ERA-NET on Translational Cancer Research (TRANSCAN)

Joint Transnational Call for Proposals 2013 (JTC 2013) on:

"Translational research on tertiary prevention in cancer patients"

Call Text

Submission deadline for pre-proposals: 3rd of February 2014 at 17:00 (CET)

Link to Guidelines for Applicants

Link to Pre-proposal Application Form

Link to electronic proposal submission (available from 2nd January 2014)

For further information, please visit www.transcanfp7.eu

or contact the **Joint Call Secretariat (JCS)** at:

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1. MOTIVATION

The number of cancer patients and survivors in Europe has grown notably due to the recent and relevant achievements in cancer screening and early detection, diagnosis, treatment, and supportive care. Today, an estimated 9 million individuals in Europe live with cancer (Globocan 2008, http://globocan.iarc.fr/). Cancer has increasingly become a chronic disease characterized by local onset and phases of exacerbation and remission. The chronicization of cancer has contributed substantially to growth in medical expenditures and constitutes a major socio-economic burden for Europe as well as globally. Within this context, a rapid and effective bidirectional transfer of relevant findings between bench and bedside would play a pivotal role in addressing top-priority needs in cancer control and care.

Cancer control aims to reduce incidence, morbidity and mortality of malignancies and to improve the quality of life in cancer patients. Prevention provides the most cost-effective long-term strategies for cancer control, particularly when the related interventions are placed within larger programs oriented towards chronic disease prevention and health promotion. Therefore, the development of novel, highly specific and increasingly effective tools and strategies for the prevention of cancer represents a major challenge for translational cancer research. In particular, reducing the risk of cancer recurrence and ensuring cancer survivors a good quality of life represent goals of utmost importance for patients, health care providers and health care systems in terms of allocations of public funds. Moreover, the increased survival in most cancer patients has been accompanied by an increased risk/onset of a number of chronic diseases and co-morbidities (e.g. cardiovascular diseases, osteoporosis and diabetes). In these patients, the impact of these co-morbidities on cancer-related outcomes remains largely unknown.

The above mentioned objectives constitute the pillars of the tertiary prevention of cancer, which aims at preventing disease recurrence as well as at optimising the quality of life of cancer patients and survivors, by preventing or controlling the symptoms and morbidity of cancer and of cancer therapy.

Although the aetiology of cancer has been extensively studied in epidemiologic research, there is paucity of data on whether health behaviours can alter survival and, more in general, treatment outcomes in cancer patients. There is consistent evidence for such potential of tertiary cancer prevention (i.e. delay of recurrence and improvement of prognosis, particularly through changes in health behaviours). In such a context, it appears timely and highly relevant to assess the impact of health behaviours on clinical outcomes.

It is well known that cancer is a multifactorial disease, whose outcomes may significantly vary depending on a wide range of factors including, demographic, lifestyle, molecular, genomic, clinical, and psychosocial factors as well as their interactions. So far, most research on tertiary prevention and cancer outcomes has focused on individual risk factors, seldom, if ever, considering their interactions. In order to move the field forward, a particularly promising area is investigating the interface and interactions between multiple factors, as well as the biologic mechanisms linking health behaviours to clinical outcomes in cancer patients. This is consistent with the recently explicated orientation of the US National Cancer Institute towards the conduct of studies with a comprehensive collection of data and bio-specimens, particularly at critical time points after diagnosis. The assessment of health behaviours after diagnosis is a key factor, given that patients' behavioural changes frequently occur following cancer diagnosis and while on and/or after treatment. The development of more effective tools for measuring health behaviours in cancer patients will drive forward high-quality research on outcomes in observational studies.

Research on tertiary prevention can be directly translated into the clinic and provide urgently needed evidence-based guidelines on what cancer patients can do themselves to combat their cancer. An interdisciplinary approach linking health behaviours with biomarkers of recurrence holds the potentials to orient towards individually tailored prevention strategies.

In addition to the evaluation of the impact of co-morbidities on cancer patients' clinical outcomes and to the testing of new interventions for reducing disabilities and restoring functionalities in cancer patients and survivors, translational research on tertiary prevention of cancer should also privilege the investigation of the molecular mechanisms responsible for the long-term side effects of cancer treatments. Through the elucidation of these mechanisms it will be possible to develop effective interventions aiming to minimise aversive side effects of cancer therapy.

A crucial aspect for the development of an effective tertiary prevention of cancer is the understanding of the mechanisms underlying tumour loco-regional and distant recurrence. In fact, to date these mechanisms are still elusive. Several hypotheses posit the existence of residual circulating cancer cells or cancer stem cells kept at bay over time by the immune system. Effective action to eliminate minimal residual disease is the mainstay of tertiary prevention of cancer particularly if this is accompanied by the ability to predict the onset of disease recurrence and to monitor response to treatment.

Overall, this call focuses on very important aspects of tertiary prevention of cancer whose investigations may considerably contribute to the objective of reducing the impact of cancer in terms of suffering and costs and provide patients alternatives to overcome their disease.

The TRANSCAN partners have agreed to focus their Joint Transnational Call 2013, or JTC 2013, on "Translational research on tertiary prevention in cancer patients", based on the above mentioned considerations.

