) for the tumor type proposed.
- The solution proposed is within the scope of the SOW.
- Offeror can meet specimen processing and storage requirements.

E.1.b. Team and Key Personnel

- Project Organization covers all skills needed to fully execute this project.
- Key personnel have demonstrated experience in the technical evaluation factors given above that are applicable to their role.
- Evidence has been provided that Key Personnel have performed successfully in the past in the role proposed.
- Key personnel are bid at a level of effort commensurate with their proposed role.

E.1.c. Experience and Past Performance

- The Offeror has demonstrated experience in the technologies and procedures required to execute this project.
- Past performance examples are for projects of similar size, scope, and technical objectives.
- Evidence of successful performance on these projects has been provided.

E.1.d. Management

- Project Management Approach is sufficient to meet the objectives in the SOW.
- Mechanism by which project, budget and costs are controlled has been described.
- Project risks have been identified and risk mitigation strategies have been identified.
- Subcontractor roles are defined and management controls are adequate.
- Schedule to provide the specimens is reasonable.

E.1.e. Cost Reasonableness

- Costs proposed are commensurate with the technical tasks bid.

F. Representations and Certifications

In order to be considered responsive, all Offers must include a completed and signed set of general Representations, Certifications, and Other Statements of Offerors (Representations and Certifications). Offerors must access <http://rcb.cancer.gov/rcb-internet/forms/rcneg.pdf> to complete their Representations and Certifications. **Offeror shall note that Representations and Certifications generated through ORCA will not be accepted.**

- Our organization's DUNS Number is Insert DUNS Number.
- Our organization certifies that it has Insert # of Employees employees.

G. Certifications

G.1. Subcontracting Certification

In accordance with the terms of its prime contract, under which a resulting award will be issued, Leidos Biomedical Research, Inc. is committed to maximizing small business subcontracting opportunities to the maximum extent practicable. In pursuit of this objective, please complete the following certification providing the percentage of effort that will be conducted by employee personnel during the execution of Agreement 14X055. By submission of this signed offer, Insert Organization Name hereby certifies that:

1. ____%* of the effort expended in the execution of Agreement number ____ will be conducted by employees of this organization; and
2. that further subcontracting opportunities do not do exist.

By:

Title:

Signature:

Date:

*If the percentage of work to be conducted by employees of your organization is less than 100% and the total cost proposed is \$650,000 or more a small business subcontracting plan as described in FAR 19.704 is required prior to award of an Agreement. Failure to provide an acceptable subcontracting plan in a timely manner may render your organization ineligible for award. A subcontract plan template may be found at <http://www.hhs.gov/about/smallbusiness/subcontractplan.html>.

G.2. Certificate of Current Cost or Pricing Data

This is to certify that, to the best of my knowledge and belief, the cost or pricing data (as defined in section 2.101 of the Federal Acquisition Regulation (FAR) and required under FAR subsection 15.403-4) submitted, either actually or by specific identification in writing, to the Contracting Officer or to the Contracting Officer's representative in support of 14X055 are accurate, complete, and current as of _____**. This certification includes the cost or pricing data supporting any advance agreements and forward pricing rate agreements between the Subcontractor and the Government that are part of the proposal.

Firm _____

Signature _____

Name _____

Title _____

Date of execution*** _____

G.3. E-Verify Compliance (FAR 52.222-54)

Subcontractor must provide a copy of the E-Verify generated "Edit Company Profile" page as proof of enrollment.

If Subcontractor is NOT enrolled, Subcontractor will be required to enroll in E-VERIFY within 30 days from date of award and must provide a copy of the Edit Company Profile page. To access E-verify, you may visit <https://e-verify.uscis.gov/enroll>. Subcontractor risks forfeiting award if this requirement is not met.

H. Offeror Representatives

H.1. Offeror Authorized Representative

The following individual(s) is/are the designated representative of the Offeror. This will be the Official authorized to negotiate and sign the resulting Agreement:

Name _____

Title _____

Organization _____

Address Line 1

Address Line 2

City, State, and ZIP Code

Phone:

Email:

H.2. Offeror Technical Representative(s) and/or Key Personnel

The following individual(s) is considered to be essential to the work being performed hereunder, and shall not be re-assigned, removed, or substituted without the concurrence of the Contracting Officer:

Name	Title	Email Address

H.3. Offeror Invoice Representative(s)

The following individual(s) is the designated representative to submit invoices:

Name

Title

Organization

Address Line 1

Address Line 2

City, State, and ZIP Code

Phone:

Email:

H.3.a. Offeror Invoice Remittance Address

Organization

Address Line 1

Address Line 2

City, State, and ZIP Code

H.4. Offeror Regulatory Affairs Representative(s)

The following individual(s) is the designated representative handling all matters pertaining to Regulatory Affairs:

Name

Title

Organization

Address Line 1

Address Line 2

City, State, and ZIP Code

Phone:

Email:

I. Offeror Signature

The following individual is duly authorized to make an Offer on behalf of the Offeror. Offer shall be valid for 90 days.

Offeror certifies by signing this Offer that the Representations and Certifications submitted with this offer have been completed within the last 12 months and that all information contained therein is current, accurate, complete, and applicable to this Offer and shall be hereby incorporated into any resulting Agreement that shall result from this Offer.

Signature

Name

Title

Organization

Address Line 1

Address Line 2

City, State, and ZIP Code

Phone:

Email:

Attachment 1: Statement of Work

A. Background

Despite significant progress in understanding cancer at the molecular level, the sheer complexity of the over 200 diseases that comprise “cancer” is a daunting barrier to developing the interventions needed to diagnose, treat, and prevent cancer. Vital to the progress in these areas is the discovery and understanding of cancer-specific aberrations at various molecular and cellular levels. Although proteins reflecting the genomic changes in cancer have the potential to become clinically meaningful biomarkers, their discovery and validation has proven to be challenging. As a result, few biomarker candidates have been translated into clinical utility.

Two key barriers in the early stages of biomarker development are: 1) a limited understanding of the changes in cancer genomes that translate into functional differences at the proteomic level; and 2) insufficient technologies that could be widely applied to reproducibly detect and quantify these aberrant proteomic changes across samples from cancer and control populations. Significant barriers to the development of cancer protein biomarkers include insufficient inter-laboratory reproducibility, a lack of standards for proper study design, various analytical barriers, biospecimen collection/handling, data acquisition/analysis, and a notable absence of reference standards and high quality reagents. The progress in the field has also been hampered by the lack of a coherent “pipeline” to connect biomarker discovery with well-established methods for clinical validation. Although various cancer-related proteomic changes have been identified in numerous published studies, these studies mostly came from diverse research groups working independently. Consequently, the findings are typically based on an insufficient number of samples to have adequate statistical power needed for rigorous evaluation of the observed protein changes as specific, clinically relevant cancer biomarkers.

Recognizing this need for an evidence-based, efficient proteomics pipeline, the NCI launched the Clinical Proteomic Technology Assessment for Cancer program (CPTAC) in 2006. At that stage (Phase I), the CPTAC initiative focused on removing the analytical and technical barriers in order to enable the accurate and reproducible identification and quantification of a meaningful number of proteins to drive clinically-relevant biomarker qualification studies. Phase I of the CPTAC program has demonstrated the effectiveness of a multi-disciplinary, multi-institutional approach in addressing long-standing problems of analytical variability in proteomics and exploring ways to overcome the inherent variability of specific analytical platforms in order to uncover and quantify real biological differences.

Although discovery efforts oriented on cancer protein biomarkers identify many hundreds to thousands of candidate biomarkers, CPTAC investigators recognized that only a few would

eventually prove clinically useful that can be analytically validated. Therefore, developmental strategies must allow for an efficient testing of many biomarker candidates to identify and verify those few that would be suitable for further clinical implementation. Addressing this need, researchers involved in Phase I of the CPTAC program designed a two-step strategy (further referred to as the developmental “pipeline”) for the efficient, timely, and cost-effective development of protein (and peptide) biomarkers prior to clinical validation studies. The two steps, referred to as “Biomarker Discovery” and “Biomarker Verification,” are outlined below and in Figure 1.

Biomarker Discovery

As the first step of the CPTAC-established pipeline, cancer-specific biomarker candidates are discovered (identified) using metrics-driven protein profiling technologies that interrogate appropriate biospecimens (e.g., tumor and proximal fluid). The discovery platforms (based on mass spectrometry and affinity-based capture immunochemistry) have proved to be sufficiently robust to reveal a large number of protein biomarker candidates. These biomarker candidates identified in the Discovery step must then be evaluated in independent biospecimen collections larger than those used initially.

