



Using Real-World Data to Address Prevalence and Treatment of Cardiovascular, Kidney, and Metabolic Disease in Cancer Patients and Survivors

Key Dates

RFP Posted:	Nov 3, 2025
Letter of Intent	Jan 19, 2026
Invitations to submit application	Jan 26, 2026
Application Deadline	March 23, 2026
American Heart Association Peer Review:	April, 2026
Notification of Awards:	May 1, 2026
Award Start Date:	July 1, 2026

Overview

There are >16.7 million cancer survivors in the United States today. Many of these individuals are at increased risk of morbidity and mortality from noncancer causes, predominantly cardiovascular disease (CVD).¹ The risk varies by pre-existing CVD risk factors, cancer type, treatment exposure, and time since cancer diagnosis.^{2,3,4,5}

In a prospective community-based study, the incidence rate of developing CVD was 23.1 per 1,000 person-years in cancer survivors versus 12.0 in persons without cancer, and survivors had a 52% higher risk for heart failure.⁶ In a systematic review and meta-analysis the absolute risk of coronary atherosclerosis in cancer survivors was significantly higher (17% compared to 8% in controls), with the risk difference most pronounced over longer follow-up periods (>10 years).⁷ In an analysis of the ASPIrin in Reducing Events in the Elderly (ASPREE) trial, older adults with cancer had a CVD incidence rate of 15.3 per 1,000 person-years versus 10.5 in those without cancer (HR: 1.70). The greatest increase was seen for heart failure hospitalization (HR: 2.00).⁸ Among adolescent and young adult (AYA) cancer survivors, the adjusted incidence rate ratio for

¹ Gilchrist et al. *Circulation* 2019;139(21):e997-e1012. PMID: 30955352.

² Okwusosa et al. *Circ Genom Precis Med* 14(3):e000082, 2021.

³ Ryan et al. *Circulation* 151(15):e926-e943, 2025.

⁴ Cohen et al. *Hypertension* 80(3):e46-e57, 2023.

⁵ Campia, et al. *Circulation* 139(13):e579-e602.

⁶ Florido et al. *JACC* 80(1):22-32. PMID: 35772913.

⁷ Soh et al. *Am Heart J*. 2025;288:159-168. PMID 40280256.

⁸ Muhandiramge. Abstract presented at ASCO. <https://meetings.asco.org/abstracts-presentations/211338>

developing CVD was 2.37 compared to controls, with even higher risk for survivors of leukemia (IRR: 4.23) and breast cancer (IRR:3.63)

The purpose of this Request for Proposal (RFP) announcement is to fund research focused on the prevalence and treatment of cardiovascular, kidney and metabolic disease in cancer patients and survivors.

A successful application will address one or more of the following topics:

- Defining the prevalence of cardiovascular, kidney, metabolic disease in cancer patients and survivors.
- Identifying how these patients are being treated (using real world evidence from hospital systems)
- Identifying shared cardiometabolic risk factors between cancer and cardiovascular disease
- Better understand cancers where cardiometabolic risk factors play a role in oncology outcomes, in particular obesity-related cancers (including breast cancer, colorectal cancer, endometrial cancer, ovarian cancer, non-Hodgkin lymphoma and other)
- Design and implement randomized clinical trials investigating the effects of contemporary cardiometabolic interventions (SGLT2 inhibitors, GLP1 agonists, anti-inflammatory agents) on cardiovascular and cancer outcomes
- Use real world evidence to test if interventions that reduce cardiometabolic risk improve cardiovascular and cancer outcomes.

At the American Heart Association, our mission is to be a relentless force for longer, healthier lives for all. We encourage applications that are focused on underrepresented populations. Proposals are encouraged to leverage data sources including de-identified claims data, electronic health records and prospective cohort studies.

Who we're looking for

Proposals are encouraged from multidisciplinary researcher teams with expertise in two or more of the following areas: cardio-oncology, cardiovascular, kidney and metabolic disease, health economics, epidemiology, and biostatistics with experience in causal inference methods, machine learning, and cardiovascular research.

Before you apply

- The project lead at each site must be an American Heart Association professional member.
 - Join or renew when preparing an application in Proposal Central, [online](#) or by phone at 301-223- 2307 or 800-787-8984.
 - Membership/Partnership processing takes 3 to 5 days; do not wait until the application deadline to renew or join.
- The project proposal must be submitted by a project lead representing an academic or non-profit organization based in the United States.
- Preference will be given to applicant organizations that are institutes of higher education, public entities, or nonprofits that are tax exempt under Section 501(c)(3)

of the Internal Revenue Code and are not private foundations or Type III supporting organizations. Other types of nonprofit and for-profit organizations are also eligible to apply. The American Heart Association may require additional documentation.

- Organizations that are currently funded through other American Heart Association funding mechanisms can apply.
- Organizations can submit multiple proposals.