The following partner funding organisations have agreed to participate in the JTC 2013:

- Austrian Science Fund (FWF), Austria
- Research Foundation - Flanders (FWO), Belgium

- French National Cancer Institute (INCa), France
- French Foundation for Cancer Research (ARC Foundation), France
- Federal Ministry of Education and Research (BMBF), Germany
- The Chief Scientist Office of the Ministry of Health (CSO-MOH), Israel
- Ministry of Health (MoH), Italy
- Latvian Academy of Sciences (LAS) , Latvia
- Dutch Cancer Society (DCS), Netherlands
- The Research Council of Norway (RCN), Norway
- Norwegian Cancer Society (NCS), Norway
- National Centre for Research and Development (NCBiR), Poland
- Foundation for Science and Technology (FCT), Portugal
- Slovak Academy of Sciences (SAS) , Slovakia
- Ministry of Education, Science and Sport (MIZS), Slovenia
- National Institute of Health Carlos III (ISCIII), Spain
- The Scientific and Technological Research Council of Turkey (TÜBITAK), Turkey

2. AIM OF THE CALL

2.1 Scientific project

As mentioned in the preceding chapter, there are gaps in research on the tertiary prevention of cancer that need to be urgently filled with respect to: the assessment of the impact of cancer patients' health behaviours after diagnosis and treatment on clinical outcomes, with particular regard to the association of health behaviours with molecular markers and tumour characteristics; assessment of the impact of co-morbidities on cancer patients clinical outcomes; understanding of the mechanisms underlying cancer recurrence and metastatic process; identification of tools and strategies to prevent cancer recurrence and to minimise the consequences of cancer-related disabilities or loss of functionalities.

Thus, the third call of TRANSCAN focuses on:

"Translational research on tertiary prevention in cancer patients"

with three specific aims, and proposals **must cover at least one of the specific topics listed below**, which are equal in relevance for this call. Studies will be focused on at least one of the following categories of cancer patients, i.e. of individuals who had received a histologically/cytologically–confirmed cancer diagnosis: 1. Cancer patients with no evidence of disease (NED) for less than 5 years; 2. Cancer patients with evidence of disease; 3. Cancer survivors, i.e. cancer patients free from disease for at least 5 years. It is important to note that, when applicable, the observational studies[1] mentioned below, must be conducted in cohorts of

[1] A type of study in which individuals are observed or certain outcomes are measured. No attempt is made to affect the outcome (for example, no treatment is given).

cancer patients and, when applicable, must be based on bio-specimens collected at repeated time points (before, during and after treatment) and stored in quality-assured biobanks, and must be linked to the patients' clinical data.

Aim 1: Assessment of the impact of health behaviours on clinical outcomes in cancer patients

- **Development of tools to assess health behaviours and validation against biomarkers among cancer patients and survivors**, focusing on key health behaviours linked to prognosis (e.g. diet, including nutritional supplements, physical activity, smoking, alcohol intake). Particular emphasis will be on the development of tools using novel technologies (e.g. web-based tools, Smartphones), or novel assessment devices (e.g. ActiGraph).

- Observational studies **evaluating health behaviours in relation to clinical cancer outcomes**, including treatment efficacy (e.g. objective response, symptom improvement and survival) and toxicity. Priority will be given to studies combining health behaviours with biologic measurements, such as biomarkers from post-diagnostic bio-specimens (e.g. blood, urine), aimed at elucidating the underlying biologic mechanisms.

- Observational studies focused on the characterization of mechanisms **linking health behaviours to cancer progression and prognosis**.

- Clinical trials (not lasting longer than 3 years) testing the effects of **health behaviours modifications on cancer-related clinical outcomes and biomarkers**

Aim 2: Optimisation of the quality of life of cancer patients

- Observational studies aimed at identifying and/or validating the **molecular mechanisms of the long-term side effects of cancer treatments** (e.g. cardiotoxicity, infertility, pain).

- Phase I-II clinical trials aimed at **reducing disabilities or restoring functionalities caused or lost due to a previous cancer or anticancer treatment**, by means of palliative and supportive therapies and dose de-escalation strategy.

- Observational studies testing the **influence of co-morbidities on cancer patients' clinical outcomes, including survival.**

Aim 3: Prevention of recurrence and second cancer

- Observational studies aimed at identifying and/or validating the **genetic, molecular and cellular mechanisms of the metastatic process** (e.g. cellular adhesion, migration, circulating cells, angiogenesis, inflammation, and immune response-related mechanisms) in patients without evidence of disease.

- Observational studies aimed at identifying and/or validating **biomarkers of tumour recurrence** in cancer patients without evidence of disease, including: i) markers expressed in tumour or tumour-surrounding cells, ii) systemic (including immunological) markers.

- Observational studies aimed at assessing the effectiveness of innovative, cost-effective and with marginal toxicity **interventions designed to prevent tumour recurrence and/or second cancer**.

- Early phase clinical studies aimed at assessing the effectiveness of innovative and low toxicity **interventions designed to prevent tumour recurrence and/or second cancer**. **Eligible patients will be cancer patients with no evidence of disease on study entry** (after completion of therapy), but with a high risk of disease recurrence and/or second cancer and for whom preventive interventions of proven efficacy do not currently exist. These interventional approaches should aim at restoring or potentiating the natural patients' defences against tumour recurrence and/or second cancer, giving high priority to cost-effective approaches potentially capable of reducing the risk while minimizing undesirable side effects. Within these studies the identification of molecular/cellular biomarkers of efficacy will be favourably considered.

The following types of projects are **excluded from funding**:

1. Intervention trials focused on treatment outcomes (e.g. efficacy, toxicity) in cancer patients with evidence of disease.
2. Phase III and IV clinical trials.
3. Studies on cohorts of cancer patients exclusively based on health behaviour data.
4. Studies on patients-derived biospecimens obtained prior to surgery or treatment.
5. Studies on biomarkers of cancer recurrence/metastasis that are not based on findings in patients-derived biospecimens.
6. Long-term behavioural studies (extending for more than 3 years).
7. (Data-intensive) Behavioural studies based substantially on data mining.
8. Studies not compliant with the COMMISSION REGULATION (EC) No 800/2008 of 6 August 2008 (http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2008:214:0003:0047:en:PDF), with specific reference to the articles 30, 31, 32, and 33. For reference, please see also the COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS of 20.12.2011 (http://ec.europa.eu/services_general_interest/docs/comm_quality_framework_en.pdf)