Biomarker Verification

Following biomarker discovery, some candidates can be further analyzed (verified) using commercially available reagents (notably, antibodies for immunoassays). However, moving candidates from discovery to clinical validation typically requires overcoming various bottlenecks reflecting a lack of commercially available, high quality affinity reagents (antibodies) in adequate numbers, their high costs, and/or lengthy production times. These limitations are addressed in a comprehensive manner by the Verification step of the CPTAC pipeline. Verification involves the development of targeted, reproducible, quantitative assays, which are commonly multiplexed and thus suitable for the examination of a larger number of biospecimens (e.g., tumor, proximal fluid, blood) to ensure appropriate statistical power. The Verification step and the established assays are meant to be cost effective and timely in terms of funneling those few biomarker candidates for further clinical validation studies. Although CPTAC teams are not involved in large scale clinical validation studies, their verified candidates will have the potential to move downstream into clinical testing.

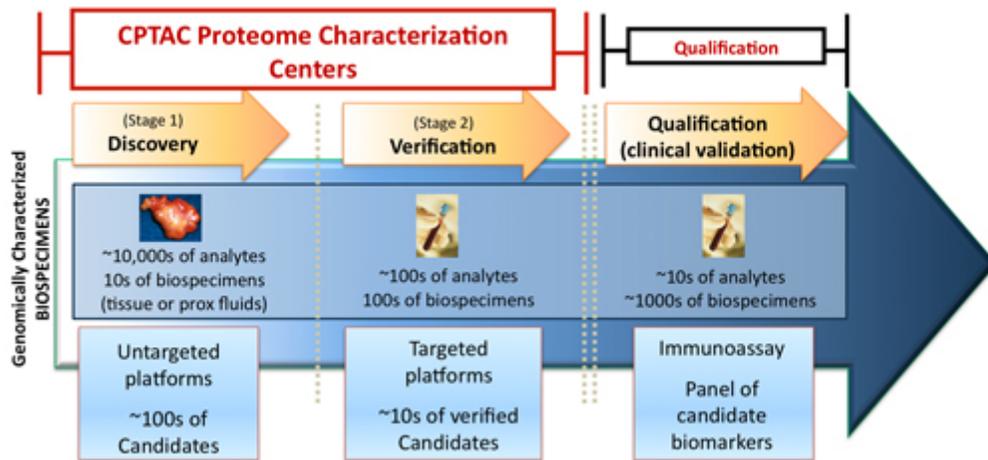


Figure 1: CPTAC Pipeline

Recently, significant progress has been made in characterizing and sequencing the genomic alterations in statistically robust numbers of samples from several types of cancer. For example, The Cancer Genome Atlas (TCGA), International Cancer Genome Consortium (ICGC) and other similar efforts are identifying genomic alterations associated with specific cancers (e.g., copy number aberrations, rearrangements, point mutations, epigenomic changes, etc.). The availability of these multi-dimensional data to the scientific community sets the stage for the development of new molecularly targeted cancer interventions. Understanding the comprehensive functional changes in cancer proteomes arising from genomic alterations and other factors is the next logical step in the development of high-value candidate protein biomarkers. Hence, proteomics can greatly advance the understanding of molecular mechanisms of disease pathology via the analysis of changes in protein expression, their modifications and variations, as well as protein-protein interaction, signaling pathways and networks responsible for cellular functions such as apoptosis and oncogenesis.

Realizing this great potential, the NCI launched the second phase of the CPTC initiative in September 2011. Renamed the Clinical Proteomic Tumor Analysis Consortium, CPTAC is beginning to leverage its analytical outputs from Phase I to define cancer proteomes on genomically-characterized biospecimens. The purpose of this integrative approach is to provide the broad scientific community with knowledge that links genotype to proteotype and ultimately phenotype.

The key programmatic components of CPTAC Phase II include: Tissue Source Sites (TSS); a Biospecimen Core Resource (BCR); Proteome Characterization Centers (PCCs); a CPTAC Steering Committee (SC); a CPTAC Biomarker Candidate Selection Subcommittee (BCSS); a Data Coordinating Center (DCC); and a data portal. Each PCC consists of a discovery unit, verification unit, and administrative core. A schematic representation of the CPTAC project is shown in

Figure 2.

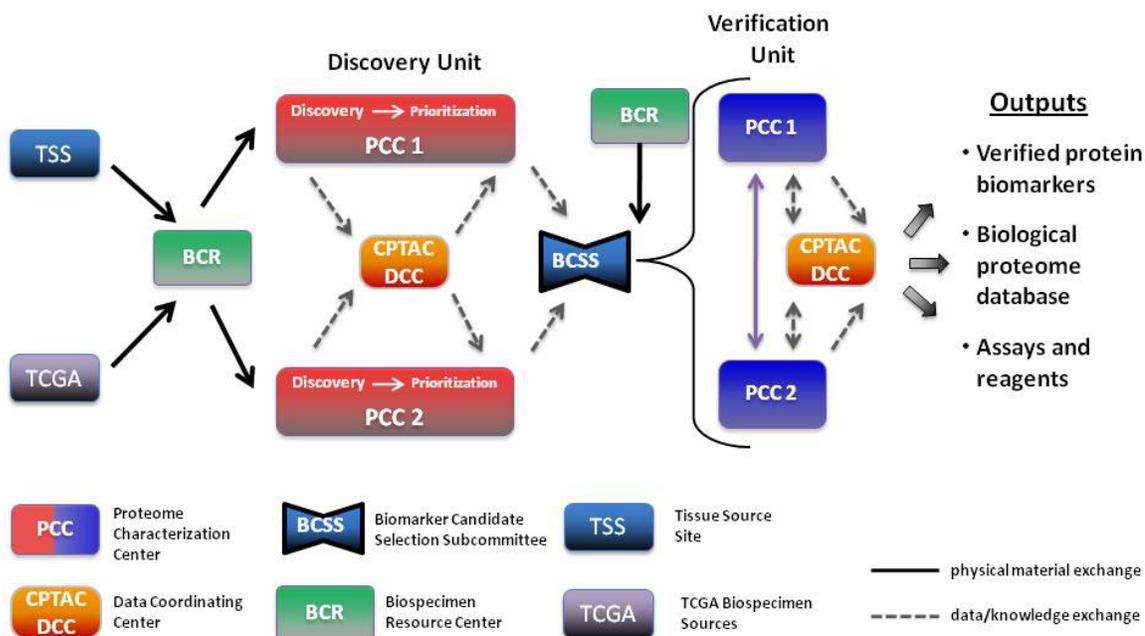


Figure 2: CPTAC Workflow

In Phase I of CPTAC, research centers shared data by depositing data files to a data repository entitled Tranche hosted by the University of Michigan. Since most of these data files were generated in technology assessment and benchmarking experiments, experimental annotation focused on the technical aspects of sample analysis and processing. However, data production Phase II of CPTAC is expected to exceed that of Phase I with the inclusion of experimental annotation of more refined descriptions of the samples involved, as well as de-identified clinical data accompanying each sample. Finally, since many of the samples have or will have undergone genomic analysis, complete data management of CPTAC data files will include connectivity between the proteomic data and genomic data. All data produced is formally hosted by the CPTAC DCC and can be found at <https://cptac-data-portal.georgetown.edu/cptacPublic/>.

B. Scope

The scope of work under this Statement of Work (SOW) encompasses the activities needed to prospectively procure high quality, clinically annotated human tumor samples and when feasible, normal tissue from volunteer patients suffering from colon, ovarian, and breast cancer. The overall programmatic goal is to procure tumor tissue meeting quality requirements from 100 cases from each cancer type. Collection will stop once those thresholds are met. The tissue will be utilized for CPTAC Program Phase II with the samples obtained under conditions optimized for proteomic analysis. The tissue procurement will be consistent with the CPTAC

tissue procurement protocols (attached in Appendix 2). The scope will also encompass obtaining blood and plasma from each case along with the longer-term follow up of the clinical status of patient volunteers are procurement, as well as interacting with the CPTAC Program.

C. Period of Performance

The period of performance for this Agreement shall begin on the award date and end on December 31, 2015, noting that the deadline for tissue submission is December 31, 2014. This accommodates the One Year Case Report form due 12 months from the date of tissue submission.

