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

**TRANSCAN-2**

**Joint Transnational Call for Proposals 2014 (JTC 2014)**

Co-funded by the European Commission/DG Research and Innovation:

**"Translational research on human tumour heterogeneity to overcome recurrence and resistance to therapy"**

**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 16 February 2015 at [http://transcan.cbim.it](http://transcan.cbim.it/)

**1a. Project title:**

**1b. Project acronym:**

**2. Project duration (months):**

**3. 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 |

**4. 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** |  |  |  |  |  |  |  |  |

**5. Total requested funding:** €

**6. 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).

**7. Project abstract** (max 3,000 characters including spaces)

The abstract should contain:

1. Background and rationale
2. Hypothesis
3. Aims (primary and secondary)
4. Methods
5. Expected results and potential impact

**8. 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.

Development and validation of methods to investigate human tumour heterogeneity:

A. Sampling methods alternative to single biopsy (liquid biopsy, single cell analyses, imaging, etc.) for overcoming tumour sampling bias.

B. Methods for assessing tumour heterogeneity, within either the primary tumour or the metastases.

C. Methods for tracking tumour evolution along the disease course using minimally- or non-invasive techniques.

Studies on human tumour heterogeneity in order to guide therapeutic intervention and identify new therapeutic targets:

A. Evaluation of the impact of tumour heterogeneity on treatment efficacy and patient outcome (clinical utility of driver/passengers mutations detection, clinical utility of the minor subclones identification, clinical utility of the differences in molecular alterations between primary tumor and metastases, etc.).

B. Development of assays measuring the level of tumour heterogeneity that predicts treatment inefficacy and tumour recurrence.

C. Development of assays that define the contribution of tumour heterogeneity in resistance mechanisms and identify new therapeutic targets.

Development of new precision therapeutic strategies that may prevent human tumour recurrence or resistance to therapy by counteracting tumour heterogeneity:

A. Evaluation of treatments (combinations, new strategies, administration scheme, etc) targeting multiple subclonal somatic events or preventing resistant sub-clones to emerge.

**9. Project description** (maximum 20,000 characters including spaces)

This part should contain:

1. Description of the project rationale, in terms of medical need, and of the present state of the art in the field(s)
2. Description of the project aims
3. Statement of the research hypothesis(es),
4. Preliminary data
5. 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
6. Novelty and originality of the project
7. 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
8. 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:

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

**10. Capacity building activities (if eligible for the funding organisation / country)** (maximum 2,000 characters including spaces).

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.

**11. 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).

**12. 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 2 of the "**[**Guidelines for Applicants**](http://www.transcanfp7.eu/transcan/file.php/1/Calls/JTC-2014/Guidelines_for_applicants_TRANSCAN-2_CoFund_JTC-2014.pdf)**").**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |  |  |  |  |  |  |  |
| (National/regional) Overheads (€) |  |  |  |  |  |  |  |
| **Total requested budget (€)** |  |  |  |  |  |  |  |
| 1 If applicable: incl. clinical trial drugs/compounds, clinical trial fees and insurance.  2Travel 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. | | | | | | | |

**13. Individual financial plan: sum of year 1-3.**

**(Please note that eligibility of costs is subject to national/regional rules and regulations: refer to the Annex 2 of the "**[**Guidelines for Applicants**](http://www.transcanfp7.eu/transcan/file.php/1/Calls/JTC-2014/Guidelines_for_applicants_TRANSCAN-2_CoFund_JTC-2014.pdf)**")**

**13.1**

|  |  |  |
| --- | --- | --- |
| 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 (€)** |  |  |

**13.2**

|  |  |  |
| --- | --- | --- |
| 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 (€)** |  |  |

**13.3**

|  |  |  |
| --- | --- | --- |
| 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 (€)** |  |  |

**13.4**

|  |  |  |
| --- | --- | --- |
| 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 (€)** |  |  |

**13.5**

|  |  |  |
| --- | --- | --- |
| 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 (€)** |  |  |

**13.6**

|  |  |  |
| --- | --- | --- |
| 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 (€)** |  |  |

**13.7**

|  |  |  |
| --- | --- | --- |
| 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 (€)** |  |  |

**14. Reviewers to be excluded from refereeing 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**

[**www.transcanfp7.eu**](http://www.transcanfp7.eu)

**[Link to electronic proposal submission](http://transcan.cbim.it/)**

(Online submission will be possible from 16 February 2015)

**PLEASE NOTE**

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