2.2 Capacity building and training activities (optional)

Translational research has the ambition to remove barriers to multidisciplinary and multi-professional collaboration. It is envisioned that clinicians, researchers and the various operational staff from various sectors (academia, industry, regulatory bodies) will effectively work together to expedite the translation of scientific discoveries to clinical application and to more rapidly fuel research directions with observational or clinical findings. In fact, the complexity of the process requires, at the individual and collective levels, the creation of translational medicine research interfaces/infrastructures. To reach that goal, TRANSCAN has defined in its objectives to support capacity building and training programmes for multidisciplinary teams, through the combination of training and mobility in an integrated process: i) exchange of individual researchers/professionals in order to bring new expertise to an existing multidisciplinary translational team, and/or ii) recruitment of individual researchers/professionals by a translational research team in order to cover disciplines unavailable in the existing team. This type of activities, when present, will be supported within the projects which will be selected for funding under the JTC 2013.

Thus, applicants may add an additional part for training activities (with an associated separate budget, in compliance with the rules of the respective national/regional funding organisations concerning the funding of the training activities). The training activities should be coherent with the objectives of the research project, and aimed to strengthening the ability of participating team(s) to perform the work detailed in the project plan in addition to the long-term improvement of its (their) overall scientific capacity. For example, these activities could be (the following list is just indicative but not exclusive) 1) students exchanges, 2) short term training of scientists, operational staff, etc., 3) training workshop to a specific technique or procedure, 4) short training (1 or few weeks) in several partner teams by one expert, etc. However activities related to project management should be included in the scientific project, it cannot be optional for a successful project and activities related to the results dissemination such as symposium, conferences are out of the scope of this capacity building and training activities component. The training component will be evaluated independently and will not have an impact on the overall assessment of the proposal.

3. CALL IMPLEMENTATION BOARDS

The Call Steering Committee (CSC) and the Scientific Evaluation Committee (SEC) will manage the evaluation procedure of pre-proposals and full proposals and the final selection of research projects, with support of the Joint Call Secretariat (JCS).

The CSC is composed of a single representative from each national/regional funding organisation participating in JTC 2013. The CSC will supervise the preparation and the implementation of the call and will take all decisions concerning the call. Based on the recommendations of the SEC, the CSC will finally decide on the proposals to be funded. Members of the CSC are not allowed to submit proposals to this call.

The SEC is a panel of internationally recognised scientific experts responsible for the evaluation of submitted pre- and full proposals. SEC members are not allowed to submit or participate in proposals within this call, and must sign declarations on conflicts of interest and confidentiality.

4. APPLICATION

4.1 Funding recipients and eligibility

Joint transnational research proposals may be submitted by applicants belonging to one of the following categories depending on national/regional eligibility rules as specified in Annex 3:

- Academic research groups (from universities or other higher education or research institutions).
- Clinical/public health sector research groups (from hospitals/public health and/or other health care settings and health organisations).
- Enterprises (depending on national/regional eligibility rules), with particular emphasis on small and medium-sized enterprises.

Please note that the inclusion of a non-eligible partner in a proposal leads to the rejection of the entire proposal without further review.

Only transnational projects will be funded. Each consortium must involve a minimum of three (3) and a maximum of seven (7) research groups from at least three (3) different countries participating in the call. In addition, a research consortium must not involve more than two (2) research groups from one country. The majority of research groups in a consortium as well as the coordinator of a consortium must be from a JTC 2013 funding partners' country/region (see above). A consortium may include one (1) research group (included in the maximum number of 7) from a country/region not partner in this call if, at the stage of the pre-proposal submission, this group can provide a written confirmation that their funding is already secured.

Each transnational consortium must nominate a coordinator from one of the countries/regions funding the JTC 2013. The coordinator will be responsible for the internal scientific management (such as controlling, reporting, intellectual property rights issues, etc.) and for the external representation towards the JCS and the CSC. Each consortium partner will be represented by one principal investigator, who will be the contact person for the respective national/regional funding organisation.

A research consortium must involve at least one basic or pre-clinical research team and one clinical team. A consortium may also involve other teams with specialised skills and know-how that will make the project feasible (biobanks, model systems, technological platforms, biostatistics, bio-informatics, data management etc.) or expertise (epidemiology and molecular epidemiology, early phase clinical trials, public health, ELSI etc.). A collaborative research consortium should have

sufficient critical mass to achieve ambitious scientific, technological and medical goals and, along with the particular contribution of each research team, should clearly demonstrate the added value of the transnational consortium. The translational nature of the research results is the key goal of TRANSCAN and, therefore, the research consortium should also clearly demonstrate a knowledge transfer towards clinical, public health and/or industrial applications.

While applications of researchers or research groups from several countries will be submitted jointly by the coordinators of these groups, individual groups will be funded by the funding organisation from their country/region that is participating in the TRANSCAN JTC 2013. The applications are therefore subjected to eligibility criteria of national/regional funding organisations

Applicants should refer to the annexes of the document "Guidelines for Applicants" containing all the specific national/regional eligibility criteria and should contact their respective national/regional funding organisation contact points for additional clarification (see Annex 1. Contact information of the national/regional funding organisations).

NOTE: *An eligibility check before the pre-proposal submission is mandatory for the following funding organisations: The Ministry of Health (MOH), Italy and The Dutch Cancer Society (DCS), The Netherlands.*

The duration of the projects can be up to three (3) years. According to the eligibility criteria of the funding organisations contributing to TRANSCAN JTC 2013, a research group may receive funding for less than three years.

4.2. Submission of joint proposals

There will be a two-stage submission procedure for joint applications: pre-proposals and full proposals. Both types of proposals must be written in English and must be submitted to the JCS by the coordinator through the electronic submission system.