D. Place of Performance

The work will be performed at the Subcontractor's facilities

E. Objectives

At a minimum, this SOW supports the following tasks for all biospecimens and data submitted:

E.1. Obtaining Institutional Review Board Approval

E.1.a. The subcontractor shall provide written documentation to the Leidos Biomed Technical Project Manager (TPM) and CPTAC BCR that an Institutional Review Board (IRB) has reviewed and approved participation specifically in the CPTAC program. Such approval includes the cases when an IRB does not consider the work to be human subjects research or considers the work to be exempt; documentation of these IRB positions is still required. This approval must be documented annually and shown to be current, even after the subcontract period ends if additional follow-up data are going to be made available.

E.1.b. The subcontractor shall develop appropriate patient consent documents and have these reviewed and approved by an IRB. This approval must be documented with the Leidos Biomed TPM and CPTAC BCR.

E.2. Executing Material Transfer and Data Use Agreements

The Subcontractor shall develop and obtain any needed local approval for a Material Transfer Agreement (MTA) that contains a Data Use Agreement (DUA) with the CPTAC BCR. The Subcontractor shall enter into the Agreement.

E.3. Enrolling Patients

The subcontractor shall be responsible for recruiting, consenting, and enrolling patient volunteers as approved by the IRB. The Subcontractor shall also be responsible for

obtaining clinical data on the volunteers and submitting a de-identified version of that data to the CPTAC BCR via an electronic interface to a clinical data repository. The specific data to be collected will be disease specific and the specific data elements determined at a later date.

E.4. Procuring, Processing, and Shipping Tissue and Blood

The Subcontractor shall obtain tumor and blood samples from consented volunteer patients. When appropriate, the Subcontractor may also obtain normal tissue. The subcontractor shall provide for the short-term storage of the tissue specimens in accordance to the protocols and standard operating procedures provided in this Attachment 1 and adhere to the instructions provided by the BCR for shipping the specimens.

E.5. Obtaining Initial Patient and Diagnostic Histopathological Data

The subcontractor shall be responsible for obtaining initial clinical data on the patient along with pathology reports for the cases submitted to the BCR. The reports shall be de-identified and electronic copies submitted to the BCR as soon as reasonably possible after the tissue has been shipped. The subcontractor shall also be responsible for obtaining high-quality electronic images of the FFPE H&E slides representative of the diagnosis in the pathology report and submit them to the BCR (or provide physical slide(s) that will be returned after imaging). For certain tumors, unstained FFPE slides will be required and submitted to the BCR.

E.6. Long-term Patient Follow Up

The subcontractor shall be responsible for obtaining patient clinical data and status at the time of tissue procurement and one year after tissue procurement.. The Subcontractor shall submit de-identified versions of that data to the CPTAC BCR via an electronic interface to a clinical data repository. The specific data to be collected will be disease specific and the specific data elements determined at a later date. The subcontractor shall also identify any patients that have been lost to follow up.

E.7. Interacting with Other Stakeholders

The subcontractor shall participate in monthly calls amongst Leidos Biomed, the NCI and other Subcontractors participating in the program. The Subcontractor shall also participate in the CPTAC Annual Meeting.

F. Constraints

F.1. Institutional Review Board Approval

- F.1.a. The IRB protocol shall be based on the information contained in Appendix 3.
- F.1.b. Patients must give informed consent for collection of the cancer and blood samples with genetic and/or genomic research being specifically permitted.
- F.1.c. The subcontractor shall provide assurance of donor-specific date of consent for all cases.
- F.1.d. The subcontractor shall provide the Leidos Biomed TPM and CPTAC BCR copies of:
 - F.1.d.(1). IRB protocols
 - F.1.d.(2). The current informed consent form

F.2. Material Transfer Agreement/Data Use Agreement Approval

- F.2.a. A copy of the executed MTAs, with signatures, shall be provided to the Leidos Biomed TPM and the CPTAC BCR in advance of any work done under this subcontract.
- F.2.b. Neither the NCI nor Leidos Biomed shall be a party to the MTA.
- F.2.c. The MTA terms shall include the following:
 - F.2.c.(1). MATERIAL shall be defined to include both the physical biospecimens and the associated annotation data.
 - F.2.c.(2). MATERIAL is for research use only, i.e., not for treatment, transplant, or diagnosis.
 - F.2.c.(3). All parties shall comply with relevant laws.
 - F.2.c.(4). PROVIDER does not retain intellectual property reach through rights to datasets generated with MATERIALS or DERIVATIVES or to future discoveries arising from those datasets.
 - F.2.c.(5). Terms shall not differentiate between nonprofit and for-profit entities being part of CTPAC operations or data generating networks.

-
- F.2.c.(6). Terms shall not differentiate between nonprofit and for-profit entity access to datasets.
 - F.2.c.(7). RECIPIENT is the custodian of the MATERIAL and acquires no ownership or intellectual property rights in the MATERIAL, derivatives, or future discoveries.
 - F.2.c.(8). At the end of the project, MATERIAL and derivatives shall be disposed of under the direction of NCI.
 - F.2.c.(9). MTA shall pre-authorize the BCR to redistribute MATERIAL and DERIVATIVES to the various centers associated with CPTAC.
 - F.2.d. Regarding associated annotation data, MTA terms shall include:
 - F.2.d.(1). A requirement that incoming data from the subcontractor shall be compliant with HIPAA-defined “Limited Data Set” with the expectation that date/timestamp and geographical data will be included. PROVIDER shall warrant that data are in compliance.
 - F.2.d.(2). Language for a HIPAA-compliant “Data Use Agreement” shall be included. The data use agreement shall pre-authorize the BCR to further transmit “Limited Data Set” compliant data to CPTAC Data Coordinating Center (DCC) under an appropriate Data Use Agreement (DUA).
 - F.2.e. MTA shall require that the RECIPIENT not attempt to identify or contact MATERIAL donor or family members.
 - F.3. Patient Enrollment
 - F.3.a. Only patients suffering from breast, ovarian, and colon cancer are eligible for enrollment.
 - F.3.b. The inclusion and exclusion criteria shall conform to those listed in the respective CPTAC Tissue Procurement Protocols.
 - F.4. Procuring, Processing, and Shipping Tissue and Blood Biospecimens
 - F.4.a. Primary tumor samples:
 - F.4.a.(1). The procurement of primary tumor samples for each cancer type must conform to the respective Tissue Procurement Protocol

contained in Appendix 2.

F.4.a.(2). All tissue samples must be stored at vapor phase liquid nitrogen temperature at the subcontractor's facility until shipped to the CPTAC BCR.

F.4.b. Blood

F.4.b.(1). The procurement of plasma for biomarker analysis and blood cells for genomic analysis must conform to the respective Tissue Procurement Protocol contained in Appendix 4.

F.4.b.(2). Plasma and red cell pack shall be obtained and processed per Standard Operating Procedure "Blood Collection and Processing for Plasma and Whole Cell Components" in Appendix 4.

F.4.b.(3). Plasma and buffy coat/red cell pack shall be stored at -70° to -80°C at the subcontractor's facility until shipped to the CPTAC BCR.

F.4.c. Normal Tissue (when available)

F.4.c.(1). Procuring normal tissue shall only be attempted when appropriate and must not compromise the generally accepted standard of patient care.

F.4.c.(2). The procurement must conform to the Tissue Procurement Protocol contained in Appendix 2.

F.4.c.(3). All tissue samples must be stored at vapor phase liquid nitrogen temperature at the subcontractor's facility until shipped to the CPTAC BCR.

F.4.d. Shipping

F.4.d.(1). Shipping will be arranged by the CPTAC BCR. The CPTAC BCR will provide the shipping container and pay for the costs of shipping. A Shipping Manifest describing all the items to be shipped must be created by the Subcontractor and included with the tissue shipment..

F.4.d.(2). Except for extraordinary circumstance preauthorized by the Leidos Biomed TPM, individual shipments will be arranged for the tissues obtained from six or more cases.

F.4.d.(3). Each case shall include a completed "Submission" Form. The form shall be submitted to the CPTAC BCR via an electronic interface to a clinical data repository at the time of biospecimen submission.

F.5. Baseline Patient Data and Diagnostic Histopathological Data

F.5.a. The Baseline Case Report Form will contain baseline patient data and status at the start of the initial treatment regimen. The de-identified information will be submitted to the CPTAC BCR via an electronic interface to a clinical data repository within five business days after qualification of case by BCR.

F.5.b. The subcontractor shall be responsible for obtaining pathology reports for the cases submitted to the BCR. The reports shall be de-identified and electronic copies submitted to the BCR within five business days after tissue shipping. The reports shall be in English.

