

**Pancreatic
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**Pancreatic Cancer UK
Clinical Pioneer Awards 2019/20**

Practical interventions to improve patient outcomes

Guidance for Applicants

Preparing and submitting your application

Contents

1. Executive summary	1
2. Remit of the 2019/20 Clinical Pioneer Awards	1
3. Key dates for the 2016/7 Clinical Pioneer Awards	3
4. Before you start	4
5. Eligibility	4
Submission and review	4
Project timelines	4
Participants	5
Funding	5
Eligible costs	5
6. How your application will be assessed	6
Governance	6
Review process	6
Review criteria	6
Feedback	7
7. Guidance on completing the sections of the application	7
8. Continued support	13
9. Contact Information	13

1. Executive summary

We are committed to ensuring that everyone affected by pancreatic cancer receives the best standard of care, treatment and support in order to live as long and as well as possible regardless of where they live in the UK. We need to dramatically transform the patient experience of pancreatic cancer, transforming the culture of treatment from defeatism to optimism.

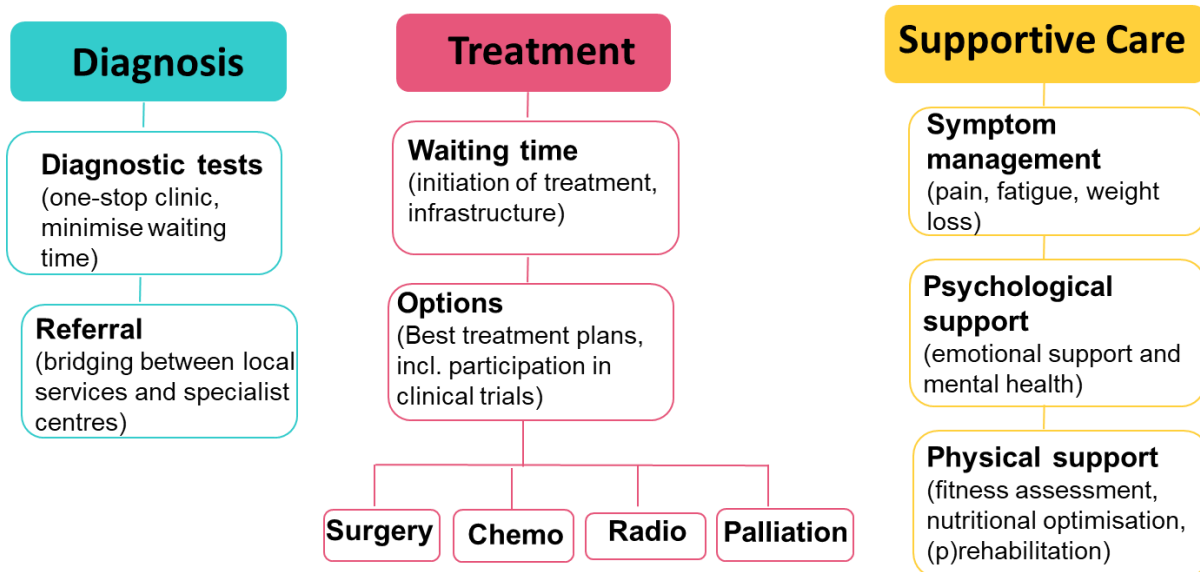
This is why we have established our Clinical Pioneer Awards scheme. Through the scheme we will fund **innovative project ideas** that are focused on **practical interventions within the clinical or community setting** that can be adopted in an optimal pancreatic cancer pathway. Such interventions can include drive down waiting times (time to diagnosis; time to treatment; time to referral), improve survival, quality of life and patient experience and deliver a consistent standard of care for people affected by pancreatic cancer.

Each award will be **based within a UK NHS organisation or research institution** (with wider collaborations where appropriate) and will provide funding of **up to £50,000** for projects of **up to 12 months in duration**, which can be used to support direct research costs such as **staff salaries, research consumables, collaborative and consensus building meetings and travel costs**. Under the scheme in 2019/20 we will be investing around £200,000 in total.

