ERA-NET: Aligning national/regional translational cancer research programmes and activities

TRANSCAN-2

Joint Transnational Call for Proposals 2015 (JTC 2015) on:

"Immunology and immunotherapy of cancer: strengthening the translational aspects "

Pre-proposal Application Form

PLEASE NOTE: This form is a replica with the same structure and section lengths of the final form. The pre-proposal must be submitted using the final form in pdf format that will be available online from 15 January 2016 at http://transcan.cbim.it

1. Project title:

2. Project acronym (max. 10 characters):

3. Project duration (months):

4. Project coordinator (research partner 1 in the consortium):

Name	
Country	
Position	
Institution/Department	
Address	
Phone + Fax	
E-mail address	
Type of entity (tick as appropriate)	☐ Academia (universities or other higher education or research institutions) ☐ Clinical or Public Health (hospitals/public health and/or other health care settings and health organisations) ☐ Small and Medium-sized enterprises (SME) or Industry

5. Other research partners

No.	Country	Name of research partner (principal investigator)	Institution, department & full address	Phone & Fax	Email address	Type of entity		
						Academia	Clinical or Public Health	SME or Industry
2								
3								
4								
5								
6								

6. Total requested funding: €

7. Keywords

Please indicate three to seven keywords representing: the scientific content [(type of cancer; specific aim(s) and topic(s) (see Call Text, chapter 2. Aim of the call)]; the methodological and technological approach(es).

8. Project abstract (max 3,000 characters including spaces, equivalent to about ¾ of an A4 page)

The abstract should contain:

- Background and rationale
- Hypothesis
- Aims (primary and secondary)
- Methods
- Expected results and potential impact

9. Adherence of the proposal to the scope, aims and specific topics of the call (see Call Text, chapter 2. Aim of the call). Please, select as appropriate.

Identification and validation of shared or personalized mutated human tumor antigenic targets:

- ☐ A. Application of "omics" approaches for the identification and validation of immunogenic mutated epitopes in primary and/or metastatic, synchronous as well as metachronous tumor lesions.
- ☐ B. Development of ex-vivo and/or in vivo models to be established starting from patients samples for screening immunogenicity and efficacy of personalized vaccines targeting mutated epitopes.

Development of new and combined immunotherapeutic strategies for cancer patients:

- ☐ A. Development of new vaccine formulations for active immunotherapies, including DNA, RNA vaccines, viral vectors as well as heterologous prime-boost combinations.
- ☐ B. Development of combined therapeutic approaches including the above antigen-targeting immunotherapies with *immune compensating* therapies based on irradiation, metronomic chemotherapy and/or anti-immune checkpoint inhibitors and/or adoptive T cell therapies with genetically engineered T cells.
- ☐ C. Development of interventions directed to counteract the role of tumor microenvironment in immune escape and immune evasion.

Translational research for clinical application of cancer immunotherapy:

- ☐ A. Identification of intratumoral and/or peripheral blood biomarkers predictive of the efficacy of cancer immunotherapies and establishment of bioassays to monitor the efficacy of cancer immunotherapy.
- ☐ B. Implementation of new approaches for patient stratification for clinical trials.
- ☐ C. Design and performance of Phase I and Phase II clinical trials for combined cancer immunotherapy strategies.
- ☐ D.Toxicity: understanding and anticipating toxicity problems linked to cancer immunotherapy.

10. Project description (maximum 20,000 characters including spaces, equivalent to about five pages)

This part should contain:

- Description of the project rationale, in terms of medical need, and of the present state of the art in the field(s)

- Description of the project aims
- Statement of the research hypothesis(es),
- Preliminary data
- Description of methods with specific regards to the study design, the study population(s), intervention/exposure, groups of comparison and outcome of interest. Details are also needed regarding the study sample size as defined by *ad hoc* power calculation, and the strategic plan for statistical analysis
- Novelty and originality of the project
- Feasibility of the project: information about the experience of the research consortium partners in the field; management structure and related implementation plan; added value of the proposed transnational collaboration
- Information about the potential impact on cancer recurrence and resistance to therapy with reference to the development, dissemination and use of project results

As annexes, it should contain:

- References (one page maximum, as a separate pdf file)
- Diagrams, working plan, project schedule (e.g. Gantt chart) and figures (three pages maximum, as a separate pdf file)

11. Capacity building activities (if eligible for the funding organisation/country) (maximum 2,000 characters including spaces, equivalent to about half of an A4 page).

Please specify whether the project will include capacity building activities. If so, please describe the nature and purpose of the planned activities taking into account information described in the section 2.2 of Call Text. The budget will have to be mentioned in the financial plan (sections 12 and 13) in the appropriate line.

12. Brief CV for each partner in the research consortium (i.e. the project coordinator and each principal investigator) including a description of the main domain of research and a list of the five most relevant publications within the last five years regarding the proposal (maximum 4,000 characters including spaces, equivalent to about one A4 page).

13. Global financial plan: sum of year 1-3. Please describe the requested budget only.
(Please note that eligibility of costs is subject to national/regional rules and regulations: refer to the Annex 4 of the "Call text").

Acronym:							
No.	Project coordinator	Partner 2	Partner 3	Partner 4	Partner 5	Partner 6	Partner 7
Name (principal investigator)							
Country							
Funding organisation							
Personnel (€) - Scientist - PhD-Student - Technician - Other							
Person months - Scientist - PhD-Student - Technician - Other							
Consumables (€)							
Equipment (€)							
Study/Clinical trial (€)[1]							
Travel (€)[2]							
Capacity building (€)[3]							
Other direct costs (€)[4]							

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(National/regional) Overheads (€)							
Total requested budget (€)							

[1] If applicable: incl. clinical trial drugs/compounds, clinical trial fees and insurance.
[2] Travel expenses should include the participation of the coordinators and/or principal investigators in an intermediate and/or a final status symposium to present the results of their projects (organized by the Joint Call Secretariat).
[3] Separate budget for capacity building activities (if eligible for the funding organisation/country).
[4] e.g. subcontracting, provisions, licensing fees.

14. Individual financial plans: sum of year 1-3.
(Please note that eligibility of costs is subject to national/regional rules and regulations: refer to the Annex 4 of the "Call text")

14.1

Partner name:		
Funding organisation		
Country		
	Requested budget	Justification
Personnel (€)		*Please indicate the number of PMs per type of personnel, indicating the project tasks that justify the inclusion of that number of PMs*
Consumables (€)		*Please identify the consumables to be included, and their importance within your projects' tasks and objectives*
Equipment (€)		*Please indicate and justify the equipment to be acquired in accordance to project tasks and objectives. Applicants should also check if equipment is eligible in accordance to their national/regional regulations.*
Study/Clinical trial (€)		*Please indicate the concrete participation/work package(s) in the study/clinical trial*
Travel (€)		*Please give an estimate on the number and main reasons for the travels within the project*
Capacity building (€)		*Please indicate the type of capacity building and necessary efforts (PMs, travel etc.).*
Other direct costs (€)		*May include subcontracting, fees, insurances, etc. Please justify each predicted expenditure with relation to project tasks and objectives*
(National/regional) Overheads (€)		*Please refer to your national/regional regulations before calculating overheads*
Total budget (€)		

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14.2

Partner name:		
Funding organisation		
Country		
	Requested budget	Justification
Personnel (€)		*Please indicate the number of PMs per type of personnel, indicating the project tasks that justify the inclusion of that number of PMs*
Consumables (€)		*Please identify the consumables to be included, and their importance within your projects' tasks and objectives*
Equipment (€)		*Please indicate and justify the equipment to be acquired in accordance to project tasks and objectives. Applicants should also check if equipment is eligible in accordance to their national/regional regulations.*
Study/Clinical trial (€)		*Please indicate the concrete participation/work package(s) in the study/clinical trial*
Travel (€)		*Please give an estimate on the number and main reasons for the travels within the project*
Capacity building (€)		*Please indicate the type of capacity building and necessary efforts (PMs, travel etc.).*
Other direct costs (€)		*May include subcontracting, fees, insurances, etc. Please justify each predicted expenditure with relation to project tasks and objectives*
(National/regional) Overheads (€)		*Please refer to your national/regional regulations before calculating overheads*
Total budget (€)		

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14.3

Partner name:		
Funding organisation		
Country		
	Requested budget	Justification
Personnel (€)		*Please indicate the number of PMs per type of personnel, indicating the project tasks that justify the inclusion of that number of PMs*
Consumables (€)		*Please identify the consumables to be included, and their importance within your projects' tasks and objectives*
Equipment (€)		*Please indicate and justify the equipment to be acquired in accordance to project tasks and objectives. Applicants should also check if equipment is eligible in accordance to their national/regional regulations.*
Study/Clinical trial (€)		*Please indicate the concrete participation/work package(s) in the study/clinical trial*
Travel (€)		*Please give an estimate on the number and main reasons for the travels within the project*
Capacity building (€)		*Please indicate the type of capacity building and necessary efforts (PMs, travel etc.).*
Other direct costs (€)		*May include subcontracting, fees, insurances, etc. Please justify each predicted expenditure with relation to project tasks and objectives*
(National/regional) Overheads (€)		*Please refer to your national/regional regulations before calculating overheads*
Total budget (€)		

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14.4

Partner name:		
Funding organisation		
Country		
	Requested budget	Justification
Personnel (€)		*Please indicate the number of PMs per type of personnel, indicating the project tasks that justify the inclusion of that number of PMs*
Consumables (€)		*Please identify the consumables to be included, and their importance within your projects' tasks and objectives*
Equipment (€)		*Please indicate and justify the equipment to be acquired in accordance to project tasks and objectives. Applicants should also check if equipment is eligible in accordance to their national/regional regulations.*
Study/Clinical trial (€)		*Please indicate the concrete participation/work package(s) in the study/clinical trial*
Travel (€)		*Please give an estimate on the number and main reasons for the travels within the project*
Capacity building (€)		*Please indicate the type of capacity building and necessary efforts (PMs, travel etc.).*
Other direct costs (€)		*May include subcontracting, fees, insurances, etc. Please justify each predicted expenditure with relation to project tasks and objectives*
(National/regional) Overheads (€)		*Please refer to your national/regional regulations before calculating overheads*
Total budget (€)		

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14.5

Partner name:		
Funding organisation		
Country		
	Requested budget	Justification
Personnel (€)		*Please indicate the number of PMs per type of personnel, indicating the project tasks that justify the inclusion of that number of PMs*
Consumables (€)		*Please identify the consumables to be included, and their importance within your projects' tasks and objectives*
Equipment (€)		*Please indicate and justify the equipment to be acquired in accordance to project tasks and objectives. Applicants should also check if equipment is eligible in accordance to their national/regional regulations.*
Study/Clinical trial (€)		*Please indicate the concrete participation/work package(s) in the study/clinical trial*
Travel (€)		*Please give an estimate on the number and main reasons for the travels within the project*
Capacity building (€)		*Please indicate the type of capacity building and necessary efforts (PMs, travel etc.).*
Other direct costs (€)		*May include subcontracting, fees, insurances, etc. Please justify each predicted expenditure with relation to project tasks and objectives*
(National/regional) Overheads (€)		*Please refer to your national/regional regulations before calculating overheads*
Total budget (€)		

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14.6

Partner name:		
Funding organisation		
Country		
	Requested budget	Justification
Personnel (€)		*Please indicate the number of PMs per type of personnel, indicating the project tasks that justify the inclusion of that number of PMs*
Consumables (€)		*Please identify the consumables to be included, and their importance within your projects' tasks and objectives*
Equipment (€)		*Please indicate and justify the equipment to be acquired in accordance to project tasks and objectives. Applicants should also check if equipment is eligible in accordance to their national/regional regulations.*
Study/Clinical trial (€)		*Please indicate the concrete participation/work package(s) in the study/clinical trial*
Travel (€)		*Please give an estimate on the number and main reasons for the travels within the project*
Capacity building (€)		*Please indicate the type of capacity building and necessary efforts (PMs, travel etc.).*
Other direct costs (€)		*May include subcontracting, fees, insurances, etc. Please justify each predicted expenditure with relation to project tasks and objectives*
(National/regional) Overheads (€)		*Please refer to your national/regional regulations before calculating overheads*
Total budget (€)		

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14.7

Partner name:		
Funding organisation		
Country		
	Requested budget	Justification
Personnel (€)		*Please indicate the number of PMs per type of personnel, indicating the project tasks that justify the inclusion of that number of PMs*
Consumables (€)		*Please identify the consumables to be included, and their importance within your projects' tasks and objectives*
Equipment (€)		*Please indicate and justify the equipment to be acquired in accordance to project tasks and objectives. Applicants should also check if equipment is eligible in accordance to their national/regional regulations.*
Study/Clinical trial (€)		*Please indicate the concrete participation/work package(s) in the study/clinical trial*
Travel (€)		*Please give an estimate on the number and main reasons for the travels within the project*
Capacity building (€)		*Please indicate the type of capacity building and necessary efforts (PMs, travel etc.).*
Other direct costs (€)		*May include subcontracting, fees, insurances, etc. Please justify each predicted expenditure with relation to project tasks and objectives*
(National/regional) Overheads (€)		*Please refer to your national/regional regulations before calculating overheads*
Total budget (€)		

15. Reviewers to be excluded from the evaluation of this proposal (up to five)

Please note that providing this information is optional. The Call Steering Committee (CSC) will consider these suggestions provided that they do not interfere with the objective and thorough evaluation of the proposal.

USEFUL LINKS

http://www.transcanfp7.eu

Online submission will be possible from 15 January 2015
http://transcan.cbim.it

PLEASE NOTE

- **Proposals that do not meet the national/regional eligibility criteria and requirements will be declined without further review.**