F.5.c. The subcontractor shall be responsible for obtaining high-quality electronic images of the FFPE slides on which the histology reports are based and submitting those to the BCR within five business days after qualification of case by BCR. The image format and other details will be provided by the BCR. If electronic images are not readily available, the subcontractor shall send representative glass slides of the case to the BCR where images will be created. In this case, the slides will be returned to the subcontractor.

F.6. Long-Term Patient Follow Up

F.6.a. The one year Case Report Form will contain patient data and status 12 months after tissue submission. The de-identified information will be submitted to the CPTAC BCR via an electronic interface to a clinical data repository.

F.6.b. The five year Case Report Form will contain patient data and status five years after start of the initial treatment regimen. The de-identified information will be submitted to the CPTAC BCR via an electronic interface to a clinical data repository. **The five year follow up is not within the scope of this SOW and will be addressed at a later date.**

F.6.c. Reasonable efforts will be expected to find patients for each follow up. Documentation describing the efforts to find any patients that have been lost to follow up will be submitted to the CPTAC BCR.

G. Deliverables

The following table contains a list of deliverables that will be required.

Note: the end date for tissue collection is October 1, 2014.

G.1. Deliverable Summary and Due Dates

Deliverable	Due Date
IRB Approval	When executed
Material Transfer Agreement/Data Use Agreement	When executed
Participating Subject (Tumor Sample) Biospecimen and Submission Report Form	At time of biospecimen submission
Participant Subject Baseline Case Report Form, Diagnostic Histopathology	Five business days after qualification of case by BCR
De-identified Pathology Report	Due five business days after tissue submission
Participant Subject One-Year Case Report Form	12 months from the date of biospecimen submission

G.2. Deliverable Descriptions and Acceptance Criteria

G.2.a. IRB Approval

The subcontractor shall obtain local IRB approval for the work to be performed at their institution(s) and submit copies of the final approval and supporting documents to the CPTAC BCR and the Leidos Biomed TPM. The subcontractor shall also obtain a renewal of the approval for the second year of the Period of Performance. Electronic copies of the documents shall be submitted via email to the CPTAC BCR with a cc to the Leidos Biomed TPM.

Acceptance Criteria

Acceptable IRB approvals will be in a format consistent with local usage and allow the subcontractor to perform all the tasks in the SOW and their proposal. Scanned versions of the signed IRB approval document(s) in PDF format shall be acceptable.

G.2.b. Material Transfer Agreement/Data Use Agreement

The subcontractor shall develop a MTA/DUA using the CPTAC template (provided by the CPTAC BCR) that includes the CPTAC BCR and obtain the

needed local approval(s). Electronic copies of the documents shall be submitted via email to the CPTAC BCR and Leidos Biomed TPM. Scanned versions of the fully executed agreement(s) in PDF format shall be acceptable.

Acceptance Criteria

Acceptable MTAs/DUAs shall be in a format consistent with local usage, cover all the elements noted in the CPTAC template, and provide for the transfer of the materials and data use consistent with CPTAC policy.

G.2.c. Participating Subject (Tumor Sample) Biospecimen and Submission Report Form

The subcontractor shall obtain the biospecimens (tissues and blood) from properly consented and enrolled participants and store the biospecimens locally per the appropriate tissue procurement protocol until shipping arrangements are made. For each participating subject, the subcontractor shall open a new case with the CPTAC BCR and complete the appropriate Case Submission Form via an electronic interface to the clinical data repository hosted by the CPTAC BCR. The CPTAC BCR shall ensure the completeness of the submitted form: any discrepancies noted by the CPTAC BCR shall be corrected by the TSS.

When notified by the BCR, the subcontractor shall package and ship the frozen biospecimens (tissues and blood) from each case per the instructions from the CPTAC BCR. The CPTAC BCR will provide appropriate shipping containers and pay for the costs of shipping. The frequency of shipments and the number of cases per shipment shall be determined by the CPTAC BCR.

Acceptance Criteria

All samples that have a fully completed Case Submission Form and approved for shipment from the CPTAC BCR shall be considered accepted when received by the CPTAC BCR.

Note that the performance of each TSS will be monitored over time and if a pattern emerges where major discrepancies are noted between the samples submitted and the histopathologic analyses, the acceptance criteria for this deliverable may be adjusted.

G.2.d. Participant Subject Baseline Case Report Form/Diagnostic Histopathology

The subcontractor shall complete the appropriate Case Baseline Form and

submit it via an electronic interface to the clinical data repository hosted by the CPTAC BCR. The CPTAC BCR shall ensure the completeness of the submitted form; any discrepancies noted by the CPTAC BCR shall be corrected by the TSS. Once the biospecimens associated with a case submitted to the CPTAC BCR have been qualified, the CPTAC BCR shall notify the TSS that a completed Baseline Case Report Form, diagnostic histopathology materials, and a de-identified copy of the original surgical pathology report should be submitted. The subcontractor shall complete the appropriate Case Baseline Form and submit it via an electronic interface to the clinical data repository hosted by the CPTAC BCR. The CPTAC BCR shall ensure the completeness of the submitted form; any discrepancies noted by the CPTAC BCR shall be corrected by the TSS.

The subcontractor shall also obtain and submit a de-identified copy of the surgical pathology report by email to the CPTAC BCR with a cc to the Leidos Biomedical Research TPM. Finally, the subcontractor shall obtain the histopathology materials described in the relevant tissue procurement protocol (e.g., H&E slides). For the latter, electronic images may be produced and submitted to the CPTAC BCR; the TSS should consult with the CPTAC BCR regarding the details of electronic imaging (e.g., magnification, file format, etc.). If electronic images are not available, the TSS should contact the CPTAC BCR for instructions on how to ship the slides. Slides shipped to the CPTAC BCR will be imaged there and returned to the TSS.

Acceptance Criteria

Acceptable Baseline Case Report Forms will have all relevant fields completed with any discrepancies noted by the CPTAC BCR corrected.

Acceptable pathology reports must be complete, legible, and provided in English (cannot be extracted).

Acceptable histopathology slides or images must be of a quality suitable for evaluation by a pathologist and representative of the diagnosis. Images shall be submitted at the magnification and in the file format requested by the CPTAC BCR.

G.2.e Participant Subject One Year Case Report Form

Approximately one year after the procurement of tissue from a participant, the Subcontractor shall attempt to follow up on the participant's clinical status. The subcontractor shall complete the appropriate One Year Case Report Form and

submit it via an electronic interface to the clinical data repository hosted by the CPTAC BCR. The CPTAC BCR shall ensure the completeness of the submitted form; any discrepancies noted by the CPTAC BCR shall be corrected by the TSS.

Acceptance Criteria

Acceptable One Year Case Report Forms will have all relevant fields completed with any discrepancies noted by the CPTAC BCR corrected.

In the instance where a participant appears to have been lost to follow up despite a good-faith and reasonable effort on the part of the Subcontractor to find the patient or his or her record, documentation describing the efforts taken will be accepted in lieu of the a completed One Year Case Report Form.

G.3. General Acceptance Criteria

In addition to specific acceptance criteria listed above, general quality measures, as set forth below, will be applied to each deliverable received from the subcontractor under this Statement of Work.

- Accuracy – Deliverables shall be accurate in presentation, technical content, and adherence to accepted elements of style.
- Clarity – Deliverables shall be clear and concise. Any/all diagrams shall be easy to understand and be relevant to the supporting narrative.
- Consistency to Requirements – All deliverables must satisfy the requirements of this Statement of Work.
- Timeliness – Deliverables shall be submitted on or before the due date specified in the Subcontract, or submitted in accordance with a later scheduled date determined by the Leidos Biomed TPM.

All deliverables and correspondence must be in English.

H. Meetings

Participation in the following meetings is **required** during the Period of Performance.

H.1. Kick Off

An initial kick off meeting will be held within 10 working days of award or as agreed to by the Leidos Biomed TPM. This will be attended by the Leidos Biomed TPM and Leidos Biomed CS, the NCI Project Officer, and representatives from the CPTAC Program Office.

Key Subcontractor personnel as well as a representative from the Subcontractor's contracts organization are required to attend. The intent of the meeting is for all key personnel to meet to discuss the project's overall technical and contractual requirements.

At this meeting, the Subcontractor shall be prepared to discuss the following:

- Technical objectives.
- Deliverables and deliverable acceptance criteria.
- Reporting and invoice requirements.

