U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION
AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

4770 Buford Highway
Chamblee, GA 30341-3717

Other Transaction Authority Sources Sought: Asbestos Screening, Innovation, and Transition Program (OTA)

Background - The Government has supported screening and outreach activities in Libby, Montana since the early 2000s to address health impacts from asbestos-contaminated vermiculite exposure. The next phase of the program seeks to:

1. Continue longitudinal screening and outreach.
2. Modernize diagnostic approaches, including evaluation of imaging modalities and emerging tools.
3. Incorporate data analytics and predictive modeling to assess program effectiveness and future need.
4. Develop a strategy for long-term transition and eventual program sunset.
5. Build upon existing screening protocols (e.g., chest imaging, spirometry, surveys) while integrating innovation and research components.

The Government anticipates this effort to require no more than $3–4 million annually, subject to availability of funds.

Requested Information - (3 - pages max requested excluding capability statements)

1. **Organizational Overview:**
   a. Organization name, type, and core capabilities
   b. Relevant experience (OTA, clinical research, screening programs, or similar)

2. **Capability Overview:**
   a. Consortium/OT Group management / OTA execution
   b. Risk management strategies (data privacy/security)
   c. Clinical screening & outreach
   d. Diagnostic or medical innovation
   e. Data analytics & predictive modeling
   f. Research and transition planning

3. **Technical Overview -** How would your organization and partners contribute to:
   a. Modernizing asbestos-related disease (ARD) screening and diagnostics?
   b. Improving screening participation and outreach?
   c. Using data to evaluate program effectiveness and future need?

4. **Key Questions**
   a. *Diagnostics Evolution*:
   What emerging diagnostic approaches (e.g., imaging, biomarkers, AI) show the most promise for ARD detection in community-based screening?
   b. *Screening Optimization*:
   How would you assess whether current screening modalities remain appropriate versus alternatives?
   c. *Data & Forecasting*:
   What methods would you use to project future screening demand and inform a potential end date or transition strategy?
   d. *Rural / Distributed Care*:
   What community-based models have you used to deliver screening and follow-up care to geographically dispersed populations?
   e. *Community Engagement*:
   What approaches are most effective for sustaining long-term participation in screening programs? What innovative approaches would you use to expand access or outreach to individuals who are no longer living in the community or unable to come in for screening.

Submission Instructions: Responses due: 07/02/2026 |
Submit via email to: Emilio Cibula – AHR0@CDC.GOV and Ted Larson – THL3@CDC.GOV
Subject: Libby/Troy OTA Sources Sought Response

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Continuation:

For awareness in the partner pre-selection process, the CDC intends to release an Organizational Eligibility Guideline & Evaluation substantially similar to Table 1 below:

TABLE 1: Organizational Eligibility Guideline & Evaluation

Achieving the goals of this complex program requires a shared commitment to operational integrity and seamless execution. Accordingly, the criteria detailed below represent the necessary baseline capabilities required for participation in this initiative. To support this effort, respondents must include a completed Business Integrity Disclosure, providing information in line with the areas listed below, with their submission. The Government will review these disclosures to assess potential risks to program continuity and the safeguard of federal resources, which are key factors in determining eligibility for an OTA award.

Capability Area	**Minimum Requirement / Threshold**
Financial Solvency	Demonstrate documented organizational financial stability. For example, entities with active, unresolved financial challenges or relevant bankruptcies represent an unacceptable performance risk and will be excluded.
Audit History	Disclose any material, unresolved negative audit findings from federal, state, or independent oversight bodies.
Federal Status	Confirm that the entity and its principals are not currently debarred, suspended, proposed for debarment, or otherwise declared ineligible for Federal awards.