2. Remit of the 2019/20 Clinical Pioneer Awards

Under the 2019/20 Clinical Pioneer Awards, funding is available to develop, test and/or implement a practical intervention in the clinical or community setting that addresses a key priority area for people affected by pancreatic cancer and should be adopted as a key element in the optimal care pathway of pancreatic cancer.

In advance of opening the call for applications, Pancreatic Cancer UK has gathered and analysed evidence to explore what optimal care for pancreatic cancer looks like based on existing best practice and define areas of unmet need in care delivery. The evidence base was developed from literature review, stakeholder meetings, [PCUK Patient Survey](#), [Macmillan's new prehabilitation guidance](#), [the NCRI's priorities for living with and beyond cancer](#), [NICE guidelines](#), [NICE quality standard](#), [the NHS Long Term Plan](#) as well as [Scotland](#) and [Wales cancer strategies](#) and the [Scotland hepatobiliary \(HPB\) audit](#). The information has been assimilated and prioritised in to the below key areas.



Disease outcomes (e.g. survival, quality of life)

Funding will be offered to applications which aim to improve care delivery and patient experience through targeting one or more of the following areas:

- **Diagnostic pathway:**
 - Rapid access clinic for vague symptoms e.g. rapid access jaundice clinic
 - One stop clinic
 - PET-CT scanning integration within diagnostic pathway
- **Treatment pathway:**
 - Audit/review/redesign of processes for informed treatment and care decision making
 - Develop models of fast track treatments at the surgical and oncological setting so that patients are treated faster and safely (e.g. straight to surgery, neo-adjuvant approach, radiation therapy, adjuvant chemotherapy and palliative oncology)
 - Develop centralised oncology pathways for inoperable pancreatic cancer patients
 - Scoping staffing resource needed to support treatment pathways (e.g. CNS, patient navigator/coordinator)
- **Supportive care pathway:**
 - Prehabilitation/rehabilitation (this can include symptom management, physical fitness, nutritional and mental health and well-being optimisation)
 - Enhanced recovery after surgery
 - Quality of life metric development
 - Specialised psychological support service or intervention

We would strongly encourage those applying to consider the following approaches to addressing the above areas of unmet need to ensure the effective development and testing of improvements to the pancreatic cancer care pathway:

- Pathway improvement studies to support local adoption of innovative and effective approaches/systems/pathways trialled successfully in other areas
- Multidisciplinary collaborative approaches between different HPB clinical teams and also between regional HPB teams and their [Cancer Alliances](#) or clinical cancer networks that already work on cancer pathway improvement work. Local health systems should be considered as a key stakeholder in this work as they can bring together all levels of care – primary, secondary and tertiary - and coordinate activities.
- Applications that address the issues of variation in delivery of the above unmet needs.

Case studies of pathway improvement and further details of key unanswered questions under each priority can be found on our [Clinical Pioneer Award call webpage](#).

Projects should be hosted within an **NHS organisation, university or recognised not-for-profit research institution**, and funding will be awarded to a team led by one Lead applicant, with **broad and appropriate expertise** and a **strong track record** in engaging with key stakeholders, and testing and applying interventions in practice.

Under the 2019/20 Clinical Pioneer Awards, up to £200,000 will be available. For each award, a total of up to **£50,000** is available to support **directly incurred research costs** for up to 12 months, such as:

- Staff salaries
- Consumables
- Equipment
- Travel costs
- Costs to support patient involvement
- Collaborative and consensus building meetings

Please note: applications will not be accepted from commercial organisations, from researchers based overseas or where the primary intent is the purchase of equipment.

3. Key dates for the 2016/7 Clinical Pioneer Awards

23th August 2019	Clinical Pioneer Awards scheme opens for applications
1pm, 27th November 2019	Deadline for applications
5pm, 4th December 2019	Deadline for receipt of the hard copy of the application form at Pancreatic Cancer UK's office in London
Early December 2019	Applications checked for eligibility and applicants emailed with any issues or for further information
December 2019 – January 2020	Members of Clinical Pioneer Award review panel carry out written review

Late February 2020	Clinical Pioneer Award review panel meeting to discuss and rank applications for funding
Mid-March 2020	Pancreatic Cancer UK's Board of Trustees meets to finalise funding decisions
By end March 2020	Applicants informed of the outcome of their application

Please note: each application must be submitted and in its entirety by the deadline above. You will not be able to submit applications after this deadline and we are unable to enter into discussion about the submission of late applications.

4. Before you start

Please ensure you complete your application in conjunction with these notes.

Please also ensure that you and your institution have reviewed Pancreatic Cancer UK's Terms and Conditions of Research (hereafter known as Terms and Conditions), which set out the standard terms applicable to all research grants funded by Pancreatic Cancer UK. These documents can be found on our [Clinical Pioneer Award website](#).

Please contact Pancreatic Cancer UK if you have any trouble locating or accessing any of the relevant documentation (please see Section 9 below for contact information).

5. Eligibility

In order for your application to be considered for the 2019/20 Clinical Pioneer Awards, applicants and institutions must conform to the following eligibility criteria as well as any additional requirements outlined in the Terms and Conditions:

Submission and review

- Applicants should not approach members of the Pancreatic Cancer UK's Medical Advisory Board or Scientific Advisory Board about their application or the funding decision.
- Once submitted, no further information will be accepted with the application.
- Applications submitted to the Clinical Pioneer Awards scheme will be subject to review by people with lived experience of pancreatic cancer; the lay summary included with your proposal must be clearly written in plain English and be understandable by a non-scientist. Pancreatic Cancer UK reserves the right to request a resubmission of this lay summary.
- You must use the Clinical Pioneer Awards application form provided on the website – applications submitted not using this form will not be accepted.
- You must adhere to the word limits given in the application form. Any additional text above these limits will be truncated.

Project timelines

- The 2019/20 Clinical Pioneer Awards are for a maximum of 12 months.

Participants

- The application should be submitted by one Lead Applicant based within a recognised clinical or academic institution within the UK.

Ethics

- Pancreatic Cancer UK expects that before work commences on the research, all appropriate regulatory approvals are in place. These could include (but are not limited to) those relating to human participation, ethics, personal safety and health and safety.

Funding

- Up to £50,000 is available for each award under the scheme.
- Once the final award amount has been agreed by Pancreatic Cancer UK's Board of Trustees, this cannot be amended by applicants at a later date.
- Pancreatic Cancer UK welcomes creative approaches to funding including complementary or matched funding to further support the intentions of this award (for example by the host institution or through corporate partnerships). However, it will be expected that programme will still be delivered within the specified timelines even if additional funding has been secured from other sources.

Eligible costs

As a member of the Association of Medical Research Charities (AMRC), Pancreatic Cancer UK funds research in line with the Department of Health's AcoRD guidance

(<https://www.gov.uk/government/publications/guidance-on-attributing-the-costs-of-health-and-social-care-research>). As such:

- Pancreatic Cancer UK **will only** pay the directly incurred costs of research, which could include:
 - salaries of staff specifically employed for the project
 - consumables
 - equipment (though not mobile phones or computers as it is expected these should be supplied by the host institution)
 - travel costs (where travelling between research sites or for project meetings)
 - costs for supporting patient involvement.
- Pancreatic Cancer UK **will not** pay indirect costs, which could include:
 - central services
 - general maintenance
 - Good Clinical Practice (GCP) training
 - overheads, e.g. library costs, bench fees, living expenses, electricity etc.
- Pancreatic Cancer UK **will not** pay directly allocated costs of research projects, which could include:
 - lead and co-applicants' time
 - estates
 - costs of shared resources such as staff and equipment.
- Pancreatic Cancer UK **will not** meet costs associated with dissemination, including publication costs and costs to attend conferences or international meetings.
- Pancreatic Cancer UK **will not** meet lab or animal costs through this scheme.