H.2. Monthly Project Team Meeting

A monthly teleconference will be held amongst the project team, the Leidos Biomed TPM, the NCI Project Officer, representatives from the CPTAC Program Office, and a representative from the CPTAC BCR. The CPTAC BCR will oversee the meeting. The purpose of the meeting is to review the project's status, update the Subcontractor on the latest Program status, and ensure open and ongoing communication amongst all the stakeholders and participants in the Subcontractor-specific tissue procurement activities.

H.3. Monthly CPTAC TSS Program Teleconference

A monthly teleconference will be held amongst all the CPTAC TSSs sponsored by the CPTAC Program Office to review overall Program status and ensure open communications amongst all the participants in the CPTAC tissue procurement activities.

H.4. CPTAC Annual Meeting

The Subcontractor shall send at least one team member to the CPTAC Annual Meeting. Tentative location of the annual meeting is the Washington, D.C. metro area.

I. **Reporting Requirements**

None. Monthly meetings will be used to measure project's progress.

APPENDIX 1 – ACRONYMS

List of Acronyms

BCR – Biospecimen Core Resource
CPTAC – Clinical Proteomics Tumor Analysis Consortium
DCC – Data Coordinating Center
DNA – Deoxyribonucleic Acid
DUA – Data Use Agreement
GSC – Genomic Sequencing Centers
HIPAA – Health Insurance Portability and Accountability Act
IRB – Institutional Review Board
LDS – Limited data set
MTA – Material Transfer Agreements
NCI – National Cancer Institute
PCC – Protein Characterization Center
PHI – Protected Health Information
PMP – Project Management Plan
QC – Quality Control
RNA – Ribonucleic Acid
SOP – Standard Operating Procedures
SOW – Statement of Work
TCGA – The Cancer Genome Atlas
TPM – Technical Project Manager
TSS – Tissue Source Site

APPENDIX 2- ACCEPTABLE TUMOR TYPES AND COLLECTION PROTOCOLS

Request most recent protocol from TPM or Subcontract
Specialist – jessica.staley@nih.gov

APPENDIX 3 – IRB GUIDANCE DOCUMENT

The purpose of this document is to assist Institutional Review Boards (IRBs)/Ethics Boards and/or Privacy Boards at participating clinical sites in their review of protocols that include submission of tissues and associated clinical data to The Clinical Proteomics Tumor Analysis Consortium (CPTAC) Project of the National Cancer Institute (NCI) of the National Institutes of Health (NIH). This document provides summary information on the project and how it works, followed by a discussion of key points of interest to this audience.

A. CPTAC Aim and Summary

The overarching goal of CPTAC is to improve our ability to diagnose, treat, and prevent cancer. To achieve this goal in a scientifically rigorous manner, the National Cancer Institute (NCI) launched CPTAC to systematically identify proteins that derive from alterations in cancer genomes and related biological processes, and provide this data with accompanying assays and protocols to the public.

Genomics initiatives such as The Cancer Genome Atlas (TCGA) have characterized and sequenced the genomic alterations from several types of cancer. These efforts are providing a catalogue of alterations in the cancer genomes and setting the stage for the development of more molecular interventions. CPTAC will leverage its analytical outputs from Phase I in the coming years by producing a unique continuum that defines the proteins translated from cancer genomes in order to link genotype to proteotype and ultimately to phenotype. This goal will be met through four overarching objectives. They are:

Objective 1: Identify and characterize the protein inventory from tumor and normal tissue biospecimens

Objective 2: Integrate genomic and proteomic data from analysis of common cancer biospecimens

Objective 3: Develop assays against proteins prioritized in the discovery stage as potential biomarker candidates

Objective 4: Perform testing of verification assays in relevant cohorts of biospecimens

For the cancer types studied, approximately 100 cases of tumor tissue with a case-matched germline DNA source that have been or will be genomically analyzed across multiple genomic platforms will be characterized by large-scale, quantitative protein profiling via mass spectrometry. When possible, matched normal tissue for each case will be included in the analyses. Each case will be obtained with demographic and clinical annotation, along with follow-up information minimally sufficient to correlate molecular profiles with survival.

CPTAC is operating as a network of grant and contract funded entities. With regard to prospective human sample collection, clinically annotated tissue specimens will be collected from several participating CPTAC Tissue Source Sites (TSS), and sent to the CPTAC Biospecimen Core Resource (BCR). The BCR will perform quality control on the tissues and will send qualified samples to the CPTAC Protein Characterization Centers (PCC) for proteomic analysis. The BCR will use uniform protocols to isolate nucleic acids that will be sent to a Genomic Sequencing Center (GSC) within the network for genomic analysis. The PCC and GSC data are sent to the CPTAC Data Coordination Center (DCC), where the data are made available to other investigators via the internet. Raw sequencing data may be maintained by a separate DCC than the rest of the CPTAC data. The BCR will also standardize and quality control the participant clinical data that are subsequently sent directly to the central DCC.

The GSC molecular characterizations will include whole-exome sequencing, micro- and messenger-RNA expression profiling (sequenced based), and chromosomal structure and copy number alteration (low pass sequence and/or chip based). Since both tumor and germline DNA are sequenced from each case, somatic single nucleotide variants are discovered. However, the germline information is also available for which investigators can use for their research. Proteomic characterization of these samples by the PCCs will include mass spectrometry-based profiling of the proteome, phosphoproteome, and glycoproteome of these specimens. A subset of selected samples may also be characterized by protein microarray and/or reverse-phase protein

B. Key Human Subjects Policies

This document was written to provide guidance to Principal Investigators and IRB staffs at the CPTAC TSSs at which the participants are enrolled and their tissue specimens and clinical data are collected. CPTAC will collect tissues and associated clinical data from US-based organizations using Leidos Biomed subcontracting mechanisms.

U.S.-based sites are subject to federal regulations covering human subjects research (45 CFR 46, the “Common Rule”) and are also HIPAA “Covered Entities.” The following sections describe key CPTAC protocols and policies relevant to human subject research and participant protection policies.

C. Minimal Risk Protocol

To date, most IRBs have considered protocols providing clinically annotated tumor tissues to programs such as The Cancer Genome Atlas (TCGA) program sponsored by the National Cancer Institute (NCI) and National Human Genome Research Institutes (NHGRI) to be “minimal risk.” The CTPAC program will mimic TCGA program in all aspects relating to patient risk. The CPTAC program will employ a series of prospective protocols for tissue acquisition that are non-

interventional and will employ a “surgical remnant” or “surgical discard” approach; i.e., the tissues to be collected will be obtained during the normal course of care for cancer patients that would normally be discarded or used in other research programs. Participants are at some “social risk” from potential loss of privacy or the possibility of a security breach resulting in a loss of confidentiality of their medical information. Participation in CPTAC holds an additional social risk: the project generates individually unique proteomic and genetic information (see Section G [Genetic Data: Open vs. Controlled-Access Tiers] below) and there is a theoretical risk that such data combined with third-party databases could result in re-identification of a participant.

With “minimal risk” protocols, IRBs may wish to consider applications or amendments to existing protocols under an expedited review process.

D. Linked Protocol and “Coded” Identifiers

Similar to TCGA, CPTAC will operate as a “linked” protocol, with each participant ID being doubly de-referenced (i.e., “coded” twice) before tissue or data are distributed by the Network. The first linking key is retained by the TSS at which the participants are enrolled. Access to this key is the purview of TSS institutional policies and the local IRB. The second linking key is retained by the CPTAC BCR and is only made available within the program for quality control purposes upon approval by the Director, Office of Cancer Clinical Proteomics Research. The second key will also be provided to the TSS Principal Investigator upon presentation of IRB approval to have this second key. As a result of these policies, investigators using CPTAC data are prevented from seeing participant direct identifiers or from linking backwards to the primary participant identifiers at the TSS clinical sites by both technical systems and contractual obligations.

“45 CFR 46.101(b)(4) Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects”

E. HIPAA and Collection of a Limited Data Set (LDS)

Clinical data will be provided by the CPTAC TSS to the CPTAC BCR in a form compliant with a HIPAA-defined Limited Data Set (LDS) (The 16 traditional direct identifiers as defined by HIPAA under 45 CFR 164.514(e)(2), name, social security number, etc. are excluded). Additionally, CPTAC will not collect geographic information at the level of detail permitted by an LDS. CPTAC will collect specific demographic and clinical event date information, for example, country of origin, dates of birth, death, admission, diagnosis, surgery, treatment, and release. These data are necessary for quality control purposes and to enable correlation of molecular profiles with

time-based patient characteristics such as survival. It is expected that the organization hosting the BCR will be a subcontractor to Ledios Biomed and the BCR and Ledios Biomed will enter into HIPAA-compliant Data Use Agreements (DUA) with the clinical Tissue Source Sites (the HIPAA “Covered Entity”) to enable this process.