How to apply: Letter of Intent (required)

1. Letters of Intent are mandatory and are due Jan 19, 2026, at 3 pm CT via [ProposalCentral](#).
2. All Letters of Intent will be reviewed. Those responsive to the RFP will be invited to submit a full application.
3. Your letter of intent (2 page limit) should include the following information about the proposed project:
 - Project title
 - Name and contact of project lead
 - Names, titles, affiliations, relevant expertise of co-investigators
 - Names of any collaborating organizations
 - Data to be used, statistical plan and power calculations
 - Approximate budget for the study
 - Planned approach and activities to achieve the goals

How to apply: Invited Proposal

Applications must be submitted using [ProposalCENTRAL](#), the American Heart Association's online submission portal. The online application requires you to provide information and answer questions beyond what is captured in this document. Deadline is March 23, 2026, at 3 pm CT.

Only invited Applicants may submit a full proposal. Applications invited to submit a proposal are chosen from the Letters of Intent. See [Details and requirements](#) for additional guidance.

A review will take place with a diverse group of experts. Committee members will include data scientists and public health experts.

1. **Research plan** can be up to 6 pages (12-point font, single space, 1-inch margins on all sides)
 - Specific Aims (1 page)
 - Research and Methods and Operational plan to achieve the aims (3-4 pages).
 - Expected outcomes and deliverables, potential limitations, a timeline, and project success milestones. (1 – 2 pages)
2. **Works Cited** (pages for Works Cited are not included in 6-page limitation) (1 page)

3. Budget information including:

- a. Salary and fringe benefits of the project lead, mentor, collaborating investigators, and other participating research staff or faculty.
- b. Project-related expenses including access to data from a third party, travel, and publication costs in accordance with institutional and American Heart Association policies. Please note that the American Heart Association does not fund the costs of program implementation or operations beyond what is established in an approved budget.
- c. Maximum of 10% institutional indirect costs may be claimed on the award.

Details and requirements

Duration

Up to 1 year of funding from date of funding, contingent upon milestones and timelines being met.

Number of Awards

The American Heart Association anticipates awarding up to 5 grants, \$150,000 per award. The American Heart Association reserves the right to determine the final number of awardees.

Precision Medicine Platform, research environment, trial workspace

Each team may be eligible to use Amazon Web Services credits for computational time (up to \$30,000), use of tools and infrastructure, and storage within a secure and private workspace on the American Heart Association's Precision Medicine Platform to enable investigators in each team to collaborate and analyze data securely.

Data analysis is enabled in secure workspaces by a web interface that allows researchers to code in various languages, including R and Python, and to use statistical software including but not limited to SAS and R studio. The most up-to-date machine learning and artificial intelligence software available from Amazon Web Services is also included. Researchers are also able to install their own tools.

The American Heart Association asks that the grantees also accelerate collaboration through the sharing of data and code as well as the coordination for interoperability of data to facilitate findability and sustainability. The American Heart Association fully supports the FAIR (Findable, Accessible, Interoperable and Reusable) guiding principles of data stewardship.

The Platform is HIPAA compliant. Learn more about the [Platform's Security Information](#).

To learn more about the Precision Medicine Platform:

- [Overview](#)
 - [Full list of available analytical tools](#)
1. [Register here](#) for a 60-day complimentary trial workspace to use during the application period.
 2. Once registered, login and go to the Data page and click Request Workspace (do not

select any datasets).

3. Within the form, please include the following text for your Researcher Purpose:
Cardio-oncology RFP

Progress reports

Awardees must submit two progress reports; halfway through the award and at the conclusion of the award. Progress reports may take the form of a required written report in addition to video conferencing, phone calls, and/or face-to-face visits. Reporting will be focused on achievement of stated milestones as indicated in the project timeline. The American Heart Association reserves the right to request additional updates, site visits, or reporting.

Public access

The American Heart Association's public access policy requires that all journal articles resulting from American Heart Association funding be made freely available in PubMed Central and attributed to a specific American Heart Association award within 12 months of publication. It is the responsibility of the awardee to ensure journal articles are deposited into PubMed Central

Open Data

Any factual data that is needed for independent verification of research results must be made freely and publicly available in an AHA-approved [repository](#) as soon as possible, and no later than the time of an associated publication or the end of the award period (and any no-cost extension), whichever comes first. In addition to fulfilling this requirement, awardees can also choose to make their data available in the American Heart Association's Precision Medicine Platform.

Additional Requirements

- The projects submitted can have no scientific or budgetary overlap with other work funded by the AHA or any other source.
- Any inventions, intellectual property, and patents resulting from this funding are governed by the AHA's [Patent, Intellectual Property and Technology Transfer Policy](#).
- The applicant/awardee and institution are responsible for compliance with all AHA research award policies and guidelines for the duration of any awards they may receive.
- Visit the Research Programs Awards Policies page for more information on this topic: [American Heart Association Policies Governing All Research Awards](#)

For questions and assistance: datascience@heart.org