- Pancreatic Cancer UK **will not** meet NHS Support or NHS Treatment Costs. Where applicable, applicants must ensure that these costs will be met should the research be funded and Pancreatic Cancer UK recommends early liaison with the necessary NIHR Networks and NHS departments.

If you are in any doubt as to whether a cost is eligible for funding under this scheme, please contact Pancreatic Cancer UK's Research team before submitting your application by emailing research@pancreaticcancer.org.uk or calling 0207 820 6705.

6. How your application will be assessed

Governance

In our bid to support research and researchers of the highest quality we have a robust and rigorous review process for each grant that we fund.

Pancreatic Cancer UK is a member of the Association of Medical Research Charities (AMRC), the membership organisation for the leading medical and health research charities in the UK. As a member, our overall strategy and funding schemes comply with best practice for research funding, monitoring and governance policies.



Funding decisions are overseen by Pancreatic Cancer UK's [Board of Trustees](#) based on the recommendations by members of our [Medical Advisory Board](#) (MAB) and other external expert reviewers, which are drawn from leading health professionals in the field from across the UK. The Clinical Pioneer Award review panel includes a diverse range of expertise to ensure that we fund only the highest quality research.

All members of the Clinical Pioneer Award review panel adhere to a Conflict of Interest policy which is in place to protect and preserve the board when discussing and reviewing research funding applications. This policy can be found on Pancreatic Cancer UK's website:

<http://www.pancreaticcancer.org.uk/research/our-policies-advisory-board/other-research-policies/>

Review process

Following the submission deadline, all applications will initially be subject to an eligibility check. Any applicant that does not adhere to the criteria above or has not completed all of the application sections correctly will either be rejected or contacted for revisions.

Applications will be reviewed by the Clinical Pioneer Award review panel, a bespoke panel of experts and people with lived experience of pancreatic cancer (see Section 7 below for more information about the Research Involvement Network).

At the panel meeting each application will be discussed, along with the corresponding written reviews from panel members. The applications of high enough quality will be scored by the panel, which will give a final ranking and recommendations for funding to the Board of Trustees.

Review criteria

Each application will be assessed against the following criteria:

- **Relevance and importance** - How relevant and important is the proposed research to the priorities and needs of people currently affected by pancreatic cancer or who may be affected in the future? Does the project find out the needs or offer a health/healthcare/supportive care solution with demonstrable benefit to patients? Does the project address one of the priority areas identified by Pancreatic Cancer UK?
- **Strength of team** - Does the team possess the necessary experience to conduct the research and do they have a strong track record of previous research in the area? Do they have the necessary skills to see the innovation taken up into practice either locally or nationally?
- **Quality of the research** – Is the proposed work of high quality, with appropriate methods proposed and clear aims defined? Do the timelines look suitable and are milestones feasible?
- **Potential impact** – Are there clear plans to disseminate the research findings and is the project likely to lead to changes in practice or policy which will bring benefits to people affected by pancreatic cancer?
- **Value for money** – Are the resources requested suitable and well justified, and given the potential overall impact does this represent good value for money?

Feedback

Following the ratification of the funding decision by Pancreatic Cancer UK's Board of Trustees, applicants will be informed of the decision and will be provided with feedback. Applicants are reminded that this decision is final. Pancreatic Cancer UK is unable to enter discussions regarding individual funding decisions.

7. Guidance on completing the sections of the application

The following section provides guidance for completing the sections of the application.

Please note: in accordance with the Data Protection Act 1998, the personal data you enter into your application form will be processed by Pancreatic Cancer UK and held on computerised databases and manual files. For more information, please see our privacy statement here: <http://www.pancreaticcancer.org.uk/privacy-policy/>

Section 1: Participants

Please provide the name and contact details for each participant on the project. The project should be led by one lead applicant and can be supported by a team of co-applicants (participants with a specific role on the project), collaborators (participants contributing to the project but without an involved role) and staff members (participants whose salary will be requested through the award).

Pancreatic Cancer UK's review panel will look at the track record of the team and we therefore require that a one page CV is provided for the Lead applicant and each co-applicant. A CV should also be appended for any staff member where the candidate who will fill the role is known. This can be added using the template found in the appendices at the end of the Project Proposal template.

You should also include a **letter of support for each collaborator**, detailing their role and demonstrating their commitment to the project.

Section 2: Lay Summary

Please provide a detailed and structured lay summary. It is very important that the summary is written in plain English and is understandable by a non-scientific audience. This summary will be seen by members of Pancreatic Cancer UK's Research Involvement Network (a group of people with personal experience of pancreatic cancer) who will score and provide feedback on your application. It is therefore vital that you provide a clear summary with enough information to understand what the aims of your research are and what the impact might be.

The lay summary should be clear and concise, giving a comprehensive overview of the proposed work, including:

- **What are the aims of the study?** Provide clear aims and objectives for the project.
- **What issue in pancreatic cancer is the project aiming to address and why is this so relevant and important for people affected by pancreatic cancer?** You should clearly describe why your project addresses such an important issue in pancreatic cancer and how the project addresses one of the key priority areas for the round. There is no need to explain at length the generic importance or impact of the disease as the group who will be reviewing the summary will have a deep understanding of this already.
- **Who will you be working with on the project and what expertise do they bring?** Give a brief overview of the team, the expertise they bring and their roles on the project.
- **What are you planning to do?** Describe what you will do on the project, avoiding jargon and without describing complex methodology. The use of non-scientific analogies is encouraged and diagrams can be included as aids (though not as an alternative to the narrative).
- **What is the study timeline, including key milestones?** Give details of the key milestones and deliverables for the project.
- **Are patients involved as participants and if so, what will they be asked to do? If procedures are involved, give details.** If applicable, please describe what will be asked of patients who will be asked to take part in the study as participants.
- **Have you involved or will you involve people affected by pancreatic cancer as partners on the study? If so, give details.** If applicable, please describe the ways in which you've worked or plan to work in partnership with people affected by pancreatic cancer to develop the study and draft the application, or to conduct the research if it is funded.
- **How will the work benefit people with pancreatic cancer?** Please give details of the potential impact that could be realised should the project be successful in its aims.
- **How will you ensure that the outcomes are taken up in the real life setting and how do you plan on taking things forward, for example for regional or national roll-out?** Please describe how you will take the project forward if successful, for example a national roll-out. This could also include details of the people and organisations you have engaged with or plan to engage with.

Please make sure to prepare the lay summary in language suitable for a non-scientific audience and be sure not to include any confidential information as information from this summary will be used in Pancreatic Cancer UK's materials and on its website.

For more information on how to write a clear and informative lay summary please use the following resources:

[INVOLVE plain English summaries](#)

[The Plain English Campaign](#)

We recommend that you involve patients, carers or members of the public in helping you to draft your summary – they may be able to give advice on the content, language and structure.

Pancreatic Cancer UK has established a Research Involvement Network, which is comprised of people with lived experience of pancreatic cancer who have all expressed an interest in getting involved in research. If you would like to involve members of the Network in the development of your application, please download and complete an application from our website and send it to the Research team at research@pancreaticcancer.org.uk. The form can be found here: <http://www.pancreaticcancer.org.uk/research/lay-involvement-in-research/>

Section 3: Project aims

Please state briefly the main aims and objectives of the proposed research and ensure that the ways you propose to meet these are described in the Section 6, the details of the project.

Section 4: Background

Please describe the background to the proposed research in the form of a summary of your current and other published work that relates to the aims and objectives of the proposed new research.

Please also provide details of the history of this application and whether it has been submitted to any other research funders.

Section 5: Statement of significance and relevance to pancreatic cancer

Please describe the problem or barrier to progress in pancreatic cancer that the proposed research will address and why this is important to people with pancreatic cancer. This should include the potential significance of the results that may be obtained, such as eventual clinical application or impact on policy and practice.

Please also indicate and justify on which priority area this application focuses.

Section 6: Details of the project

Proposals must include details of the research methods and analyses to be employed in the study, which should be appropriate to the aims and objectives. A detailed description and justification of the methods to be used is essential and should be given similar weight as the description of the problem to be addressed. If appropriate you should describe the sample size and power calculations for the proposed study, including the outcome measures on which the power calculations have been based, the justification for the size of difference that the study is powered to detect and whether the sample size calculation has taken into account the anticipated rates of non-compliance and loss to follow-up.

You should include details of any potential logistic or clinical/scientific problems, with contingencies and solutions. Please also include a description of the key milestones and

deliverables for the project and details of the potential impact on an individual, NHS and societal level.

There is the option to include any relevant charts, tables or diagrams separately in the appendices at the end of the Project Proposal template. We recommend that you include a Gantt chart illustrating your projected timelines, milestones and deliverables. This should not be used as an opportunity to include extensions to the text.

Section 7: Dissemination and translation

Please describe how you will publicise and disseminate the findings from the study within the academic, clinical and public arenas.

You should also include a plan for how you will ensure that your intervention is adopted into practice or leads to a change in policy. This can include details of the key stakeholders and organisations that you have or plan to engage with.

Finally, please include details of intellectual property that will result from the project, including plans for management and if applicable, exploitation. Please ensure that you have fully read the relevant clauses within our terms and conditions and that your organisation agrees to comply with them.

Section 8: Research team and environment

Please describe the expertise and the individual contributions the different collaborators and co-applicants involved with the proposal will make.

Please also describe the clinical/research facilities, resources, and equipment that are available to the Lead Applicant and each of the collaborators and co-applicants to allow successful implementation of the proposed research.

Section 9: Patient involvement

Please provide an indication of where and how patients and the public have been involved in developing the proposal and how they will contribute to the proposed research. If there has been no public involvement and or none is planned please say why.

Pancreatic Cancer UK has established a Research Involvement Network, which is comprised of people with lived experience of pancreatic cancer who have all expressed an interest in getting involved in research. If you would like to involve members of the Network in the development of your application, please download and complete an application from our website and send it to the Research team at research@pancreaticcancer.org.uk. The form can be found here: <http://www.pancreaticcancer.org.uk/research/lay-involvement-in-research/>

Section 10: Projected costs

Pancreatic Cancer UK will meet the directly incurred costs of the research project, with the understanding that the Host Institution will meet the directly allocated and indirect costs. Any NHS Support and Treatment costs will be met through the usual funders under the Department of Health's AcoRD guidance

(<https://www.gov.uk/government/publications/guidance-on-attributing-the-costs-of-health-and->

[social-care-research](#)). Applicants have a duty to inform the relevant NHS Trust R&D office(s) of the possible NHS cost implications of proposed research projects at the earliest opportunity and must indicate within the Project Proposal that the relevant provider(s) have been notified and provide an update on the status of such discussions within the application.

Please provide details of any NHS Support and Excess Treatment costs that will need to be met if this application is successful, including a breakdown of costs and justification. **Please note these will not be met by Pancreatic Cancer UK** and you should agree these costs with your R&D department and Local Clinical Research Network before submitting the application for funding.

Section 11: Justification of funding requested

Please provide a brief explanation and justification of the costs listed in the “Projected Costs” section of the application (staff costs, running expenses and equipment). You should ensure that the costs requested are eligible to be met by Pancreatic Cancer UK (see ‘Eligible costs’ under Section 7 above) and that where costs will be met from other sources this support has been agreed (evidence to confirm this should be uploaded in the Appendices).

Section 12: References

References must be listed as FULL CITATIONS – please do not include et al. Each citation must include names of all authors, publication title, book or journal title, volume number, page numbers, and year of publication. You should not give more than one page of references.

Section 13. Monitoring information

Please indicate where you heard about this funding call.

Appendices

AMRC Full Economic Cost Form Guidance

As a member of the Association of Medical Research Charities (AMRC), Pancreatic Cancer UK monitors the full Economic Costs (fECs) of the research we support. Unlike some other funding bodies, such as the research councils, AMRC member charities will not fund the fECs, or a proportion of these. The figures provided should include the standard indexation rate used by the institution to calculate fECs.

Only universities which are using TRAC costing methodology should enter actual values in the form.

Acceptance of a grant, if awarded, will imply that the institution is prepared to meet the full economic costs from its own sources of funding.

Monitoring the full Economic Costs of charity-funded research in UK HEIs

Background

AMRC issued updated guidance to its members and to universities regarding its position on changes to costing research applications and the move to a system of estimating fECs in 2004. AMRC member charities do not fund the indirect costs on grants awarded to UK

universities as a matter of principle. The move to funding on a percentage basis by other types of funders, such as the research councils, is unlikely to be adopted by the charity sector in the foreseeable future; the reasons for this decision are set out in AMRC.s position statement and guidance document.

Following the 2004 Spending Review, the Government recognised the importance of charity funding in universities and announced that a separate stream of funding, administered by HEFCE to English universities, would be introduced from 2006/07 to provide additional support for charitable research. The allocation of the Charity Research Support Fund (CRSF) in England will be based on the amount of income from eligible charities; most AMRC member charities will be eligible for the CRSF. AMRC member charities have agreed that it would be helpful to collect information about the full costs of the research they support, in order to develop a better understanding of the charity contribution, inform future discussions about the CRSF and to assess future sustainability.

Applicants and host institutions should note that the data sought is for monitoring purposes only and will not form part of the peer review or decision-making process that AMRC member charities use.

Elements of the new cost headings are:

Directly Incurred Costs: these include the familiar direct costs of research and it is assumed these are included in the funds you are applying to Pancreatic Cancer UK for. They may include:

- Staff (e.g. research assistant salaries)
- Consumables and other costs directly attributable to the project
- Equipment
- Travel and subsistence.

Directly Allocated Costs: these are shared costs, based on estimates and do not represent actual costs on a project-by-project basis. Previously, these costs came under the 'indirect costs' heading but the following items will now be calculated separately:

- Investigators: the time spent by the Principle Investigator and Co-Investigators will be calculated and costed (Pancreatic Cancer UK is unlikely to fund these costs).
- Estates: the way these are calculated may vary between institutions. Different categories of space will be costed differently, for example laboratory space will be different to office-based costs (Pancreatic Cancer UK is unlikely to fund these costs).
- Other Directly Allocated: these include the costs of shared resources, such as staff and equipment (Pancreatic Cancer UK is unlikely to fund these costs).

Indirect Costs: these costs are necessary for underpinning research but cannot be allocated to individual projects, and cover computing and information support, central services, general maintenance and other infrastructure costs. Indirect costs will be calculated separately by each HEI, according to TRAC methodology (Pancreatic Cancer UK is unlikely to fund these costs).

CVs

Please ensure you have completed a one page CV template within the appendices at the end of the project proposal template for the Lead applicant, each co-applicant and each staff member (where known).

Other Appendices

Please append letters, diagrams, tables and images to the end of your application. Whilst appendices may contain preliminary (unpublished) results which support the application, please note that unpublished manuscripts will not be sent to referees and MAB members.

8. Continued support

Once the awards have been made, Pancreatic Cancer UK would like to provide ongoing support to successful applications in order to promote and showcase developments generated through the Clinical Pioneer Award. We currently do this through Pancreatic Cancer UK's [Promoting Innovative Practice](#) initiative and our influencing activities to ensure that innovations are implemented elsewhere.

9. Contact Information

If you have any questions or wish to discuss your application, please contact Pancreatic Cancer UK's Research team, either by email at research@pancreaticcancer.org.uk or by phone on 0207 820 6705.