However, LDS data will **not** be distributed beyond the CPTAC DCC to any other CPTAC network component, (PCC and GSC) nor to the broader research community. Prior to data distribution, the DCC will convert all dates to intervals and/or modify dates to being no more specific than one year. As a result, distributed participant data meet the HIPAA test of being De-Identified (45 CFR 164.514(b)(2)(i)).

F. Informed Consent

CPTAC policy is that subjects enrolled for tissue collections must be consented under a protocol that does not expressly conflict with any key concepts related to participation in CPTAC.

G. Genetic Data: Open vs. Controlled-Access Tiers

In addition to proteomic data, CPTAC will generate individually unique genetic data (“genetic fingerprints”, or genotypes). These data will not be directly tied to an identified individual, and the clinical information associated with these data are de-identified as described above. Nevertheless, a theoretical risk exists that the genetic data in conjunction with third party databases (e.g., forensic genetic profile databases) could lead to the re-identification of a participant or relative. Consequently, NIH policy for CPTAC will be the same as for TCGA in that individual genetic data from the characterization studies will be kept in a restricted-access database. (More information on segmentation of all CPTAC data between the open-access and restricted-access tiers is in Section I2 below.)

To be authorized to access the restricted tier of data, Investigators will be required to submit an application to the project’s Data Access Committee (DAC). Upon approval by the DAC that the access request is for bona fide research purposes, the Investigator and their institution will be required to subscribe to a Data Use Certification that controls their ability to access the data, and places requirements for data security upon them, scientists directly under their control, and their institutions. Data use for these controlled-access data are for any legitimate research use (i.e. there are no data use restrictions and users may apply data to non-cancer research-related discovery).

H. IRB documentation of approval to participate

NIH policy regarding TSS participation in CPTAC places 45CFR46 compliance responsibility on the local IRB. Nevertheless, to participate, each TSS Principal Investigator must have some level

of IRB review and document such review to Ledios Biomed, the NCI, and the BCR. Such review can range from a full IRB protocol submission and approval, amendment to an existing protocol, or an expedited/administrative review. The IRB may determine that participation is either Exempt or grant a Waiver, either of which is acceptable to NIH. Also, the IRB may determine that participation is not human subjects research, if, for example, the subjects are deceased.

Regardless of the IRB finding, however, program policy is that a TSS Principal Investigator must document to Ledios Biomed, NCI and the BCR that their IRBs have either:

1. approved their participation specifically in the CPTAC project, through an approved protocol, amendment, exemption, or waiver, and the documentation must include **specific mention of CPTAC**; or
2. provided documentation that the IRB does not consider participation to constitute “human subjects research,” and therefore does not have purview.

I. **Additional information on CPTAC Policies**

I.1. Human Subjects and Participant Protection

CPTAC expects investigators, their institutions, and their IRBs to consider, based on their own standards of research practice, whether or not research involving coded and potentially re-identifiable information in CPTAC datasets meets the definition of “human subjects research” or not. The NCI presumes that this determination will be made consistent with institutional policies and under the auspices of the local IRB.

I.1.a. Contents of Informed Consent, additional information

For the purpose of reviewing the content of Informed Consents for prospective collections, the following key concepts pertinent to CPTAC should be considered for inclusion and disclosure to participants:

- genetic research, including proteomic analysis and DNA sequencing
- sharing of biospecimens, including to collaborators at other institutions
- sharing of clinical data, including to collaborators at other institutions
- possibility of future research use
- use of internet-connected electronic database with restricted public access
- the risk of loss of privacy or confidentiality of their personal information

-
- there will be no return of individual results to the participant
 - should a patient withdraw, the project cannot retrieve or delete data once they have been distributed. Residual tissue at the BCR will no longer be used.

CPTAC may develop Informed Consent templates with suggested language that includes the concepts above, with specific nuances for prospective tissue procurement protocols.

I.2. Data Sharing and Access

I.2.a. Rapid and Broad Data Release

CPTAC policy is to promote wide dissemination of all project data for use by the biomedical research community and to assure their maximum utility. Accordingly, CPTAC is committed to the rapid and complete release of its datasets for use by all investigators throughout the global scientific community who, along with their institutions, certify their agreement with CPTAC policies.

I.2.b. Data Access: open- versus restricted-access tiers

To minimize the risk of participant identification, the CPTAC Project Team established a policy that CPTAC data be made available from a two-tiered data access system.

- The Open-Access Data Tier will be publicly accessible to anyone on the internet and contain only proteomic, genomic, and clinical data that cannot be analyzed to generate a dataset unique to an individual. These data may include:
 - Tissue pathology data
 - HIPAA de-identified clinical data
 - Gene expression data
 - Copy-number alterations for non-genetic platforms
 - Proteomic data
 - Data summaries, such as genotype frequencies
 - DNA sequence data of single amplicons

-
- The Controlled-Access Data Tier will contain genomic and clinical data that are associated to a unique, but not directly identified, person. However, there is a risk that these data could be analyzed to potentially identify a person through reference to 3rd party databases. They will therefore be managed with both additional technical security and a qualification and access authorization process for investigators and their institutions. They will be made available to any qualified researcher for the purpose of biomedical research, once the investigator, along with his/her institution, has certified agreement to the statements within TCGA Data Use Certification (DUC). The DUC can be found at:
http://dbgap.ncbi.nlm.nih.gov/aa/wga.cgi?page=DUC&view_pdf&stacc=phs000178.v4.p4

J. Description of CPTAC Components and Operations

This appendix provides a more detailed description of the CPTAC network, specifically the various institutions that operate the “pipeline” that ultimately results in the CPTAC data sets being made available as a community resource.

- J.1. In addition to the Tissue Source Sites (TSS), the TCGA Network is comprised of the following entities, working under a combination of grants and contracts from NCI and Ledios Biomed.
- J.2. Biospecimen Core Resource (BCR)

A CPTAC BCR will be established as a central site for the receipt, review and processing of tissues and associated clinical data. The BCR will be the primary interface between the TSSs and the CPTAC Network.

Tissue samples, after screening against inclusion and exclusion criteria at the TSS, will be shipped to the BCR. Samples of tumor and, if available, normal tissue will be shipped from the BCR to the PCCs for proteomic analysis. In addition, nucleic acids will be isolated at the BCR. Subsequent proteomic and genomics analyses will be performed on tissues or analytes from samples that meet pathology quality control (QC) using uniform protocols. All protein, DNA, and RNA will be co-isolated from samples from the same individual such that characterizations are effectively performed on the same sample. These analytes are also subject to several QC processes. Subsequently, DNA and RNA will be distributed to the CPTAC GCC.

Clinical data associated with the samples will be collected from the TSS via electronic case report forms. At the BCR, the data will be quality controlled and transformed into

a standardized caBIG-based terminology and a uniform data model, and then sent to the CPTAC DCC. Note that samples and associated data sent by the BCR to the PCCs and GSC for characterization are De-Identified.

The BCR will also ensure and verify that CPTAC human subjects protections policies, procedures, and regulations are followed.

The Biospecimen Core Resources for CPTAC will be established under subcontract by Ledios Biomed under the Federally-Funded Research and Development Center arrangement with the NCI.

J.3. Genomic Sequencing Center (GSC)

The Genomic Sequencing Centers (GSC) will conduct DNA- and RNA-based molecular characterizations.

The GSC will perform large-scale DNA sequencing using the latest sequencing technologies. All CPTAC samples will be analyzed by whole exome sequencing to reveal mutations within coding regions.

The GSC will receive samples from the CPTAC BCR and log them into local material management / laboratory information system (LIMS) databases. The GSC will also have access to sample logistics and QC data from the BCR, as necessary, and may store local copies of such data for operational support. Center databases will maintain the link between the CPTAC IDs provided by the BCR and the derived data. The molecular characterization data generated by the GSC will be sent to the CPTAC Data Coordinating Center (DCC), where they will be integrated with the clinical and tissue specimen data sent by the BCR.

The Genomic Sequencing Center for CPTAC will be established under subcontract by Ledios Biomed under the Federally-Funded Research and Development Center arrangement with the NCI.