The proposals should strictly follow the rules described in this Call Text and in the document "Guidelines for Applicants", and use the forms available through the TRANSCAN website (http://www.transcanfp7.eu/). Applicants should take note of individual national/regional rules, and contact their national/regional contact points for any questions.

The pre-proposals must be submitted to the electronic submission system of the JCS no later than the **3rd of February 2014, at 17:00 (Central European Time, CET)**. The decision on the results of the pre-proposal evaluation meeting will be communicated to the coordinators in April.

The information given in the pre-proposal is binding. Thus, any fundamental changes between the pre-proposal and the full proposal (e.g. composition of the consortia, objectives of the project, etc.) must be communicated to the JCS with detailed justification and will be allowed by the CSC only under exceptional circumstances.

The full proposals will have to be submitted to the electronic submission system of the JCS not later than the **10th of June 2014 at 17:00 (Central European Summer Time, CEST)**. Please note

that full proposals will only be accepted from applicants explicitly invited by the JCS to submit them.

The decision on the results of the full-proposals' evaluation meeting will be communicated to all the (successful and unsuccessful) coordinators in October. Proposals' coordinators will receive a summary of the evaluation conclusions in due time.

5. EVALUATION

5.1 Evaluation criteria

Pre-proposals and full proposals will be assessed according to defined evaluation criteria. A scoring system from 0 to 5 will be used to evaluate the proposals performance with respect to the different evaluation criteria:

0: fails or missing information; **1**: poor/incomplete information; **2**: fair; **3**: good; **4**: very good; **5**: excellent.

Pre-proposal evaluation criteria:

- Relevance of the project regarding the topic (tertiary prevention of cancer) and the overall objectives of the call (translational research).
- Scientific excellence: soundness of the rationale and of the research hypothesis(es); innovative approach, originality and feasibility of the project; expected progress beyond the state-of-the-art.
- Quality of the implementation plan and of the project management: appropriateness of the methodology and associated work plan, with particular regard to the study design, the study population(s), and the statistical and biostatistical analysis and power calculations; appropriateness of the planned management structure; appropriateness of the resources to be committed (personnel, equipment, etc.) and of the estimated budget.
- Quality of the transnational research consortium: experience of the research consortium partners in the field(s) (for young teams, appropriateness of their current work and training of their members should be considered); quality of the consortium as a whole (including complementarity and added value of the multinational collaboration).
- Potential impact with reference to the development, dissemination and use of project results: potential impact of the expected results on cancer prevention and control, in terms of translation into public health or clinical practices and/or into pharmaceutical/industrial applications; appropriateness of measures for the dissemination and/or exploitation of project results including socio-economic aspects and anticipation of intellectual property issues (patenting, industrial exploitation, marketing, etc.).

Please note that in the case that the implementation of a clinical trial is comprised in the proposal, the following evaluation criteria will be applied:

- Clinical aspects of the clinical trial:
  - Soundness of the evidence presented in support of the medical need and of the trial rationale;
  - Adequateness and feasibility of the clinical trial design to verify the hypothesis(es) and to respond to the medical need;
  - Clarity of concept for further clinical and/or epidemiological and/or research actions/steps;
  - Innovation and relevance of the trial in terms of potential clinical and public health impact;
  - Soundness of the clinical trial design, with special regard to the estimated size effect;
  - Adequateness of the controls and/or comparators;
  - Relevance of the outcome measures/endpoints;
  - Compliance with the regulatory requirements and adequateness of the consideration of the ELSI (Ethical, Legal and Social Implications Research Program) issues;
  - Qualification of the teams involved in the implementation and monitoring of the clinical trial;
  - Adequateness of the trial management;
  - Adequateness of the infrastructural support to the clinical trial;
  - Adequateness of the financial plan.
- Statistical and biostatistical aspects of the clinical trial:
  - Precision of the hypothesis at the base of the study and coherence of the trial design with said hypothesis;
  - Adequateness of the clinical trial design to verify the hypothesis(es);
  - Adequateness of the outcome measures/endpoints with respect to the overall objectives of the trial;
  - Adequateness of the target and study population;
  - Adequateness of the consideration of the potential clinical and epidemiological consequences of the trial results;
  - Adequateness of the randomisation criteria, if applicable;
  - Adequateness of the assumptions underlying the sample size calculations, as substantiated by the literature;
  - Adequateness of the proposed strategy for statistical and biostatistical analysis.

Full proposal evaluation criteria:

- Relevance and clarity of the objectives with respect to the specific medical need and aims of the call.

- Scientific quality of the proposal: scientific excellence of the proposal, in terms of innovative approach, originality and expected progress beyond the state-of-the-art; availability and quality of preliminary data; international competitiveness.
- Quality of the transnational research consortium: level of expertise of the individual teams partners in the research consortium in the field(s) of the proposal (team scientific track record, publications, patents, etc.; for young teams, appropriateness of their current work and training of their members should be considered); quality of the collaboration between the research teams and added value of the research consortium with respect to the individual teams; quality of the consortium governance and management (planning, meeting, etc.).
- Methodology and feasibility of the proposal: relevance and soundness of the methodology, with particular regard to the study design, the study population(s), and the statistical and biostatistical analysis and power calculations; adequacy of the work plan implementation: work packages management and schedules), appropriateness of the resources to be committed and of the estimated budget; proposal feasibility [e.g. human resources; access to individuals/patients cohorts, and databases and to corresponding repositories of high quality biological and bio-molecular; access to model systems, technological platforms and relevant infrastructures (e.g.: OMICS, Next Generation Sequencing, bioinformatics, diagnostics and/or drug development, cancer screening techniques and methodologies, data management); availability of the necessary specific expertise (e.g.: epidemiology and molecular epidemiology, cancer etiology, cancer genetics, cancer screening, pharmacology, early phase clinical trials design, conduct, management and follow-up, public health, ELSI etc.).
- Impact: potential impact of the expected results on cancer prevention and control, in terms of translation into public health or clinical practices and/or into pharmaceutical/industrial applications; appropriateness of measures for the dissemination and/or exploitation of project results including socio-economic aspects and anticipation of intellectual property issues (patenting, industrial exploitation, marketing, etc.).
- Capacity building and training activities: (*If the scientific proposal is selected for funding within the JTC 2013, the optional component of capacity building and training activities will be evaluated for an additional separate budget. For this reason, this component will be evaluated independently and will not have an impact on the scientific assessment of the proposal. A proposal could be recommended for funding without the part related to capacity building and training activities if the evaluation of this part is poor*):
    - Content: relevance and coherence of the capacity building and training activities with the proposal objectives.
    - Candidate: background (scientific, medical, etc.), coherence with the CV, scientific production.
    - Host team: expertise of the host team in the field, qualification in research of the responsible person).

Please note that in the case that the implementation of a clinical trial is comprised in the proposal, the following evaluation criteria will be applied:

- Clinical aspects of the clinical trial
  - Soundness of the evidence presented in support of the medical need and of the trial rationale;
  - Adequateness and feasibility of the clinical trial design to verify the hypothesis(es) and to respond to the medical need;
  - Clarity of concept for further clinical and/or epidemiological and/or research actions/steps;
  - Innovation and relevance of the trial in terms of potential clinical and public health impact;
  - Soundness of the clinical trial design, with special regard to the estimated size effect;
  - Adequateness of the controls and/or comparators;
  - Relevance of the outcome measures/endpoints;
  - Compliance with the regulatory requirements and adequateness of the consideration of the ELSI issues;
  - Qualification of the teams involved in the implementation and monitoring of the clinical trial;
  - Adequateness of the trial management;
  - Adequateness of the infrastructural support to the clinical trial;
  - Adequateness of the financial plan;
  - Potential of commercial exploitation.

- Statistical and biostatistical aspects of the clinical trial:
  - Precision of the hypothesis(es) at the base of the study and coherence of the trial design with said hypothesis(es);
  - Adequateness of the clinical trial design to verify the hypothesis(es);
  - Adequateness of the outcome measures/endpoints with respect to the overall objectives of the trial;
  - Adequateness of the target and study population;
  - Adequateness of the consideration of the potential clinical and epidemiological consequences of the trial results;
  - Adequateness of the randomisation criteria, if applicable;
  - Adequateness of the assumptions underlying the sample size calculations, as substantiated by the literature;
  - Adequateness of the proposed strategy for statistical and biostatistical analysis;
  - Impact of non-compliance and missing values on the sample size.

5.2 Eligibility check of pre-proposals and first step of evaluation

5.2.1 Eligibility check

The JCS will examine all pre-proposals to ensure that they meet the call's formal criteria (date of submission, number of participating countries and groups, inclusion of all necessary information in English, adherence to the proposal template). The JCS will forward the pre-proposals to the national/regional funding organisations, which will perform a formal check of compliance with their respective regulations.

After completion of the eligibility check, the CSC will take the final decision and the pre-proposals not considered eligible will be rejected without further review. The coordinators of the non-eligible pre-proposals will be informed by the JCS.

5.2.2 Evaluation of pre-proposals

Pre-proposals passing the formal eligibility checks will be forwarded to the SEC members for their evaluation according to the evaluation criteria for pre-proposals described above.

All necessary steps will be taken by the CSC to ensure that the SEC members have no conflict of interest for those proposals that they have to evaluate. SEC members must also formally declare that no such conflict of interest exists at any time of their evaluation duty and will sign a confidentiality agreement concerning all documents and the entire process.

Each pre-proposal will be allocated to at least two (2) SEC members (one acting as rapporteur), who fit the profile of the application. The SEC will meet, discuss the pre-proposals and establish a ranking of the pre-proposals. The CSC will meet in order to decide, based on the SEC recommendations, which pre-proposals will be invited for the full proposal submission.

The JCS will communicate to all project coordinators the final decision with respect to their pre-proposals.

5.3 Eligibility check of full proposals and second step of evaluation

The JCS will check the full proposals to ensure that they meet the formal criteria of the call and have not changed substantially from the respective pre-proposals before sending them to the evaluators.

A full proposal may be excluded from further review, if the proposal objectives or the composition of the consortium deviate substantially from the previously submitted pre-proposal. In any case, major changes must be communicated to the JCS, which will contact the concerned national/regional funding organisation for a discussion of this issue; a formal decision on whether such an exceptional change may be justified will be taken by the CSC.

Each full proposal will be sent to the SEC members who had reviewed the corresponding pre-proposal and to two (2) external reviewers (who fit the profile of the application), if feasible. The SEC members (and the external reviewers) will independently assess the full proposal according to the evaluation criteria above mentioned, and will deliver their evaluation reports to the JCS. The JCS will send the external reviewers' evaluation reports to the SEC members in preparation of the second SEC meeting. During the second SEC meeting, the SEC member selected as rapporteur for each full proposal will present a summary of all the corresponding individual evaluation reports. The SEC members, after consideration of the individual evaluation results, will compile a ranking list of the full proposals recommended for funding.

5.4 Funding decision

Based on the ranking list established by the SEC and on the available funding, the CSC will decide on the proposals to be funded (after final confirmation within the national/regional funding organisations).

The JCS will communicate to all project coordinators the final decision. Proposals' coordinators will receive a summary of the evaluation conclusions in due time.

6. FINANCIAL AND LEGAL ISSUES

6.1. Funding model and funding details

The TRANSCAN JTC 2013 funding organisations have agreed to launch a joint call using the "virtual common pot" funding model. This means that funding will be made available by each national/regional funding organisation according to their specific regulations, for research groups in their country/region.

The funding rate within the call will be variable up to a maximum of 100% of the funds requested, according to national/regional rules. Funding is granted for a maximum of three years according to national regulations.

Prior to submitting a proposal, applicants should take note of individual national/regional rules described in the annexes of the document "Guidelines for Applicants" in order to verify their eligibility, the eligible costs and potential budget available. Applicants are strongly encouraged to contact their national/regional funding organisations (see Annex 1. Contact information of the national/regional funding organisations) for any clarification.

Depending on the time needed for the administration of granting funds to the respective national/regional research groups, individual projects of a research consortium are expected to start in April 2015.

6.2 Research consortium agreement and ownership of intellectual property rights

It is mandatory for a funded research project consortium to sign a consortium agreement (CA) for cooperation, addressing the issues indicated in the document "Guidelines for Applicants" on consortium agreements, including the issues involving Intellectual Property Rights (IPR). The research consortium is strongly encouraged to sign this CA before the official project start date. Upon request, this consortium agreement must be made available to the concerned TRANSCAN JTC 2013 funding organisations.

Results and new IPR resulting from projects funded through the TRANSCAN JTC 2013 will be owned by the researchers' organisations according to national/regional rules on IPR. If several participants have jointly carried out work generating new IPR, they shall agree amongst themselves (CA) as to the allocation of ownership of IPR, taking into account their contributions to the creation of those IPR as well as the European Commission´s guidelines on IPR issues.

The results of the research project and IPR created should be made available for use, whether for commercial gain or not, in order for public benefit to be obtained from the knowledge created.

The JTC 2013 funding organisations shall have the right to use documents, information and results submitted by the research partners and/or to use the information and results for their own purposes, provided that the owners´ rights are kept.

6.3 Confidentiality of proposals

Proposals and any information relating to them shall be kept confidential within the external reviewers, the SEC and the CSC. Proposals shall not be used for any purpose other than the evaluation and subsequent monitoring of the funded projects.

Full proposals will be required to include a publishable summary, which will clearly identify the main goals of the project. If a proposal is funded, this information will be published on the TRANSCAN website. All other project details shall be kept strictly confidential.

7. REPORTING AND DISSEMINATION

The coordinator of a funded transnational research consortium must submit annual scientific project reports (within 2 months), and a final scientific project report (within 3 months after the end of the project) to the JCS. All reports must be in English and use reporting forms, one for the annual reports and one for the final report, that will be provided to the coordinators of the funded projects in due time.

In addition to these centrally-administered TRANSCAN reports, it may also be required that principal investigators of individual research projects submit financial and/or scientific reports to their national/regional funding organisations. The progress and final results of each individual contract/letter of grant will be monitored by the respective national/regional funding organisations.

In case of serious difficulties in the conduct of the research project, the coordinator shall inform the JCS and the involved funding organisations. The relevant funding organisations will decide upon the proper actions to be taken.

Funding recipients must ensure that all results (publications, etc.) of their research projects consortium activities include a proper acknowledgement that the projects were supported in part by the respective funding organisations under the framework of the TRANSCAN initiative.

The coordinators and/or principal investigators may be asked to present the results of their projects at an intermediate and/or a final TRANSCAN status symposium.

8. CONTACT AND FURTHER INFORMATION

The JCS is set up at the Ministry of Health, Italy, Department of Public Health and Innovation, Directorate General for Health and Biomedical Research and Supervision of National Health Bodies and Institutions, Viale Giorgio Ribotta, 5 - 00144 Rome.

The JCS will assist the CSC during the implementation of JTC 2013 as well as during the monitoring phase (until 3 months after the funded research projects have ended). The JCS will be responsible for the central management of the call evaluation and monitoring. The JCS will be the primary contact referring to the JTC 2013 procedures between the research consortia, the funding organisations (CSC) and the peer reviewers (SEC + external experts).

Further information on TRANSCAN, the JTC 2013 and its planned time schedule is available at the TRANSCAN website: http://www.transcanfp7.eu/.

ANNEX 1. CONTACT INFORMATION OF THE NATIONAL/REGIONAL FUNDING ORGANISATIONS PARTICIPATING IN TRANSCAN JTC 2013

Country/Region	Participating funding organisations	Website	National contact points
Austria	Austrian Science Fund (FWF)	http://www.fwf.ac.at/	**Dr. Stephanie RESCH** Austrian Science Fund Haus der Forschung, Sensengasse 1 1090 Vienna, Austria Tel: +43-1-505 67 40-8201 E-mail: stephanie.resch@fwf.ac.at
Belgium: Flemish region	Research Foundation - Flanders (FWO)	http://www.fwo.be/	**Dr. Olivier BOEHME** Senior Science Administrator Research Foundation - Flanders Egmonstraat 5 B-1000 Brussels, Belgium Tel. +32 2 550 15 45 E-mail: eranet@fwo.be **Geertrui POELAERT** Tel +32 2 550 15 55 E-mail: eranet@fwo.be
France	French National Cancer Institute (INCa)	http://www.e-cancer.fr/	**Estelle GERBAUD, PharmD** Cancer Biology Department / Research and Innovation Division 52 avenue André Morizet 92513 Boulogne Billancourt Cedex, France Tel: +33 (0)1 41 10 14 16 E-mail: egerbaud@institutcancer.fr
	ARC French Foundation for Cancer Research (ARC Foundation)	http://www.fondation-arc.org	**Nancy ABOU-ZEID, PhD** Scientific Officer – Partnerships Fondation ARC pour la recherche sur le cancer Direction de l'Action Scientifique 9 Rue Guy Moquet – BP 90003 94803 Villejuif Cedex, France Tel: +33 (0)1 45 59 58 44 E-mail: nabou-zeid@fondation-arc.org
Germany	Federal Ministry of Education and Research (BMBF) / PT-DLR	http://www.gesundheitsforschung-bmbf.de http://www.gesundheitsforschung-bmbf.de/de/5113.php	**Project Management Agency of the German Aerospace Centre** (PT-DLR) - Health Research-Heinrich-Konen-Str. 1 53227 Bonn, Germany Tel: +49 (0)228/3821-1210 Fax: +49 (0)228/3821-1257 E-mail: gesundheitsforschung@dlr.de
Israel	The Chief Scientist Office of the Ministry of Health (CSO-MOH)	http://www.health.gov.il	**Dr. Benny LESHEM** The Medical Research Administration Chief Scientist Office Israeli Ministry of Health P.O.B 1176, Jerusalem 9446724, Israel Tel: +972-2-508-2161 E-mail: benny.leshem@moh.health.gov.il

Italy	Ministry of Health (MoH)	http://www.salute.gov.it	**Dr. Maria FERRANTINI** Directorate General for Health and Biomedical Research and Supervision of National Health Bodies and Institutions Ministry of Health – Ministero della Salute Viale Giorgio Ribotta, 5 00144 Rome, Italy Tel: +39 065994.2684 E-mail: transcan@sanita.it **Dr. Tiziana CATENA** Directorate General for Health and Biomedical Research and Supervision of National Health Bodies and Institutions Ministry of Health – Ministero della Salute Viale Giorgio Ribotta, 5 00144 Rome, Italy Tel: +39 065994.3528 E-mail: transcan@sanita.it **Dr. Silvia PARADISI** Directorate General for Health and Biomedical Research and Supervision of National Health Bodies and Institutions Ministry of Health – Ministero della Salute Viale Giorgio Ribotta, 5 00144 Rome, Italy Tel: +39 064990 6553 E-mail: transcan@sanita.it
Latvia	Latvian Academy of Sciences (LAS)	http://www.lza.lv	**Dr. Maija BUNDULE** Centre of European Programs Latvian Academy of Sciences 1 Akademijas laukums, Riga, 1050 Latvia Tel: +371 67227790 E-mail: maija.bundule@lza.lv **Dr. Uldis BERKIS** Centre of European Programs Latvian Academy of Sciences 1 Akademijas laukums, Riga, 1050 Latvia Tel: +371 67409242 E-mail: uberkis@latnet.lv
The Netherlands	Dutch Cancer Society (DCS)	http://www.kwfkankerbestrijding.nl/	**Ms. Celine MOORMAN** KWF Kankerbestrijding Delflandlaan 17/ Postbus 75508 1070 AM Amsterdam The Netherlands Tel: + 31 20 5700520 Email: cmoorman@kwfkankerbestrijding.nl

			Ms. Merel HOOZEMANS KWF Kankerbestrijding Delflandlaan 17/ Postbus 75508 1070 AM Amsterdam The Netherlands Tel: + 31 20 5700520 E-mail: mhoozemans@kwfkankerbestrijding.nl
Norway	The Research Council of Norway (RCN)	http://www.rcn.no	**Henrietta BLANKSON** The Research Council of Norway, Division for Society and Health, Department for Health Boks 2700 St. Hanshaugen N-0131 Oslo E-mail: hbl@rcn.no Tel: + 47 22 03 71 76 **Karianne SOLAAS** The Research Council of Norway, Division for Society and Health, Department for Health Boks 2700 St. Hanshaugen N-0131 Oslo E-mail: kso@rcn.no Tel: +47 22 03 70 84
	Norwegian Cancer Society (NCS)	www.kreftforeningen.no	**Nina ANENSEN** Norwegian Cancer Society Postboks 4, Sentrum 0101 Oslo Norway Tel: +47 93 00 74 07 E-mail: nina.anensen@kreftforeningen.no
Poland	National Centre for Research and Development (NCBiR)	http://www.ncbir.pl/	**Marcin CHMIELEWSKI** Section for Research Projects BIOMED, ul. Nowogrodzka 47a, 00-695 Warszawa, Poland, +48 22 39 07 109, e-mail: marcin.chmielewski@ncbr.gov.pl
Portugal	Foundation for Science and Technology (FCT)	www.fct.pt	**Rui DURÃO** Departamento de Relações Internacionais (DRI) Fundação para a Ciência e Tecnologia Av. D. Carlos I, 126 1249-074 Lisboa Portugal Tel.: +351 213 911 543 rui.durao@fct.pt
Slovakia	Slovak Academy of Sciences (SAS)	http://www.sav.sk	**Mr. Jan BARANCIK, PhD** Department for International Cooperation of SAS, Slovak Academy of Sciences, Štefánikova 49 814 38 - Bratislava, Slovak Republic Tel: +421 2 5751 0137

			E-mail: barancik@up.upsav.sk **Ms. Anna GÁBELOVÁ, PhD** Cancer Research Institute Slovak Academy of Sciences Vlarska 7833 91 - Bratislava, Slovak Republic Tel: +421 2 59327-512, 202, 502, 526 E-mail: exongaba@savba.sk **Mr. Martin NOVAK, PhD.** Department for International Cooperation of SAS, Slovak Academy of Sciences, Štefánikova 49 814 38 - Bratislava, Slovak Republic Tel: +421 2 5751 0179 E-mail: mnovak@up.upsav.sk
Slovenia	Ministry of Education, Science and Sport (MIZS)	http://www.mizs.gov.si/en/	**Ms. Kim TURK KRIŽANEC** Directorate for Science MIZS Masarykova 16 1000 Ljubljana, Slovenia e-mail: kim.turk-krizanec@gov.si tel: + 386 1 478 4705 **Ms. Doroteja ZLOBEC** Directorate for Science MIZS Masarykova 16 1000 Ljubljana, Slovenia e-mail: doroteja.zlobec@gov.si tel: +386-14784624
Spain	National Institute of Health Carlos III (ISCIII)	http://www.isciii.es/	**Gaspar GINER, Elsa MOREDA** Department of International Programs Email: era@isciii.es Tel.: +34 91 822 28 74
Turkey	The Scientific and Technological Research Council of Turkey (TÜBITAK)	http://www.tubitak.gov.tr/	**Ms. Melike SEVİMLİ** TÜBİTAK Tunus Caddesi No:80 06100 Kavaklıdere / Ankara, Turkey Tel: + 90 312 468 53 00 / 1976 E-mail: ncphealth@tubitak.gov.tr **Ms. A. Özge GÖZAY** TÜBİTAK Tunus Caddesi No:80 06100 Kavaklıdere / Ankara, Turkey Tel: + 90 312 468 53 00 / 1007 E-mail: ncphealth@tubitak.gov.tr

ANNEX 2. INDICATIVE FUNDING COMMITMENT OF THE FUNDING ORGANISATIONS PARTICIPATING IN TRANSCAN JTC 2013

Country/ Region	Participating funding organisation	Envisioned amount of funding (M€ for 3 years)	Anticipated number of fundable research groups
Austria	Austrian Science Fund (FWF)	1.5	5
Belgium: Flemish region	Research Foundation - Flanders, Fonds Wetenschappelijk Onderzoek Vlaanderen (FWO)	0.2	1
France	French National Cancer Institute (INCa)	1.5	5-10
	ARC French Foundation for Cancer Research (ARC Foundation)	0.3 to 0.5	1-3
Germany	Federal Ministry of Education and Research (BMBF)	3	10-12
Israel	The Chief Scientist Office of the Ministry of Health (CSO-MOH)	0.24	4
Italy	Ministry of Health (MoH)	1	5-6
Latvia	Latvian Academy of Science (LAS)	0.4	1-2
The Netherlands	Dutch Cancer Society (DCS)	1	~4
Norway	The Research Council of Norway (RCN)	0.5	2–4
	Norwegian Cancer Society (NCS)	0.5	2-4
Poland	National Centre for Research and Development (NCBiR)	0.5	1-2
Portugal	Foundation for Science and Technology (FCT)	0.2	1-2
Slovakia	Slovak Academy of Sciences (SAS)	0.21	4-5
Slovenia	Ministry of Education, Science and Sport (MIZS)	0.66	2-3

Spain	National Institute of Health Carlos III (ISCIII)	0.2	1-3
Turkey	The Scientific and Technological Research Council of Turkey (TÜBITAK)	0.6	4-5

ANNEX 3. ELIGIBILITY OF BENEFICIARY INSTITUTIONS FOR THE FUNDING ORGANISATIONS PARTICIPATING IN TRANSCAN JTC 2013

Country/ Region	Participating funding organisation	Eligible beneficiary institution [1]		
		Academia	Clinical/ public health	Enterprise
Austria	Austrian Science Fund (FWF)	Applications for projects from Austria may only be submitted by single natural persons. Affirmation of the research institution (academia, clinical/public health, enterprise) of the applicant is mandatory.	Applications for projects from Austria may only be submitted by single natural persons. Affirmation of the research institution (academia, clinical/public health, enterprise) of the applicant is mandatory.	Applications for projects from Austria may only be submitted by single natural persons. Affirmation of the research institution (academia, clinical/public health, enterprise) of the applicant is mandatory.
Belgium: Flemish region	Research Foundation - Flanders, Fonds Wetenschappelijk Onderzoek – Vlaanderen (FWO)	Yes [2]	Only officially research institutions and university hospitals, and always in cooperation with a Flemish university (Cf. art. 9 of the Regulations on New Research Projects of FWO)	No
France	French National Cancer Institute (INCa)	Yes	Yes	No. Industrial companies could participate if they are able to secure their own funding
	ARC French Foundation for Cancer Research (ARC Foundation)			
Germany	Federal Ministry of Education and Research (BMBF)	Yes	Yes	Yes
Israel	The Chief Scientist Office of the Ministry of Health (CSO-MOH)	Yes	Yes	Only on their own budget
Italy	Ministry of Health (MoH)	No	Yes	No

Latvia	Latvian Academy of Sciences (LAS)	Yes	Yes Should be conform with EC R 800/2008	Yes Should conform with EC R 800/2008
The Netherlands	Dutch Cancer Society (DCS)	Yes, according to grant conditions KWF Kankerbestrijding	Yes, research institutes and university hospitals according to grant conditions KWF Kankerbestrijding	No. Industrial companies could participate if they are able to secure their own funding
Norway	The Research Council of Norway (RCN) Norwegian Cancer Society (NCS)	Yes	Yes	No
Poland	National Centre for Research and Development (NCBR)	Yes, according to the national regulations	Yes, according to the national regulations	Yes, according to the national regulations
Portugal	Foundation for Science and Technology (FCT)	Yes, according to the national rules	Yes, according to the national rules	Yes, according to the national rules (max. of 50% of the total budget)
Slovakia	Slovak Academy of Sciences (SAS)	Yes	No	No
Slovenia	Ministry of Education, Science and Sport (MIZS)	Yes, according to the national rules	Yes, according to the national rules	Yes, according to the national rules
Spain	National Institute of Health Carlos III (ISCIII)	No	Yes	No
Turkey	The Scientific and Technological Research Council of Turkey (TÜBITAK)	Yes	Yes	Yes

Please note that the information on this table is only indicative. Applicants are encouraged to contact their national/regional contact points for further information.

(1) The eligibility of companies and institutions is subjected to different conditions in each country/region. Further details regarding the eligible beneficiaries and other national eligibility criteria and requirements are available on the "Guidelines for Applicants" and the TRANSCAN website (http://www.transcanfp7.eu/).

(2) Only clinics associated with universities are eligible for the FWO.