Expressions of Interest# EI440-2016-01 - Procuring a Lead Partner and Scientific Home for the Canadian Partnership for Tomorrow Project

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Disclaimer

The Partnership's operating language is English. Please note that all EOIs, proposals, correspondence, and related documents exchanged by the proponent and the Partnership shall be written in the English language. Proponents submitting proposals in any other language MUST include a translated ENGLISH version to be reviewed by the Evaluation Panel. The Partnership does not accept responsibility for any error in understanding due to translation errors.

Background

The Canadian Partnership for Tomorrow Project (CPTP) is a multi-partnered, collaborative prospective cohort study. Begun in 2008, CPTP's vision is to improve population health through a better understanding of the causes of cancer and chronic disease. It aims to create a legacy that will benefit both current and future generations by strengthening population research in Canada, producing excellent evidence to inform health-care improvements, and offering the maximum benefit to the people of Canada and to the health systems on which they rely. The CPTP opened its Portal and Access Office on April 1st, 2015, followed by an official launch event in Calgary in June. The CPTP Access Office is processing multiple access requests from researchers, thus already showing its value to the scientific community.

With its National Coordinating Centre currently based at the Canadian Partnership Against Cancer (Partnership), CPTP brings together five regional cohort studies spanning eight provinces. Each regional cohort study is led by a Scientific Director and affiliated with a host institution, which provides a physical home for staff and study assets, a range of other in-kind support, and links to local stakeholders.

Regional cohort	Description	Host institution
Alberta's Tomorrow Project	Begun in 2000, Alberta's Tomorrow Project has over 50,000 participants between the ages of 35 and 69 years, of which 39,124 are taking part in CPTP. The Scientific Director of this project is Dr. Paula Robson, who specializes in nutrition and physical activity. For more information visit myatp.ca.	Alberta Health Services (AHS)
Atlantic Partnership for Tomorrow's Health (Atlantic PATH)	Begun in 2009, Atlantic PATH includes Nova Scotia, New Brunswick, Prince Edward Island, and Newfoundland and Labrador, and has approximately 31,173 participants between the ages of 35 and 69 years taking part in CPTP. The co-Scientific Directors of this project are Drs. Louise Parker and Trevor Drummer, who specialize in the impact of the environment on health. For more information visit atlanticpath.ca.	Dalhousie University
BC Generations Project	Begun in 2009, the BC Generations Project (British Columbia) has 29,172 participants between the ages of 35 and 69 years taking part in CPTP. The co-Scientific Directors of this project are Dr. Trevor Dummer, who specializes in the impact of the environment on health, and Dr. Nhu Le, who specializes in biostatistics. For more information, visit bcgenerationsproject.ca.	BC Cancer Agency

Regional cohort	Description	Host institution
CARTaGENE	Begun in 2008, CARTaGENE (Québec) has 42,472 participants between the ages of 40 and 69 years taking part in CPTP. The co-Scientific Directors of this project are Dr. Anne-Monique Nuyt, who specializes in developmental biology, and Dr. Sébastien Jacquemont, who specializes in genetics. For more information visit cartagene.qc.ca.	Centre Hospitalier Universitaire (CHU) Sainte-Justine
Ontario Health Study (OHS)	Begun in 2010, the Ontario Health Study has over 230,000 participants between the ages of 30 and 74 years, of which 161,491 are taking part in CPTP. The Scientific Director of this project is Dr. Philip Awadalla, who specializes in genetics. For more information visit ontariohealthstudy.ca.	Ontario Institute for Cancer Research (OICR)

The National Coordinating Centre and the regional cohorts are supported by a number of national and international advisors, funders and sponsors, who actively participate in driving the strategy, science, operations, ethical, legal and social issues, data harmonization and IT, and biosamples collection and maintenance of the CPTP.

The Canadian Partnership Against Cancer (Partnership) has played a key leadership role in building the initial phase of CPTP – a phase that was focused on the operationalization of participant recruitment and infrastructure building activities through a federated consortium of sponsors, host organizations, and scientific and expert leaders. As CPTP's only national funder, the Partnership will have invested $84.5 million by 2017 in building this research infrastructure while several regional funders have also contributed a combined investment of $78 million over the past seven years. The Partnership's mandate has been to drive the building phase of CPTP with the ultimate objective of transitioning the platform to a research oriented organization that would ensure its long-term growth and utilization.

With its foundation now in place, the CPTP is entering into its science-focused phase of activities and the Partnership is looking to complete its original objective by identifying a Lead Partner/Scientific Home for the CPTP. The vision for the future lies in the scientific harvesting of the CPTP's valuable assets. The Partnership is looking for an academic or research-centered institution or even consortium of institutions, to house the platform and provide enabling leadership to define and drive the scientific agenda of the project. The Partnership intends to remain a Supporting Partner and work with the Lead Partner to ensure the fulfillment of CPTP's vision to improve population health through a better understanding of the causes of cancer and chronic disease.

The CPTP now includes a fully operational and operating access infrastructure and a wealth of data and biological samples, including:

- Self-reported information about health, lifestyle, environment and behaviour (e.g. social demographics and ethnic background; education level and employment status; personal and family disease histories; cancer screening history; sex and reproductive health; medication use; sleep patterns; sun exposure; diet and nutrition; alcohol use; tobacco use / exposure to second-hand smoke; physical activity level; physical measures) from more than 300,000 adults participants
- Venous blood samples from 144,072 participants
- Urine samples from 101,379 participants

- Blood spots from 31,597 participants
- Toenail samples from 30,418 participants
- Saliva samples from 18,064 participants
- Physical measures (e.g. height, weight, waist and hip circumference, blood pressure and resting heart rate) taken by a trained professional from 90,954 participants

The informed consent from the participants will allow CPTP to continue to build its dataset by periodic re-engagement of participants throughout their adult lives for a range of purposes, including ascertaining the development of cancer and chronic disease conditions, studying biomarker and genetic changes which presage disease onset, examining the social and environmental factors associated with disease onset, determining the differences in biological stock that predict disease onset, and many other questions. CPTP's participant consent also allows for the invitation of existing participants to future studies, the linkage of CPTP data to administrative provincial health encounter data and registry data, outcomes research, and data sharing at the local, national and international levels.

In 2015, CPTP released its first harmonized dataset, which includes the 709 variables generated from the regional cohorts' baseline health and lifestyle questionnaires for participants aged 30 to 74. Nearly 25 per cent of the variables (166 variables) are core, and are recorded for all 307,830 participants. Approximately 64 per cent (455 variables) exist for at least 250,000 participants. These large pools of data greatly increase the potential of the cohort for research into complex health questions, as well as comparisons and linkages to other national and international datasets. Additional upcoming harmonized data releases are expected to incorporate physical measures, open text variables and medication information and information related to biosamples.

Additional projects are underway to further enhance the existing CPTP assets, including genotyping and analysis subsets of samples that will be added to the CPTP data repository and an initiative to harmonize data variables across 13 or more large international cohorts to facilitate international collaborative research.

CPTP's regional cohort data and biosamples are currently housed and maintained in safe and secure data- and biorepositories across the country, while the harmonized CPTP dataset is housed centrally. National and international researchers can request access to the data and samples through a central point of access. Those wishing to interrogate the cohort must provide a scientifically and ethically sound research plan, with appropriate privacy and confidentiality measures and evidence of adequate financial resources. Applications for access to data and biosamples are managed through a National Access Office and an affiliation with the Public Population Project in Genomics and Society (P^3G), which together offer a single point of management for the request, evaluation and release of data and biosamples to the research community. To date, the CPTP regional cohorts have contributed to 47 publications (see Appendix).

As a result of 7 years of concerted collaborative efforts of the Partnership and its regional partners, CPTP is now operational and actively reviewing access requests. In addition, two 5-year CIHR grants totaling $6M, were recently awarded to teams of scientists that include several CPTP Scientific Directors. Both research programs will utilize CPTP data and biosamples, further demonstrating the importance and relevance of the platform for health research and that this is the right time for CPTP to move to a "Scientific Home".

For more information, please visit the CPTP website at partnershipfortommorow.ca and the CPTP Portal at portal.partnershipfortomorrow.ca.

Approach to Procurement

Purpose of procurement

This procurement process provides a framework for the recruitment of a Lead Partner and Scientific Home for the CPTP within Canada.

Over the past seven years, the CPTP has been focused on development activities, including the operationalization of recruitment and infrastructure building to create the inception cohort. This effort has been driven forward by the Partnership as the sole national funder, with the contribution of a consortium of regional Scientific Directors and experts and a variety of partner organizations, sponsors and regional funders. The Partnership's goal has been to build the CPTP infrastructure in collaboration with its regional partners and to then transition the project to a research-focused organization. As the CPTP has been fully funded through Canadian public funds and makes use of personal health information, this procurement is limited to organizations operating within Canada.

With a substantial national cohort now in place, the CPTP is moving towards a more science-driven phase of activity that is aligned with its goal of supporting leading-edge Canadian and international research into the environmental, lifestyle and genetic factors related to cancer and chronic disease. The vision for the future lies in the scientific harvesting of the CPTP's valuable national dataset. To meet this goal, it is essential, as a next step, to identify an institutional home in Canada that can provide enabling leadership for the CPTP platform and drive its scientific agenda – a Lead Partner and Scientific Home. The Partnership is looking for a Lead Partner and Scientific Home to take on these roles, but will continue its engagement with CPTP as a Supporting Partner.

The Lead Partner and Scientific Home will be expected to provide long-term support for the CPTP, identify and support a national Scientific Leader, advance the exploitation of the national cohort and biosamples, and conduct follow-up. This role will require proposing and establishing a suitable governance structure, as well as cultivating a scientific environment that fosters collaborative relationships with the regional cohorts and other national and international researchers. It will also require supporting the continued accessibility of CPTP data and biosamples to qualified researchers to support studies of diseases risk and protective factors, the biological underpinnings of early stage disease and common genetic and molecular pathways in disease onset and progression. It is also expected that the development of a cost model for accessing data and biosamples will be required to expedite such access and support the sustainability of the platform. Alongside these efforts, the Lead Partner and Scientific Home will continue to build the cohort and its value through support for longitudinal data collection, curation and harmonization, regular linkage to health administrative data, and enhancement of the cohort across Canada.

The Partnership is open to providing some in-kind operational support as part of its funding contribution. The organization(s) interested in becoming the Lead Partner should suggest and discuss with the Partnership the details of this potential operational involvement. As Supporting Partner, the Partnership will be requiring a seat on the newly formed CPTP governing body.
The expectations for the Lead Partner and Scientific Home are further detailed in the Roles of the Lead Partner and Scientific Home section, below.

Process of procurement

Procurement will occur as a two-step process, including:

1. **A Call for Expressions of Interest to prequalify respondents.** Respondents will be asked to answer a series of questions and to provide a letter of support from their Canadian host institution. Respondents will be evaluated based on their stated ability and commitment to perform the roles of the Lead Partner and Scientific Home, as articulated in this call for Expressions of Interest. The best-qualified respondents will be selected from this process for advancement to Step 2.

2. **An Invitation to Submit Comprehensive Proposals.** Proponents will be required to demonstrate, through detailed strategies, plans and budgets, their ability and commitment to perform the roles of the Lead Partner and Scientific Home. Shortlisted respondents may be invited to an interview at the Partnership offices, or asked to host a site visit, which may include confidential meetings and in-person discussions.

The Partnership intends to negotiate an agreement with the respondent with the most advantageous submission, as determined by the Panel through the evaluation process. Given the current nature of the CPTP and its agreements, transition to the Lead Partner and Scientific Home is expected to occur over a ten month period following selection and acceptance.

Evaluation

Adjudication of both the Expressions of Interest and the Comprehensive Proposals will be conducted by an expert Panel, which will be designed to be free of conflicts of interest with potential respondents and familiar with large cohort studies. This panel will be comprised of a mix of Canadian and international members, with representation from the CPTP's International Scientific Advisory Board. The Partnership has engaged a Fairness Advisor to review the procurement documents and to monitor the evaluation process in order to confirm that the selection has been conducted in an open, fair, consistent and transparent manner, and is aligned with public procurement policies and practices.

The evaluation of submissions will occur in the following three stages:

Stage I

Stage I will consist of a review to determine which submissions comply with all of the mandatory requirements. Submissions that do not comply with all of the mandatory requirements may, subject to the express and implied rights of the Partnership, be disqualified and not be evaluated further.

Stage II

Stage II will consist of the Panel scoring each qualified submission. The Panel intends to shortlist the top scoring submissions; and their respective respondent organizations may be invited to an interview at the Partnership offices and / or to host a site visit and a series of confidential meetings and in-person discussions. Interviews and site visits will be scheduled at times that are convenient for the Panel.

Stage III

Upon completion of Stage II for all submissions, the Panel will identify the respondent or respondents that will be invited to proceed in the process to select a Lead Partner and Scientific Home for the CPTP. This Step 2 (Invitation to Submit Comprehensive Proposals) has been described above.

The Partnership intends to negotiate an agreement with the respondent with the most advantageous submission, as determined by the Panel through the evaluation process. The Partnership intends to ensure the long-term sustainability and operation of the CPTP and will negotiate the agreement with that intent.

If no respondents demonstrate appropriate qualifications or experience, the Partnership may, without liability cost or penalty, choose not to negotiate with any of the respondents.

Timelines

Activity	Date
Call for Expressions of Interest	
Call for Expressions of Interest issued	August 3, 2016
Deadline for respondents to submit questions	September 7, 2016 no later than 3 pm local Toronto time
Deadline for issuance of responses to questions	September 21, 2016
Submission deadline for Expressions of Interest	November 3, 2016 no later than 3 pm local Toronto time
Invitation to Submit Full Proposals	
Invitation to Submit Comprehensive Proposals issued	December 16, 2016
Deadline for respondents to submit questions	January 25, 2017 no later than 3 pm local Toronto time
Deadline for issuance of responses to questions	February 8, 2017
Submission deadline for Comprehensive Proposals	March 22, 2017 no later than 3 pm local Toronto time
Anticipated date for shortlisted respondent interviews or site visits	Week of April 17, 2017
Anticipated date respondents notified of selection	June 30, 2017
Negotiations, award and transition year	July 3, 2017 – March 31, 2018

Roles of the Lead Partner and Scientific Home

The Partnership is seeking a Lead Partner and Scientific Home within Canada for the CPTP, to lead and manage this research platform and its scientific agenda. Given the composition of the CPTP as a collection of five regional cohorts working in a collaborative manner across Canada, this leadership role will be balanced against the input of regional scientific leadership and the maintenance of a core regional infrastructure, which forms the backbone of participant recruitment and re-contact, data collection, and biosample storage and maintenance. It will also be balanced against the role of the Partnership as a key Supporting Partner. The expected roles of the Lead Partner and Scientific Home and the five regional cohorts are summarized below, with more details provided in the Roles of the Lead Partner and Scientific Home section that follows. Requirements for the Expression of Interest for the Lead Partner and Scientific Home are outlined against these roles and constitute the foundation for the evaluation of Expressions of Interest.

Note that some of these roles may be performed by the Lead Partner and Scientific Home directly or by arrangement with the Supporting Partner, other relevant partner organizations, or uniquely qualified specialized services providers. These arrangements are to be described at a high level in the EOI submission, including what role the respondent envisions the Partnership playing as part of its contribution, and in more details in the comprehensive proposal where applicable.

	Lead Partner and Scientific Home	Regions
Roles	• Establish and maintain national governance, in collaboration with the regions and the Partnership • Support and enhance a culture of Pan-Canadian collaboration • Develop and implement a long-term organizational strategy • Establish and support national scientific leadership • Develop and implement a scientific strategy for the national cohort, in collaboration with the regions • Develop and implement a national data linkage strategy, in collaboration with the regions • Encourage and support interrogation of the national cohort • Support, house and maintain the harmonized dataset • Manage a single point of access to data and biosamples, including the processes to review and approve requests for access to data and biosamples	• Participate in the planning and governance of the CPTP • Provide leadership and management of regional cohort operations • Act as collaborators with respect to defining the CPTP scientific agenda • Provide regional scientific leadership • Support / collaborate in scientific strategy implementation for the national cohort • Conduct regional data linkage • Manage all contact with participants • Act as collaborators with respect to the interrogation of the national cohort • Conduct region-level research • House and maintain regional component of national data and biosamples • Support storage, maintenance and materials handling of biosamples for national access requests • Obtain funding for regional research

	Lead Partner and Scientific Home	Regions
	• Establish and implement a cost model for access to data and biosamples • Develop and/or maintain data and biosamples sharing agreements, partnership agreements and other contracts, in collaboration with the regions • Obtain and manage funding to support national and international research activities • Obtain/provide long-term support for infrastructure and operations	

The roles of the Lead Partner and Scientific Home align to expertise and capacity across five dimensions of leadership and activity. The table below outlines the key roles of the Lead Partner and Scientific Home along each of these dimensions.

Dimension	Role	Details
Organizational Leadership	**Establish and maintain national governance, in collaboration with the regions**	The Lead Partner and Scientific Home is expected to propose and establish a viable governance structure for the CPTP, which will allow for effective national scientific leadership and operations through the Lead Partner and Scientific Home and facilitate positive working relationships with the five regional cohorts, their Scientific Directors, and other national and international researchers. CPTP's current governance is based largely in cooperation and good will, rather than formal agreements. A Strategic Advisory Council of sponsors and funders has provided guidance and direction to CPTP to date, reporting to the Partnership Board. The opportunity now exists to redesign the governance framework to bring increased formality and accountability to the CPTP and its partners and funders. While a number of options for governance exist and could be considered, the following is an example of what could be suitable: • the establishment of a new, incorporated not-for-profit entity that is independent of individual funders, but accountable to all host organizations and funders and gives voice to regional partners and funders • affiliation of the entity with a Host Institution that is committed to providing management, administrative and some material support over the long-term • leadership from a national scientific director (SD)/ Principal Investigator who will exercise enabling leadership with the regional SDs to win a range of research funds to interrogate the national cohort • structures that will engage and capitalize on the expertise and resources of regional and international scientific leadership, sponsors and funders Whatever governance model is proposed, it must support maximizing the scientific impact of the platform including ensuring broad availability of the CPTP to the research community. It must also include a Board (or equivalent) seat and governance role for the Supporting Partner, the Partnership.

	Support and enhance a culture of pan-Canadian collaboration	The value and impact of the CPTP lies in the combined data, biosamples and activities of five regional cohorts. It is therefore of the utmost importance that the Lead Partner and Scientific Home possess the experience, culture and capacity to support a national, multi-partner platform for research. The Lead Partner and Scientific Home is expected to provide strategies, structures, processes, agreements, resources and expertise to support collaborative scientific and administrative leadership and governance that enables effective engagement and working relationships across the regional cohorts and multiple scientific disciplines.

	Develop and implement a long-term organizational strategy	The Lead Partner and Scientific Home will need to balance scientific leadership with senior operational leadership for infrastructure management and operations. It is expected to develop a long-term organizational strategy, and to support the implementation of this strategy by providing expertise and resources to support the following administrative functions of the Lead Partner and Scientific Home: • Senior operational leadership and management of the infrastructure (e.g. provision of access to data and biomaterials; data harmonization; provision of IT physical supports and security; ethical, legal and social implications (ELSI) functions, management and maintenance of biorepositories) • Operations and administration (e.g. development and enforcement of policies, standards and agreements; stewardship of financial resources) • Expert grantsmanship and innovative fundraising • Government and stakeholder relations, including provincial governments and stakeholders in collaboration with the regional cohorts • Communications planning and execution (e.g. support for re-contact, promotion within the research community, annual reporting on progress) In developing this organizational strategy, the Lead Partner and Scientific Home will be expected to uphold the *Vision, Mission and Values* of the CPTP, which are as follows: **Vision:** Improve population health through a better understanding of the causes of cancer and other chronic conditions. **Mission**: To create and sustain a pan-Canadian population health platform that promotes and supports high-quality, innovative population and translational health research. **Values**: Collaboration, Integration, Excellence, Research Leadership, Openness, Accountability, Responsible Stewardship

Scientific Leadership	**Establish and support national scientific leadership**	The Lead Partner and Scientific Home is expected to identify or recruit a national Scientific Leader (Scientific Director / Principal Investigator) with a robust scientific profile, a history of innovative grantsmanship and fundraising, and an ability to secure the support and respect of the regional scientific leadership. In addition, this leader should be able to demonstrate a record of successful collaboration with researchers, sponsors and funders from a variety of backgrounds and population disciplines, and be prepared to provide leadership on collaborative grants from regional, national and international sources to support studies involving national data and biosamples. The Scientific Leader will play a key role in setting and coordinating the CPTP's research agenda and priorities, in close collaboration with regional scientific leadership. He or she will also be responsible for overseeing the development or maintenance of national data and biosamples collection, storage, sharing, harmonization and access standards and agreements. To support these efforts, it is expected that the Lead Partner and Scientific Home will include, as required, local and regional investigators with relevant expertise such as: longitudinal population studies; etiological factors; disease progression and modelling; early stage biomarkers and genetic predictors of disease; the risk and protective factors spanning environmental, nutritional, behavioral, occupational, metabolic and genetic correlates of disease; and big data management and harmonization.

	Develop and implement a scientific strategy for the national cohort, in collaboration with the regions	With a substantial national cohort now in place, the CPTP is moving towards a more science-driven phase of activity. The future lies in the scientific harvesting of the CPTP's valuable national dataset. A scientific strategy will be required to establish the vision and foundation for this activity. The Lead Partner and Scientific Home is expected to develop an overarching scientific strategy for use of the cohort that is aligned with the CPTP's Vision, Mission and Values, and it's overall goal of supporting leading-edge Canadian and international research into the environmental, lifestyle and genetic factors related to cancer and chronic disease. It is also expected that the Lead Partner and Scientific Home will provide national leadership, planning and standards for follow-up activities (e.g. enhancements, re-contact and consent, sample analysis) that support data harmonization at a national and international level, continue to build the value of the national cohort over time, and support both the scientific vision of the CPTP and the needs of the research community. CPTP has scheduled its first active follow-up with participants for 2016-17. This follow-up will collect updated information on health status and conditions diagnosed in participants since enrollment, as well as physical measures. CPTP should plan on conducting its second organized follow-up and enrichment phase to collect data and biological samples that will support research into cancer and chronic disease. Regular follow-ups should be planned to further build on these data and samples over time.
Scientific Activity / Output	**Develop and implement a national data linkage strategy, in collaboration with the regions**	The CPTP has amassed a wealth of data and biological samples, which have been brought together – physically or virtually - at a national level and made accessible to qualifying national and international researchers through a central point of access. The harmonization of the data has greatly increased the potential of the cohort for research into complex health questions. The Lead Partner and Scientific Home is expected to continue to expand the breadth and depth of the national cohort through the development and implementation of a strategy that links the CPTP cohort to provincial health administrative data, registries, public survey data and other cohort data where possible across multiple jurisdictions for ascertainment and other studies.

	Encourage and support interrogation of the national cohort	In addition to supporting access by external scientists for individual studies, the Lead Partner and Scientific Home is expected to develop a strategy and support the systematic interrogation of the national cohort. It will work collaboratively to engage and respond to the regional scientific leadership, a wide range of national and international researchers involved in cohort studies, and like-minded population study groups to promote and execute large-scale studies of the CPTP cohort, in keeping with the CPTP's scientific agenda.
Management of Infrastructure	**Support, house and maintain the harmonized dataset**	The ability to share data from multiple cohorts has the potential to greatly increase the ability of researchers to find answers to complex health questions. The CPTP dataset is currently distributed across five regional databases, with a single national rollup of harmonized baseline questionnaire data housed, under contract, at the Ontario Institute for Cancer Research. To date, the CPTP has harmonized the data collected through the regional cohorts' baseline health and lifestyle questionnaires across 307,830 participants, and made this information accessible to national and international researchers through a central point of application. Physical measures data, open text variables, medication information and information related to biosamples are targeted for release to the research community in 2016-17 and beyond. The Lead Partner and Scientific Home is expected to lead and support ongoing data harmonization for the CPTP, as a way to continue to build and enhance the long-term value of the cohort and its potential for longitudinal studies. CPTP is currently working, under contract, with Maelstrom Research, which provides support for data documentation, harmonization, integration and analysis. Moving forward, as the cohort continues to grow and develop, it will also be imperative for the Lead Partner and Scientific Home to establish a sustainable strategy and provide support for the safe and secure storage and maintenance of CPTP data and biosamples, whether at a national or regional level.

	Manage a single point of access to data and biosamples, including the processes to review and approve requests for access to data and biosamples	Requests for access, as well as requests for further information on CPTP data and biosamples, are currently received by the CPTP Access Office through the CPTP Portal (portal.partnershipfortomorrow.ca). All applications for access must include the following: • Completed Data Access Application Form • Research protocol • Proof of scientific peer-review, if available • Decision letter from a Research Ethics Board • 2-Page CV of the principal applicant Requests are granted in adherence with data access, publication and intellectual property policies. This resource will require regular maintenance and updates to ensure an open and accessible view into the current status of the cohort and its data and biosamples, as well as a single point of application for data and biosamples access from national and international researchers. It is a requirement of the Data and Material Sharing Agreements between the regional cohorts and the Partnership that all access requests, including those from regional CPTP cohort investigators, be processed through the Access Office, reviewed by an independent Access Committee and adhere to the approved policies. It is expected that the Lead Partner and Scientific Home will offer a service-oriented culture that can continue to support a central point of fair and timely access to CPTP data and biosamples to a wide range of national and international researchers. It is also expected that the Lead Partner and Scientific Home will provide ongoing management of a clear and principled process to approve interrogation of the cohort and access to data and biosamples.

	Establish and implement a cost model for access to data and biosamples	Given the composition of the CPTP as a collection of five regional cohorts, data and biosamples exist in several locations across the country. Access to these data and biosamples are granted through a centralized National Access Office and Portal; however storage, maintenance and materials handling of biosamples for national access requests are handled at a regional level. The Lead Partner and Scientific Home is expected to develop a cost model that provides full or partial cost recovery for the collection, preparation and distribution of data and biosamples for interrogation by the research community. It must also develop a funding approach that considers the cost to the regional cohorts of acquiring and providing access to data and biosamples.
	Develop and / or maintain data and biosamples sharing agreements, partnership agreements and other contracts, in collaboration with the regions	As CPTP's current national coordinating body, the Partnership holds agreements with the five regional cohorts that enable it to provide access to data and biosamples sharing and perform data harmonization. It also holds contracts with other organizations to perform access and harmonization activities (e.g. P3G, Maelstrom Research, OICR). The Lead Partner and Scientific Home will be responsible for working in collaboration with the Partnership as its Supporting Partner to ensure that all relevant agreements are in place and maintained.
Funding and Other Support	**Obtain and manage funding to support national and international research activities**	The Lead Partner and Scientific Home will be expected to demonstrate effective grantsmanship and fundraising to support the CPTP national scientific agenda over a 10- to 20-year horizon, in collaboration with regional scientific leadership and other national and international researchers and research groups.

	Obtain / provide long-term support for infrastructure and operations	The Partnership estimated the cost of CPTP infrastructure and operations at a national and regional level based on the following: • Salary and other support for a national Scientific Leader • Resources to support the national governance structure and its bodies • National coordination, including support for: maintenance of the harmonized dataset; the national access office and Portal; national standards, including ELSI guidelines and access policies • Planning for future scientific and policy directions; enrichment and use of the platform; networking nationally and internationally; and a national communication strategy • Regional cohort support for core operations, such as maintenance of data and biorepositories; core linkage activities • Participant re-contact and follow-up; longitudinal sample collection and some salary contribution to the regional scientific leadership. Depending on the level of enhancement and scientific leadership support above core activities, infrastructure and operation estimates range from $4 to $6 million per year. As the CPTP's current home for the National Coordinating Centre, and an ongoing Supporting Partner, the Partnership will provide the Lead Partner and Scientific Home with some of the funding towards core infrastructure and operations of the regional cohorts. However, the Lead Partner and Scientific Home is expected to demonstrate the experience, structure, resources and commitment to raise additional infrastructure and operational funds for national and regional CPTP operations over a 10- to 20-year horizon, including support for the regional cohorts to ensure their ongoing participation in and support of CPTP.

Respondent Submission Requirements for EOI

Responses should be no more than ten, letter-size pages in length. Please use black, 12-point Times New Roman font, with a maximum of six lines per inch and a ¾ inch margin around the page. No condensed or narrow fonts, type or spacing are allowed. Appendices may be used for CVs.
Proponents should submit six (6) printed hard copies of the EOI with original signatures, packaged in a sealed envelope and labelled with the Proponent's name and address, delivered to the address below before the Submission Deadline.

Canadian Partnership Against Cancer Corporation
1 University Ave, Suite 300 Toronto, ON M5J 2P1
Attention: Samoya Lloyd

Proponents should also submit one electronic copy in Microsoft Word format or portable document format (PDF), sent by e-mail to the e-mail address shown below before the Submission Deadline.

E-mail: procurement@partnershipagainstcancer.ca

Responses not adhering to these requirements will be deemed ineligible.

Domain	Role of the Lead Partner and Scientific Home	Submission requirement	Weight
Organizational Leadership 25 points	**Establish and maintain national governance, in collaboration with the regions**	Please describe the critical success factors to be applied in developing a governance model for the CPTP.	10 points
	Support and enhance a culture of Pan-Canadian collaboration	Describe your relevant experience with bringing together pan-Canadian groups and outline the critical considerations for developing an approach to creating a collaborative culture.	5 points
	Develop and implement a long-term organizational strategy	Please describe your experience developing and implementing long-term strategies to support the management and administration of large research platforms As part of your submission, please describe what role(s) you envision the Partnership playing in the operational aspects of CPTP.	10 points
Scientific Leadership 25 points	**Establish and support national scientific leadership**	Please describe the characteristics and strengths of your proposed Scientific Leader or demonstrate your capability to recruit a Scientific Leader, with attention to:	5 points

		• Solid record as a scientist with some mix of population health / genomics / environmental / epidemiological background • Collaborative leadership of large-scale, multi-partner research projects • Track record of research entrepreneurship	
		Please describe the breadth of multi-disciplinary health research expertise that your organization can bring to the Lead Partner and Scientific Home and the approaches you will use to ensure this expertise is made available	5 points
	Develop and implement a scientific strategy for the national cohort, in collaboration with the regions	Please describe your experience in creating and executing scientific strategies for initiatives similar to the CPTP	10 points
		Please describe how your organization is aligned to advance the vision for the CPTP	5 points
Scientific Activity / Output 10 points	**Develop and implement a national data linkage strategy, in collaboration with the regions**	Please outline your understanding of and experience in developing national and regional data linkage across multiple jurisdictions	5 points
	Encourage and support interrogation of the national cohort	Based on your current understanding please describe how you would plan the initial interrogation of the cohort	5 points
Management of Infrastructure 30 points	**Support, house and maintain the harmonized dataset**	Please describe the critical factors you would consider in supporting, housing and maintaining the harmonized dataset	10 points
	Manage a single point of access to data and biosamples, including the processes to review and approve requests for access to data and biosamples	Please describe the critical factors you would consider in providing timely evaluation and adjudication of requests for access to data and biosamples	5 points
		Please describe the critical factors you would consider in managing the ethics, law, social impact, privacy and confidentiality elements of access requests	5 points
	Establish and implement a cost model for access to data and biosamples	Please outline your experience in, and factors to be considered in, establishing and implementing a cost recovery model associated with CPTP research requests	5 points

	Develop and / or maintain data and biosamples sharing agreements, partnership agreements and other contracts, in collaboration with the regions	Please describe your experience in developing and maintaining agreements, such as those required for CPTP as part of the Lead Partner and Scientific Home	5 points
Funding and Other Support 10 points	**Obtain and manage funding for national and international research activities**	Please describe your organization's commitment and relevant experience in developing innovative fundraising and grantsmanship to support the research agenda of the CPTP	5 points
	Obtain / provide long-term support for infrastructure and operations	Please describe your organization's commitment and plan to support the infrastructure and operations of the CPTP. As an essential element of this submission, please append a letter of support from your host institution.	5 points
Total			100 points

Schedule A: Terms and Conditions

Rights

1. This document is a Call for Expressions of Interest (EOI) to prequalify respondents for a process to select a Lead Partner and Scientific Home for the CPTP and is not a tender. For clarity, this EOI is not an offer to enter into a bidding contract (often referred to as "Contract A"). Neither this EOI nor any submission of a response nor its receipt by the Partnership shall create any contractual rights or obligations whatsoever on either the Partnership or any respondent, nor oblige the Partnership in any manner whatsoever.
2. There is no express or implied intent in this EOI that the highest ranked qualified respondent will be selected as the Lead Partner and Scientific Home for the CPTP.
3. The Partnership may at any time in its sole discretion:
    a. make public the names of any or all respondents;
    b. verify with any third party any information set out in a submission;
    c. check references provided by any respondent or references other than those provided by any respondent;
    d. disqualify any submission that contains misrepresentations or any other inaccurate or misleading information;
    e. amend this EOI process, in whole or in part;
    f. amend the timetable for this EOI process;
    g. amend the project that is the subject of this EOI process (namely, this process to select a Lead Partner and Scientific Home for the CPTP);
    h. accept submissions from more than one respondent;
    i. waive formalities and accept submissions that substantially comply with the requirements of this EOI;
    j. decline to enter into any agreement or arrangement whatsoever in connection with this EOI process;
    k. cancel this EOI process without notice;
    l. cancel this EOI process without notice and initiate a new process for the same or a similar project; and thereafter
        i. subsequently advertise or call for new submissions for the project and invite a different or partially different group of prospective respondents to participate in the new process;
        ii. subsequently enter into an agreement or arrangement for the project by way of a competitive process or private negotiations with any party, whether or not such party was a respondent in this EOI process;
    m. reject any or all submissions;
    n. carry out the project itself; and/or
    o. proceed with any combination of alternatives described above.
4. The Partnership shall not be responsible for any expense, cost, loss or damage incurred or suffered by any prospective respondent, or any person connected with any prospective respondent, as a result of any action taken by the Partnership in exercising these rights.

Appendix: Publications to Date from CPTP

1. Leblond, C.S., et al., *Replication study of MATR3 in familial and sporadic amyotrophic lateral sclerosis.* Neurobiol Aging, 2016. **37**: p. 209 e17-21.
2. Troyanov, S., et al., *Clinical, Genetic, and Urinary Factors Associated with Uromodulin Excretion.* Clin J Am Soc Nephrol, 2016. **11**(1): p. 62-9.
3. Dummer, T.J., et al., *Geostatistical modelling of arsenic in drinking water wells and related toenail arsenic concentrations across Nova Scotia, Canada.* Sci Total Environ, 2015. **505**: p. 1248-58.
4. El-Bikai, R., et al., *Association of age-dependent height and bone mineral density decline with increased arterial stiffness and rate of fractures in hypertensive individuals.* J Hypertens, 2015. **33**(4): p. 727-35; discussion 735.
5. Hussin, J.G., et al., *Recombination affects accumulation of damaging and disease-associated mutations in human populations.* Nat Genet, 2015. **47**(4): p. 400-4.
6. Kardan, O., et al., *Neighborhood greenspace and health in a large urban center.* Sci Rep, 2015. **5**: p. 11610.
7. M., C., et al., *Samples and data accessibility in research biobanks: an explorative survey.* PeerJ PrePrints, 2015. **3:e1484**.
8. Moura, C.S., et al., *Comparison of the Effect of Thiazide Diuretics and Other Antihypertensive Drugs on Central Blood Pressure: Cross-Sectional Analysis Among Nondiabetic Patients.* J Clin Hypertens (Greenwich), 2015. **17**(11): p. 848-54.
9. Nicholas, J.A., et al., *Leisure-time Physical Activity Does Not Attenuate the Association Between Occupational Sedentary Behaviour and Obesity: Results From the Tomorrow Project in Alberta, Canada.* J Phys Act Health, 2015.
10. Patel, J., et al., *G1 Gene-environment-lifestyle factors in breast cancer susceptibility: machine learning tools to build predictive models.* Journal of Carcinogenesis, 2015. **S1**: p. 16-20.
11. Aparicio-Ting, F.E., et al., *Intrapersonal and social environment correlates of leisure-time physical activity for cancer prevention: a cross-sectional study among Canadian adults.* J Phys Act Health, 2014. **11**(4): p. 790-800.
12. Delmas-Frenette, C., D., et al., *Assocations between a UMOD gene variant, uromodulin excretion and renal function in a large canadian survey: the CARTaGENE study.* Nephrology Dialysis Transplantation, 2014. **29 (Supp 3)**: p. iii148-iii167.
13. Csizmadi, I., et al., *Are physical activity levels linked to nutrient adequacy? Implications for cancer risk.* Nutr Cancer, 2014. **66**(2): p. 214-24.
14. Csizmadi, I., et al., *The Sedentary Time and Activity Reporting Questionnaire (STAR-Q): reliability and validity against doubly labeled water and 7-day activity diaries.* Am J Epidemiol, 2014. **180**(4): p. 424-35.
15. Hodgkinson, A., et al., *High-resolution genomic analysis of human mitochondrial RNA sequence variation.* Science, 2014. **344**(6182): p. 413-5.
16. Kahle, K.T., et al., *Genetically encoded impairment of neuronal KCC2 cotransporter function in human idiopathic generalized epilepsy.* EMBO Rep, 2014. **15**(7): p. 766-74.
17. Kaufer, B.B. and L. Flamand, *Chromosomally integrated HHV-6: impact on virus, cell and organismal biology.* Curr Opin Virol, 2014. **9**: p. 111-8.

18. Kelemen, L.E., et al., *Conditions associated with circulating tumor-associated folate receptor 1 protein in healthy men and women.* PLoS One, 2014. **9**(5): p. e96542.
19. Sapkota, Y., et al., *Assessing SNP-SNP interactions among DNA repair, modification and metabolism related pathway genes in breast cancer susceptibility.* PLoS One, 2014. **8**(6): p. e64896.
20. Verhave, J.C., et al., *Prevalence, awareness, and management of CKD and cardiovascular risk factors in publicly funded health care.* Clin J Am Soc Nephrol, 2014. **9**(4): p. 713-9.
21. Yu, Z.M., et al., *Relationship between drinking water and toenail arsenic concentrations among a cohort of Nova Scotians.* J Expo Sci Environ Epidemiol, 2014. **24**(2): p. 135-44.
22. Yu, Z.M., et al., *What is the role of obesity in the aetiology of arsenic-related disease?* Environ Int, 2014. **66**: p. 115-23.
23. Awadalla, P., et al., *Cohort profile of the CARTaGENE study: Quebec's population-based biobank for public health and personalized genomics.* Int J Epidemiol, 2013. **42**(5): p. 1285-99.
24. Casals, F., et al., *Whole-exome sequencing reveals a rapid change in the frequency of rare functional variants in a founding population of humans.* PLoS Genet, 2013. **9**(9): p. e1003815.
25. Doiron, D., et al., *Linking Canadian population health data: maximizing the potential of cohort and administrative data.* Can J Public Health, 2013. **104**(3): p. e258-61.
26. Hajiloo, M., et al., *Breast cancer prediction using genome wide single nucleotide polymorphism data.* BMC Bioinformatics, 2013. **14 Suppl 13**: p. S3.
27. Hajiloo, M., et al., *ETHNOPRED: a novel machine learning method for accurate continental and sub-continental ancestry identification and population stratification correction.* BMC Bioinformatics, 2013. **14**: p. 61.
28. Neilson, H.K., et al., *Cognitive testing of the STAR-Q: insights in activity and sedentary time reporting.* J Phys Act Health, 2013. **10**(3): p. 379-89.
29. Samuels, M.E., et al., *Exome sequencing identifies mutations in the gene TTC7A in French-Canadian cases with hereditary multiple intestinal atresia.* J Med Genet, 2013. **50**(5): p. 324-9.
30. Sapkota, Y., et al., *Identification of a breast cancer susceptibility locus at 4q31.22 using a genome-wide association study paradigm.* PLoS One, 2013. **8**(5): p. e62550.
31. Aparicio-Ting, F.E., et al., *Prevalence of meeting physical activity guidelines for cancer prevention in Alberta.* Chronic Dis Inj Can, 2012. **32**(4): p. 216-26.
32. Idaghdour, Y. and P. Awadalla, *Exploiting gene expression variation to capture gene-environment interactions for disease.* Front Genet, 2012. **3**: p. 228.
33. Sapkota, Y., et al., *A two-stage association study identifies methyl-CpG-binding domain protein 2 gene polymorphisms as candidates for breast cancer susceptibility.* Eur J Hum Genet, 2012. **20**(6): p. 682-9.
34. Boffetta, P., et al., *Cohorts and consortia conference: a summary report (Banff, Canada, June 17-19, 2009).* Cancer Causes Control, 2011. **22**(3): p. 463-8.
35. Csizmadi, I., et al., *Hours spent and energy expended in physical activity domains: results from the Tomorrow Project cohort in Alberta, Canada.* Int J Behav Nutr Phys Act, 2011. **8**: p. 110.
36. Lo Siou, G., et al., *Exploring statistical approaches to diminish subjectivity of cluster analysis to derive dietary patterns: The Tomorrow Project.* Am J Epidemiol, 2011. **173**(8): p. 956-67.
37. Sehrawat, B., et al., *Potential novel candidate polymorphisms identified in genome-wide association study for breast cancer susceptibility.* Hum Genet, 2011. **130**(4): p. 529-37.
38. Borugian, M.J., et al., *The Canadian Partnership for Tomorrow Project: building a pan-Canadian research platform for disease prevention.* CMAJ, 2010. **182**(11): p. 1197-201.

39. Fortier, I., et al., *Quality, quantity and harmony: the DataSHaPER approach to integrating data across bioclinical studies.* Int J Epidemiol, 2010. **39**(5): p. 1383-93.
40. Linder, J., et al., *The epidemiology of weight perception: perceived versus self-reported actual weight status among Albertan adults.* Can J Public Health, 2010. **101**(1): p. 56-60.
41. Robson, P.J., et al., *Sociodemographic, health and lifestyle characteristics reported by discrete groups of adult dietary supplement users in Alberta, Canada: findings from The Tomorrow Project.* Public Health Nutr, 2008. **11**(12): p. 1238-47.
42. Csizmadi, I., et al., *Adaptation and evaluation of the National Cancer Institute's Diet History Questionnaire and nutrient database for Canadian populations.* Public Health Nutr, 2007. **10**(1): p. 88-96.
43. Richardson, H., et al., *Factors related to use of prostate cancer screening: the Alberta Tomorrow Project.* Open Med, 2007. **1**(1): p. e3-e12.
44. Bryant, H., et al., *Population-based cohort development in Alberta, Canada: a feasibility study.* Chronic Dis Can, 2006. **27**(2): p. 51-9.
45. Friedenreich, C.M., et al., *Reliability and validity of the Past Year Total Physical Activity Questionnaire.* Am J Epidemiol, 2006. **163**(10): p. 959-70.
46. McGregor, S.E. and H.E. Bryant, *Predictors of colorectal cancer screening: a comparison of men and women.* Can J Gastroenterol, 2005. **19**(6): p. 343-9.
47. Goupil, R., et al., *Central blood pressures in early chronic kidney disease: an analysis of CARTaGENE.* Nephrol Dial Transplant, 2016.