J.4. Proteome Characterization Centers (PCCs)

The CPTAC consists of five teams that create a network of PCCs. The PCCs are:

- Boise State University, Boise, ID
- Broad Institute, Cambridge, MA
- Fred Hutchinson Cancer Research Center, Seattle, WA

-
- Harvard Affiliated Hospitals, Boston, MA
 - Johns Hopkins University, Baltimore, MD
 - Massachusetts Institute of Technology, Cambridge, MA
 - Massachusetts General Hospital. Boston, MA
 - Memorial Sloan-Kettering Cancer Center, New York, NY
 - New York University, New York, NY
 - Oregon Health & Science University, Portland, OR
 - Pacific Northwest National Laboratory, Richland, WA
 - Stanford University, Stanford CA
 - University of California at San Diego, San Diego, CA
 - University of Chicago, Chicago, IL
 - University of Connecticut Health Center, Farmington, CT
 - University of North Carolina, Chapel Hill, NC
 - University of Texas M.D. Anderson Cancer Center, Houston, TX
 - University of Washington, Seattle, WA
 - Vanderbilt University, Nashville, TN
 - Virginia Polytechnic Institute and State University, Northern Virginia Center, Fall Church, VA
 - Washington University in St. Louis, St. Louis, MO

J.5. Data Coordination Center (DCC)

The Data Coordination Center (DCC) is the main data repository of CPTAC, and coordinates technical data standards across the entire project. The DCC collects, stores and distributes the proteomic, clinical, and genomic data generated by the project. The DCC links together all data generated by the project into a single integrated resource, including clinical information that will be extracted from medical records by TSSs (via the BCR) and the raw results from the PCCs and GSC

To help ensure the protection of participants consistent with the policies of CPTAC, the DCC software includes security systems to control access, and data verification and modification tools to prevent content from being readily used to identify participants. In no case will the DCC database include any direct identifiers such as name, medical record number, address, social security numbers, or contact information. The Limited Data Set received from any TSS is immediately modified to meet the HIPAA definition of De-Identified by exclusion of all the 18 identifiers cited in the Privacy Rule.

While CPTAC employs one main DCC, data may actually be housed at multiple databases at the National Institutes of Health, with the data divided up according to the technical requirements for storage. For example, some CPTAC sequence data may also be deposited in the NIH Database of Genotypes and Phenotypes (dbGAP). The overall data access restriction policies developed by CPTAC apply to CPTAC data regardless of where they are technically stored.

The main CPTAC Data Coordinating Center is housed at the Georgetown University under a direct government contract to ESAC, Inc., Rockville, MD.

APPENDIX 4 - STANDARD OPERATING PROCEDURES

Request most recent protocol from TPM or Subcontract
Specialist – jessica.staley@nih.gov

Attachment 2: Technical Proposal Information Requirements

Below is a synopsis of the technical information requested from Offerors. Refer to the RFP Document for other requirements and information. Offerors are asked to be direct and concise in presenting information that clearly describes the proposed project. Offerors should realize that the clarity of their proposals is important in communicating the overall project goals to reviewers and that a concise and well formulated proposal will be more easily reviewed and evaluated.

General Considerations:

Technical proposals shall provide a discussion of the proposed work to enable a thorough review of the approach. Attention should be given to addressing each the specific Goals of the Statement of Work listed elsewhere in this document. In addition, Offerors are reminded that the subcontract shall be based on Fixed Unit Prices for a series of specific deliverables that map to the specific Goals noted above. Offerors are strongly encouraged to develop their proposals in a manner allowing the reviewers to identify the mapping of the deliverables to the specific Goals of the SOW. Offerors are also reminded that the proposed approach must adhere to the CPTAC Tissue Procurement Protocols and the blood processing SOP attached to this document. Offerors should routinely check the CPTAC web site (<http://proteomics.cancer.gov/programs/cptacnetwork>) for any updates to these documents.

Specific Considerations:

In addition to the general considerations above, the Offeror shall address the following areas in their proposals:

Technical Proposal Information Requirements

A. Executive Summary (1 page limit)

The summary shall contain the most important elements from the sections below but shall at a minimum clearly specify the following elements:

- The specific tumor type to be obtained.
- The number and frequency of expected patients to be enrolled for submission of samples.
- A brief description of the qualifications of your organization/team including any Subcontractors and their roles.

-
- A brief description of the capabilities at your institution to process and store the tissue and blood samples.

The summary shall be on a separate page or include a section break before the rest of the proposal.

B. Technical Approach (10 page limit)

B.1.a.(1). Understanding

Provide your understanding of what needs to be done, the scope of the work, the estimated length of time for the project to accrue 125 qualified cases. Describe any expected challenges and how you are going to address those challenges.

B.1.a.(2). Approach

Describe your approach to the proposed work for and challenges to accomplishing the Goals of the SOW. Describe how this approach will meet both project and overall CPTAC objectives.

B.1.a.(3). Capabilities

Describe the physical resources (e.g., laboratory spaces, equipment such as centrifuges, etc.) that are available for the work. Specifically describe the ultra-cold storage (e.g., liquid nitrogen freezers) that will be used for the work and the means by which specimens will be tracked while stored at your organization.

C. Team and Key Personnel (5 page limit)

C.1. *Introduction*

Introduce your organization and/or team here. Give an overview of the capabilities brought to address this effort.

C.2. *Organization and/or Team*

Describe each proposed individual's role and the percentage of their time that is being bid, and a brief description of their qualifications. Fuller experience descriptions should be included in the appendix.

C.3. Personnel

One individual shall be designated as a Key Personnel. This individual will play the role of Principal Investigator/Project Manager and be responsible for the scientific execution of the project.

Resume summaries should be included in this section and full resumes in the appendix. Include a description of your plan to address the loss of the Principal Investigator from the project if that were to occur.

D. Experience and Past Performance (5 page limit)

Describe the teams overall experience with development, processes, and technologies similar to those described in this solicitation. Clearly indicate which organization on your team is providing this experience.

Provide a description of projects of similar scope that have been successfully performed in the past that indicate the ability to perform on this effort.

E. Management Approach (3 page limit)

E.1. Controls

Describe your project management approach and what control mechanism you will put in place to track progress. This should include an organizational chart showing the relationships between the Principal Investigator and other team members.

E.2. Risk Management

Describe your overall risk mitigation strategy.

Provide an initial risk table. This table should include a list of project risks, an estimation of the severity of the risk (High,Medium,Low), and a brief risk mitigation approach for that risk.

E.3. Subcontractor Management

Describe management controls to be put in place for Subcontractor management if Subcontractors are a part of the proposed team.

F. Appendix (no page limit)

The Appendix section should be used for any additional information that the Offeror believes would be of valuable for the reviewers. Use this section for complete CVs of the team. An index of documents in the Appendix is required.

Attachment 3: Cost (or Price) Proposal Information Requirements

Proposals which include unrealistic or unreasonable costs may be viewed as a failure to comprehend the complexity of the technical requirements. Proposals shall therefore demonstrate a complete understanding of the requirements and the associated complexities. Failure to adequately demonstrate this understanding and establish realistic costs accordingly may result in a failure to be further considered for award.

Information requested in this attachment is considered to be minimal and further information may be required prior to award of any Agreement.

Specific Considerations: Subcontract Cost (or Price) Proposal Information

A. Section One – Cost (or Price) Proposal

The cost (or price) proposal shall contain sufficient information to allow Ledios Biomed to perform an analysis of the proposed cost (or price) for the required deliverables. This information shall include the amounts of the basic elements of the proposed cost (or price) including, but not limited to, labor hour rates, travel, materials, Subcontracts.

In preparing your cost (or price) proposal, the following shall be considered:

- Offeror is to prepare their cost (or price) proposal using the Cost Proposal Worksheet provided as an attachment to this RFP and submitted with Offer in Microsoft Excel format.
- **Cost shall be broken out by deliverable and based on the number of fully-qualified cases the offeror believes they could provide to the CPTAC BCR by October 1, 2014.**
- In performance of the work, Offerors are expected to attend one CPTAC annual meeting as well as the following teleconference meetings (Travel costs shall be listed separate from deliverable costs.):
 - Kick-Off Meeting
 - Monthly Project Team Meeting
 - Monthly CPTAC TSS Program Meeting.
- Offerors shall provide substantive detail regarding the cost (or price) proposed so as to enable reviewers to objectively determine the reasonableness. Failure to provide a level of detail to facilitate this determination may result in the proposal being considered nonresponsive.

B. Section Two – Cost (or Price) Justification and Documentation

In this section, provide justifications and explanations of the proposed costs. This INCLUDES explanation of the processes by which extended costs were derived and a basis for why the proposed costs should be considered reasonable. The supporting information to be provided includes, but is not limited to:

- Labor costs. Provide labor categories and descriptions, if the proposed positions have not been filled or are to be named or hired, provide description of anticipated position and estimated labor category and rate.
- Demonstration of the reasonableness of any proposed consultant or lower-tier Subcontractor consulting costs, including demonstration that the proposed rates/costs are in keeping with those normally charged for the work to be performed.