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OTA Sources Sought: Draft Statement of Objectives (SOO) for Asbestos Screening and Innovation Program

Statement of Objectives

This Statement of Objectives (SOO) outlines the needs for an Other Transaction Authority (OTA) mechanism to continue and enhance the health screening, outreach, and innovation needed to fully serve individuals exposed to asbestos-contaminated vermiculite in Libby, Montana. This OTA will build upon the work accomplished in this community since 2011. The program will serve current and former residents of Libby and Troy, MT, who have a history of living, working, or recreating in the area as specified in the Patient Protection and Affordable Care Act, Sec. 10323\1881A.

The objective of this program is to design and implement a comprehensive screening program, foster innovation, and develop a future needs framework for the community of Libby, Montana, and surrounding areas impacted by Libby asbestos exposure. The program seeks to move beyond traditional medical monitoring by integrating emerging technologies, predictive modeling, and integration with local healthcare systems.

Program Structure and Objectives

1. **Screening and Outreach**
   To provide annual health screenings for asbestos-related diseases (ARDs) (e.g., pleural plaque, asbestosis, lung cancer, mesothelioma) and other associated conditions and to support the community in seeking care. As part of this effort, conduct education and awareness to reach eligible individuals.
2. **Technological Innovation**
   Identify, test, and integrate new diagnostic tools, digital health platforms, or data-sharing technologies that improve the accuracy and efficiency of asbestos-related disease detection.
3. **Strategic Research and Community Legacy**
   Analyze demographic and exposure data to forecast future screening requirements. Develop data-driven triggers and timelines for the future of the program. Design a strategy that helps ensure local healthcare infrastructure can support impacted residents and integrate into care long term.

Primary Program Tasks

1. **Screening and Outreach**
   Annual, longitudinal screening will be conducted using standardized protocols including surveys, chest radiography with B-reader interpretation, high-resolution computed tomography (HRCT) scans, and spirometry. Screening will be available both in Libby and nationally through a distributed provider network. Participants will be tracked until diagnosis, with referrals to primary care providers. Quality assurance is necessary and can include such actions as centralized image repositories, expert panels, and routine re-reads. The recipient will:

   - Administer a standardized survey assessment with modules that include demographics, exposure history, smoking status, and overall health.
   - Conduct annual screenings for ARDs (e.g., pleural plaque, asbestosis, lung cancer, mesothelioma) using spirometry, chest radiographs (with B-reader evaluation), and chest CT scans as indicated.
   - Implement low-dose CT screening for lung cancer in high-risk individuals (current and former smokers).
   - Provide screening for other asbestos-related cancers (e.g., colon) via methods such as the Fecal Immunochemical Test (FIT) for eligible age groups.

- Test for autoimmune markers (e.g., ANA) based on research showing a correlation with Libby Amphibole exposure.
- Ensure options for long-distance screening for eligible persons residing outside of Libby. To be eligible to participate, one must have lived in the Libby area for at least 6 months in aggregate and at least 10 years before the date of the screening.
- Maintain a robust quality control program for all radiologic imaging and interpretations, utilizing thoracic radiologists or B-readers.
- Utilize multi-modal communication (e.g., traditional and social media) to ensure outreach and awareness of the screening program.
- Identify ways to engage and build relationships with the community and provide awareness of asbestos-related diseases (ARDs), exposure risks, and the importance of regular screening.

2. **Technological Innovation**
   Pilot and scale emerging technologies including AI-assisted imaging, telehealth screening, and data integration platforms to improve efficiency and diagnostic accuracy. The recipient will:

   - Modernize diagnostic approaches, including evaluation of imaging modalities and emerging tools.
   - Develop and validate artificial intelligence (AI) and machine learning models to assist radiologists in the efficient and accurate detection of ARDs in chest x-rays and CT scans.
   - Evaluate and implement new, less invasive, or more effective diagnostic tests (e.g., blood protein markers for mesothelioma) as they become scientifically validated through research partnerships.
   - Explore novel data management and participant communication tools to improve the continuity of care and screening adherence.

3. **Strategic Research**
   Form collaborations with entities to understand demographic and exposure data, identify program needs and facilitate program redesign, and anticipate and design a path forward to ensure community longevity and access. The recipient will:

   - Analyze demographic and exposure data to forecast future screening cohorts. Develop data-driven triggers and timelines for the future of the program.
   - Design a strategy that helps ensure local healthcare infrastructure can support impacted residents.
   - Identify new tools, approaches and technologies to enhance screening capabilities.
   - Better understand the association between Libby amphibole exposure and other health conditions.
   - Utilize screening data to understand disease progression and identify risk factors, identify data sharing tools and capacity for further scientific developments.
   - Update screening protocols, educational materials, and clinical guidance to ensure the program reflects the latest scientific understanding.

Success Metrics

The recipient will set success metrics to ensure that the goals and objectives of this award are sufficiently met. Below are some sample metrics:

1. **Screening and Outreach**
    - Screening Volume: Perform a minimum of 100 screenings (local and long-distance combined) annually.
    - Time to Notification: Ensure 95% of participants receive their screening results within 30 days of their appointment.
    - Referral Success: Achieve a 90% rate of successful contact and transfer information to the primary care physician (PCP) of participants with positive ARD findings.
    - Participant Satisfaction: Maintain an average participant satisfaction score of 4.5/5.0 on post-screening surveys.
    - Physician Engagement: Track the number of informational packets sent to and accessed by external PCPs, aiming for a 25% increase each year.
2. **Technological Innovation**
    - AI-Powered Efficiency: As appropriate and consistent with standard of care, reduce the average radiologist reading time for complex cases by 20% through AI assistance by the end of Year 4.
    - Diagnostic Accuracy: Demonstrate whether AI-assisted readings achieve a 5% higher sensitivity for detecting early-stage pleural plaques compared to non-assisted readings, in coordination with CDC.
3. **Strategic Research and Community Legacy**
    - Develop a model of future screening needs for the community.
    - Identify tools and approaches to support continuity in the community.

Project Workflow

1. **Screening and Outreach Annual Screening Cycle:**

    - Enrolled participants undergo a comprehensive annual medical screening, including a health survey, spirometry, x-rays, and CT scans. Some participants may also undergo screening specifically for lung cancer using low-dose CT scans. All screening test results are sent for medical evaluation to check for signs of Asbestos-Related Disease (ARD).
    - Most participants will be screened initially with a chest x-ray, evaluated by an expert reader. If the expert reader detects an abnormality, the patient will then be screened with a CT scan, which is evaluated by an expert radiologist. If the radiologist confirms an asbestos-related abnormality, test results are sent to the participant's PCP for diagnosis and treatment. If the result is negative: The participant is notified and scheduled to return for the next annual screening cycle.
    - Conduct outreach to current and former Libby residents.
    - Utilize a variety of methods to encourage screening and enrollment through information technology.

2. **Technological Innovation**:
    - New technologies, like AI for image analysis, are continuously researched and implemented with CDC coordination and approval.
    - Any viable innovations are piloted and integrated into the screening cycle to improve accuracy and efficiency.

3. **Strategic Research and Community Legacy**
    - Apply learning from research and modeling to inform program and future needs.

Governance and Management

The program will be managed by an experienced OTA management firm with input and oversight from CDC/ATSDR. Additional governance could include a Program Steering Committee, Clinical Advisory Panel (including B-readers and radiologists), and Data & Evaluation Unit.

Milestones (TBD) – Program will provide draft performance measures to recipient and will report on post-award to demonstrate progress. This section includes draft measures that will be refined and finalized before award..

- Number of individuals screened annually
- % of eligible population reached (including out-of-state)
- Number of ARD diagnoses and referrals
- Screening quality concordance rates among readers
- Outreach reach and engagement metrics
- Innovation and modeling of future screening needs

Past and predicted screening participation

The chart below shows the number ARD screening conducted since 2012 with a linear extrapolation that suggests the annual number of screenings will be about 200 in 2027 and may approach zero in 2032. The chart also shows a decline in the number of screenings positive for ARD over time from a peak in 2012 (n=1,062; proportion=0.52) to a low in 2024 (n=49; proportion=11).