*****CPTAC Cost Proposal Templates Will Provided As Separate Document; request from TPM or Subcontract Specialist – Jessica.staley@nih.gov

Attachment 4: Certificate of Accounting and Billing System Adequacy

Subcontractor Instructions: If none of the criteria in Section I applies, complete Section II – otherwise, proceed to Section III.

Section I – Approved System(s)

Mark "X" in the appropriate column and provide information requested:	Accounting	Billing	Both
Defense Contract Audit Agency (DCAA) audit report No. _____ dated _____ as evidenced by the enclosed report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defense Contract Management Agency (DCMA) audit dated _____ as approved by the enclosed letter No. _____ dated _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Government Agency audit dated _____ as approved by the enclosed letter No. _____ dated _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section II—Evaluation Checklist

If Subcontractor selects "No" or "N/A" for any of the following questions, Subcontractor must provide an explanation under Section III – Subcontractor Remarks for each instance whereby one of these selections is made.

Mark "X" in the appropriate column. (If "N/A" or "No," explain in remarks section below.)	Yes	No	N/A
1. Is the accounting system in accordance with generally accepted accounting principles applicable in the circumstances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Accounting system provides for:			
a. Proper segregation of direct costs from indirect costs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Identification and accumulation of direct costs by contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A logical and consistent method for the allocation of indirect costs to intermediate and final cost objectives. (A contract is a final cost objective.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mark "X" in the appropriate column. (If "N/A" or "No," explain in remarks section below.)		Yes	No	N/A
d.	Accumulation of costs under general ledger control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	A timekeeping system that identifies employees' labor by intermediate or final cost objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	A labor distribution system that charges direct and indirect labor to appropriate cost objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Monthly accounting of Subcontract costs incurred.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Exclusion from costs charged to Government contracts of amounts which are not allowable in terms of Federal Acquisition Regulation (FAR) 31, Contract Cost Principles and Procedures, or other contract provisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Identification of costs by contract line item and by units (as if each unit or line item were a separate contract) if required by the proposed contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Segregation of preproduction costs from production costs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accounting system provides financial information:				
a.	Required by contract clauses concerning limitation of cost (FAR 52.232-20 and 21) or limitation on payments (FAR 52.216-16).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Required to support requests for progress payments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is the accounting system designed, and are the records maintained in such a manner that adequate, reliable data are developed for use in pricing follow-on acquisitions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is the accounting system currently in full operation? (If not, describe in the narrative which portions are (1) in operation, (2) set up but not yet in operation, (3) anticipated, or (4) nonexistent.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Billing system allows for:				
a.	Segregation and exclusion of unallowable costs as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mark "X" in the appropriate column. (If "N/A" or "No," explain in remarks section below.)	Yes	No	N/A
by FAR or Defense Federal Acquisition Supplement (DFARS)			
b. Timely notification to prime contractor of overpayments/underpayments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Segregation of incurred costs that may be non-billable because the costs may not meet specified criteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Adjusting submissions for final rates or indirect billing rates that differ from the billed rates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Identifies costs that require specific approvals (special purchases, overtime authorizations, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Identifying contract overpayments, making refunds in a timely manner, and offsetting contract overpayments against contract underpayments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section III—Subcontractor Remarks:

The undersigned attests to the accuracy of the foregoing and agrees to promptly notify Leidos Biomedical Research, Inc. of any changes to its Accounting, Billing System, and/or related internal control structure that would affect its ability to report hours delivered accurately and completely, and bill costs according to FAR Part 31, Contract Cost Principles and Procedures.

Company Name: _____

Name of Signator: _____

Signature: _____

Title: _____

Telephone Number: _____

Date of Execution: _____

This Section to be Completed by Leidos Biomedical Research, Inc.

Section IV— Leidos Biomedical Research, Inc. Contracting Officer Review/Approval

Name of Signator:

Signature:

Title:

Date of Execution:

Recommendation:

Section V— Leidos Biomedical Research, Inc. Internal Audit Review/Approval

Name of Signator:

Signature:

Title:

Date of Execution:

Recommendation:

Action	Yes	No	N/A
Corrective Action Plan Received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audit Conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Attachment 5: Executive Compensation & Sub-award Information Reporting
Representations and Certifications**

As a prime contractor, Leidos Biomedical Research, Inc. is required to report the executive compensation data and first-tier subcontract awards when subject to FAR 52.204-10 in accordance with the Federal Funding Accountability and Transparency Act (FFATA). The Subcontractor is required to complete, sign, date and return this certification.

FAR 52.204-10 Reporting Executive Compensation and First-Tier Subcontract Awards (AUG 2012)

Section 2(d)(2) of the Federal Funding Accountability and Transparency Act of 2006 (Public Law 109-282), as amended by section 6202 of the Government Funding Transparency Act of 2008 (Public law 110-252) requires contractors to report subcontract/purchase order award data and the total compensation of the five most highly compensated executives of the supplier when certain criteria are met. As a supplier or potential supplier to Leidos Biomedical Research, Inc., unless otherwise directed by a contracting officer, Leidos Biomedical Research, Inc. shall report the following information which will be displayed on www.USASpending.gov in accordance with the FAR clause at 52.204-10.

NOTICE: By signing below, the Subcontractor represents and certifies that this certification is accurate, current, and complete and that the signer is duly authorized to make such certification on behalf of the Subcontractor.

1. Award Date.

Enter the Award date:

2. Value of award.

Enter the value of award or total modification value: \$

3. System Award Management (SAM).

It is, is not registered in the System Award Management database (www.sam.gov).

4. DUNS Number. (Show as it appears in SAM.)

Its DUNS number is _____.

Its DUNS Plus 4 number is _____ or a DUNS Plus 4 number is not applicable.

5. Parent DUNS Number.

It does, does not have a parent company.

If it has a parent company, the parent company's DUNS number is as follows: _____.

6. NAICS Code of Work Performed.

Insert NAICS Code of Work Performed

7. Legal Business Name. (Show as it appears in SAM.)

Its legal business name by which it is incorporated and pays taxes is

8. Doing Business As (DBA). (Show as it appears in SAM.)

It commonly uses another name, does not commonly use another name.

If it commonly uses another name, the name is

9. Subcontractor's Physical Address. (P.O. Box or c/o may not be used. Show as it appears in SAM.)

Street Address:

City:

State:

Zip Code (nine digits required)

Congressional District (required if in U.S.)

10. Primary Performance Location of the Agreement Work. (P.O. Box or c/o may not be used.)

Street Address:

City:

State:

Zip Code (nine digits required)

Congressional District (required if in U.S.)

11. Executive Compensation.

("Total Compensation" means the complete pay package of subcontractor employees, including all forms of monthly, benefits, services, and in-kind payments, consistent with the regulations of the Securities and Exchange Commission at 17 CFR 229.402.)

A. In its preceding fiscal year, the supplier did, did not receive from Federal contracts (and subcontracts), loans, grants (and subgrants), and cooperative agreements:

1. 80 percent or more of its annual gross revenues in Federal contracts (and subcontracts), loans, grants (and sub-grants), and cooperative agreements; **and**
2. \$25,000,000 or more in annual gross revenues from Federal contracts (and subcontracts), loans, grants (and sub-grants), and cooperative agreements.

INSTRUCTIONS: If "did not" is checked, proceed to section 12 and sign. No further information is required.

B. Access to information about the compensation of the senior executives is available to the public through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 15 U.S.C. 78m(a), 78o(d) or section 6104 of the Internal Revenue Code of 1986. To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>.

INSTRUCTIONS: If the box is checked in 11B, proceed to section 12 and sign. No further information is required

C. Names and total compensation of each of the five most highly compensated officers for the subcontractor's preceding completed fiscal year.

Name	Title	Total Compensation

The compensation for senior executives shown above is for calendar year Insert Year. Its fiscal year end date is Insert FY End Date.

12. Gross Income.

Its gross income in the previous tax year did, did not exceed \$300,000.

13. **Applicability to the American Recovery and Reinvestment Act—Reporting Requirements (Mar 2009).**

Where applicable, Leidos Biomedical Research, Inc. will also use this information to meet reporting requirements under FAR 52.204-11 American Recovery and Reinvestment Act—Reporting Requirements (Mar 2009).

14. **Signature.**

By:

Title:

Signature:

Date:
