

Priority-driven Collaborative Cancer Research Scheme 2017

Rules for Priority-driven Standard Project Grants Applications

| | |
|---------------------------------|-----------------------------|
| Application documents available | 23 December 2016 |
| Applications open: | 11 January 2017 |
| Minimum data entered into RGMS | 15 February 2017 |
| Application deadline | 5:00pm (AEDT) 15 March 2017 |



Australian Government
Cancer Australia



How to use this guide?

This guide is divided into four sections and seven appendices, and provides applicants with information about the Priority-driven Collaborative Cancer Research Scheme (PdCCRS) Priority-driven Standard Project Grants, eligibility parameters, and essential rules on how to complete the application documentation.

Cancer Australia and its Funding Partners strongly encourage applicants to read these Rules **before** completing the application documentation.

Potential applicants should determine if this funding scheme is appropriate for their research project before completing the PdCCRS Questions Form.

Any questions regarding PdCCRS applications **must be sent in writing** to Dr Christopher Poon, Senior Project Officer Research, Cancer Australia at: grants@canceraustralia.gov.au

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Section 1: The Priority-driven Collaborative Cancer Research Scheme

Program background

The Priority-driven Collaborative Cancer Research Scheme is a Category 1¹ annual competitive national research project grants scheme which funds cancer research in identified priority areas to help reduce the impact of cancer in the community and improve outcomes for people affected by cancer.

The PdCCRS was established by Cancer Australia in 2007. Between 2007 and 2016, 322 research grants totaling \$113 million have been funded by Cancer Australia and its Funding Partners.

Currently, the PdCCRS supports funding for two types of research grants:

- Priority-driven Standard Project Grants
- Priority-driven Young Investigator Grants

These **Rules** relate to **Priority-driven Standard Project Grants**. Separate Rules are available on the Cancer Australia website (www.canceraustralia.gov.au) for the Priority-driven Young Investigator Grants.

PdCCRS aims

The PdCCRS aims to:

- fund research in tumour areas that place a high burden of disease on the Australian community;
- fund **applied cancer research projects** that **directly relate to the identified priorities** of Cancer Australia and/or its Funding Partners; and
- fund research that can **directly** improve cancer outcomes by influencing clinical practice, policy and/or care.

¹ The PdCCRS is listed on the Australian Competitive Grants Register. Higher Education Providers can include funding by the PdCCRS in their applications to the Department of Education for additional infrastructure funding through the Research Infrastructure Block Grants Scheme (RIBG)

Section 2: Partnerships

A hallmark of the PdCCRS is its ability to bring together funders of cancer research in a national and coordinated scheme to maximise cancer research investment across Australia.

Cancer Australia

Cancer Australia was established by the Australian Government in 2006 to benefit all Australians affected by cancer, as well as their families and carers. Cancer Australia works to reduce the impact of cancer and improve the well-being of those diagnosed by ensuring that evidence informs cancer prevention, screening, diagnosis, treatment and supportive care.

Cancer Australia works collaboratively and liaises with a wide range of groups, including those affected by cancer, key stakeholders and service providers with an interest in cancer control. The agency also focuses on populations who experience poorer health outcomes, including Aboriginal and Torres Strait Islander peoples and people living in rural and remote Australia.

As the lead national cancer control agency, Cancer Australia also makes recommendations to the Australian Government about cancer policy and priorities.

2017 Funding Partners

Funding Partners in the 2017 round of the PdCCRS Priority-driven Standard Project Grants are Cancer Council Australia, Cancer Council NSW and the National Breast Cancer Foundation.

Cancer Council Australia

Cancer Council Australia is Australia's peak national non-government cancer control organisation. Cancer Council Australia advises the Australian Government and other bodies on evidence-based practices and policies to help prevent, detect and treat cancer. Cancer Council Australia also advocates for the rights of cancer patients for best treatment and supportive care.

Cancer Council NSW

Cancer Council NSW believes that we can and will beat cancer. Cancer Council NSW is a community-focused organisation, which is 96% community funded. Cancer Council NSW is the only organisation that works across every area of every cancer: conducting and funding world-class research; preventing cancer; supporting people as they navigate the cancer journey; and advocating to ensure governments take action on cancer.

National Breast Cancer Foundation

The National Breast Cancer Foundation (NBCF) is Australia's leading not-for-profit, 100% community-funded organisation promoting and funding breast cancer research. Since it was established in 1994, The National Breast Cancer Foundation (NBCF) has injected over \$140m of funding to more than 450 projects across the spectrum of breast cancer including grants, individual awards and infrastructure support. NBCF is the most significant national funder of breast cancer research after the National Health and Medical Research Council (NHMRC). NBCF has adopted the ambitious goal of working "towards zero deaths from breast cancer by 2030", and believes that the only way to achieve this goal is through funding world class research

that has a high potential to impact breast cancer. In partnership with the Australian community, the National Breast Cancer Foundation is leading the pursuit for new knowledge in the prevention, diagnosis and treatment of breast cancer.

National Health and Medical Research Council

The PdCCRS is aligned with the National Health and Medical Research Council (NHMRC) project grants scheme. The NHMRC facilitates registration and initial assessment of grant applications, and endorses grant applications funded through this scheme in recognition of their scientific merit. The review of grant applications by the NHMRC provides the scheme with a transparent, quality, highly-respected merit-based peer review research grant process.

The NHMRC is Australia's leading expert body promoting the development and maintenance of public and individual health standards. The NHMRC consolidates within a single national organisation the often independent functions of research funding and development of advice. One of its strengths is that it brings together and draws upon the resources of all components of the health system, including governments, medical practitioners, nurses and allied health professionals, researchers, teaching and research institutions, public and private program managers, service administrators, community health organisations, social health researchers and consumers. The functions of the NHMRC come from the statutory obligations conferred by the [National Health and Medical Research Council Act 1992](#).

Section 3: About the Grants

Type of grant

Priority-driven Standard Project Grants for funding from January 2018.

Duration and budget of the grants

Priority-driven Standard Project Grants are for up to \$600,000 (GST exclusive) with duration of one to three years. The budget in any single year may range from \$10,000 to approximately \$200,000 (GST exclusive).

Special attributes of the grants

The Priority-driven Standard Project Grant **must** demonstrate the following attributes:

Priority-driven

Grant applications must **directly** relate to a research priority area/s specified by Cancer Australia and/or its Funding Partners in this document.

Outcome-/Impact-focused

Applicants must be able to demonstrate how their project has the potential to improve short, medium and long term outcomes in cancer care and/or cancer control. Applicants must demonstrate how their research will benefit populations with poorer outcomes within the community, such as Aboriginal and Torres Strait Islander peoples and those living in particular socioeconomic status areas and geographic locations.

Clear pathway to translation

Applicants are required to describe the approaches and methodologies that will be employed to translate findings of the proposed research into clinical practice, policy, and/ or further research in order to improve cancer care and/ or cancer control. Applicants must also discuss how the proposed collaboration is necessary for the translation of results. Applicants should describe how any future collaborations will be formed to ensure translation of the findings obtained from the proposed project.

Collaborative

The research must be collaborative. These project grants should demonstrate necessary collaborations that may be cross-disciplinary, national, multi-state or international, and the applicants must describe the specific role of the key collaborators in the project.

Engage consumers

Grant applications must outline consumer involvement in the project design and ongoing consumer involvement throughout the life of this project, including the specific roles/activities that the consumer representative/s will undertake. Consumer involvement in the project should be substantive, meaningful and bi-directional.

Research Priorities

A full list of research priority areas identified by Cancer Australia and its Funding Partners is at **Appendix 2**.

Please review the research priority areas to ensure that your proposed research **directly aligns** with research priority area/s of Cancer Australia and/or its Funding Partners.

Eligibility for grant review through the PdCCRS

Applicants must comply with the following criteria in order for their grant applications to be considered eligible for funding through the PdCCRS by Cancer Australia and/or its Funding Partners.

Alignment with research priorities

To be considered for funding, the proposed research must **directly align** with at least one research priority area specified by Cancer Australia or its Funding Partners.

Please note: if your research project does not **directly align** with the selected research priority area/s, Cancer Australia and/or the Funding Partners are under **no obligation to consider your project for funding**.

Funding limits

When applying to Cancer Australia and Funding Partners, the **maximum project budget over three years must not exceed \$600,000** (GST exclusive). Applications that exceed this amount will be deemed **ineligible** for funding. The annual budget in any one year of a three year project must be within 20% of \$200,000 (GST exclusive). E.g. Year 1 budget \$215,000, Year 2 budget \$180,000, Year 3 budget \$205,000 = total budget \$600,000.

- The annual budget for a **two year project must not exceed a total of \$400,000** and the budget in any one year of a two year project must be within 20% of \$200,000 (GST exclusive). E.g. Year 1 budget \$215,000, Year 2 budget \$185,000 = total budget \$400,000.
- The total budget for a **one year project must not exceed \$200,000** (GST exclusive).

If you are also seeking funding from other organisations, such as the NHMRC and/or Cancer Councils, and your budget is either more than 20% in excess of \$200,000 (GST exclusive) per annum **or** exceeds a total of \$600,000 (GST exclusive) over three years, please explain at **Item H - Budget** of the **PdCCRS Questions** Form how the project will be amended to accommodate your revised budget.

Please note that applications that exceed \$200,000 (GST exclusive) per annum by more than 20% or exceed a maximum of \$600,000 (GST exclusive) over three years, \$400,000 over two years, or \$200,000 over one year and/or which do not provide a modified budget and explanation of the research to be conducted with the modified budget will be deemed **ineligible** for funding and not considered further.

Duration of funding

The research project cannot exceed three years in duration. Applications that exceed three years in duration will be deemed **ineligible** for funding.

Number of applications submitted

An applicant (named as Chief Investigator A [CIA]) can only submit a **maximum of two applications** for each round of the PdCCRS.

Applications will be deemed INELIGIBLE for funding and will not be reviewed by Cancer Australia and/or its Funding Partners if:

- the *PdCCRS Questions* Form is incomplete;
- a question in the *PdCCRS Questions* Form is not responded to;
- 'not applicable' / 'not relevant' or equivalent wording is provided as a response to any *PdCCRS Question*; or
- in responding to a *PdCCRS Question* an attempt is made to justify that the question is not applicable or relevant.

Please note that there are **two different** *PdCCRS Questions* forms for 2016:

- *PdCCRS Questions* - Priority-driven Standard Project Grants
- *PdCCRS Questions* - Young Investigator Project Grants

Please ensure that you complete the **correct PdCCRS Questions form**. Grant applications will be deemed **ineligible** if the incorrect *PdCCRS Questions* form is submitted.

Timing of submission

Minimum data for applications must be entered into RGMS by 5:00pm AEDT 15 February 2017. Please refer to Section 3 of the [NHMRC Project Grants Scheme-Specific Funding Rules](#) for further information.

Completed *PdCCRS Questions* forms must be submitted directly to Cancer Australia by 5:00pm AEDT 15 March 2017. Submission of *PdCCRS Questions* forms after this time will deem the application **ineligible** for funding.

Tax

Taxation

Applicants are advised to carefully consider the likely taxation treatment of any funding provided by the Commonwealth prior to submitting an application. For some general guidance on the taxation treatment of Grant and funding from the Commonwealth, applicants may wish to refer to the Australian Tax Office website at www.ato.gov.au. However, applicants are advised to seek independent advice on this issue from a taxation professional.

Goods and Services Tax (GST)

Due to recent changes to the *A New Tax System (Goods and Services Tax) Act 1999* (GST Act) from 1 July 2012, a payment will not be subject to GST if all of the following apply:

- the payment is made by a government related entity (GRE) to another government related entity for making a supply;
- the payment is covered by an appropriation under an Australian law or is made under a specified intergovernmental health reform agreement;
- the payment satisfies the non-commercial test.

As a consequence of these amendments to the GST Act, GST will no longer be included in instances where all of the above requirements are satisfied.

Two-phase application and assessment process

A two-phase assessment process is used to ensure that projects funded by the PdCCRS align with the identified research priority area/s of Cancer Australia and/or its Funding Partners.

Phase 1

- All PdCCRS grant applications are submitted through the National Health and Medical Research Council (NHMRC) Research Grants Management System (RGMS) applications process (<https://www.rgms.nhmrc.gov.au>).
- Applications are assessed and ranked via the NHMRC Project Grant peer review process.
- As part of this process, the NHMRC Grant Review Panels (GRPs) will review the proposed budget and justification by the applicant, in terms of the requirements of the proposal as assessed by the GRP and its knowledge of the costs associated with the research. A review of the budget by GRPs will be conducted for all applications deemed Category 5 or above.

- The scores from the NHMRC grant review process relating to:
 - Scientific Quality;
 - Significance of the Expected Outcomes and/or Innovation of the Concept; and
 - Team Quality and Capability relevant to the application – relative to opportunity, taking into account career disruptions where applicable.
- The NHMRC scores contribute **40% of the final PdCCRS assessment score**.

Phase 2

- Applicant's responses to the four *PdCCRS Questions* for Priority-driven Standard Project Grants are assessed by Cancer Australia and Funding Partners' Grant Review Committees. Grant Review Committees score the response to each of the *PdCCRS Questions*. The aim of the *PdCCRS Questions* is to assess each application for the following elements:
 - outcomes and impacts of proposed research;
 - pathway to translate research into policy, practice or further research;
 - collaboration; and
 - consumer involvement in research.
- Scores for the *PdCCRS Questions* contribute **60% of the final PdCCRS score**.
- The alignment of the proposal to the identified research priority area/s of Cancer Australia and/or its Funding Partners is also assessed by the Grant Review Committees.

Scores assigned to the *PdCCRS Questions* responses together with the scores received by the NHMRC are weighted and combined to provide a single final score. Applications are ranked by this final score and funding is assigned in merit-based rank order until the available budget is expended.

Further information about the assessment process is provided at Appendix 1 (page 15).

Funding decisions

Approval of funding

The CEO Cancer Australia will approve the recommendations for funding or co-funding to be offered by Cancer Australia. Each of the Funding Partners will approve the grants that they are funding/co-funding.

Advice to applicants

Once final funding approvals have been received from Cancer Australia and all Funding Partners, applicants will be advised by letter of the outcome of their application. Letters to successful applicants will contain details of any specific conditions attached to the funding. The successful applicants will be provided with a timeframe in which to accept or decline the offer of funding.

Cancer Australia will notify all unsuccessful applicants, in writing, by 31 December 2017. Unsuccessful applicants seeking feedback about the *PdCCRS Questions* component of their application should contact, in writing, the Cancer Australia Contact Officer at grants@canceraustralia.gov.au.

Please note that feedback will only be provided on the applicant's responses to the *PdCCRS Questions*. Feedback cannot be provided on the RGMS component of the application.

Complaints handling

Should an applicant wish to lodge a dispute or complaint about the application and assessment process, they should do so in writing to the Cancer Australia Contact

Officer at: grants@canceraustralia.gov.au. Disputes and complaints must be lodged within 28 days of the Chief Investigator A receiving notification of the application outcome. The complainant should provide details of the basis upon which the dispute or complaint is being lodged, including:

- a clear statement as to what the complainant considers was defective in the funding process;
- copies of, or references to, evidence supporting the complaint; and
- a statement as to what the complainant wishes to achieve from the complaint process.

Receipt of the complaint will be acknowledged in writing within 5 working days of receiving the complaint. If further correspondence or information is required, the complainant will be given no less than 15 working days to respond to any communication from Cancer Australia.

Further information is provided in the [Cancer Australia Procurement and Grants Complaint Handling Policy\(DOC 47.5KB\)](#)

Section 4: Applying for funding

Types of research funded

The Priority-driven Standard Project Grants are designed to principally support **applied cancer research projects** that relate to the research priority area/s of Cancer Australia and/or its Funding Partners and which have the potential to **directly** improve cancer outcomes by influencing clinical practice and/or policy.

Applicants should review these Rules and the associated PdCCRS Questions form to determine if their proposed research is appropriate for this funding scheme.

Please note that funding will be provided for research, including clinical trials research, but **not** for clinical service delivery or infrastructure for clinical services.

Who can apply for funding?

Grant applications will be accepted from appropriately qualified researchers who will be conducting research at an NHMRC approved Administering Institution in Australia.

Chief investigators or co-investigators on current NHMRC program grants or project grants who form research collaborations **are** eligible to apply for funding from Cancer Australia and its Funding Partners. Cancer Australia and its Funding Partners require applicants to adhere to all the NHMRC guidelines unless otherwise stated.

NHMRC approved Administering Institutions

The Administering Institution can be within a university, affiliated to a university or major hospital, or an appropriate independent medical or scientific research institute and must meet NHMRC Administering Institution requirements (<http://www.nhmrc.gov.au/grants/admininst.htm>).

What is the role of the NHMRC approved administering institution?

Should the grant application be successful, the NHMRC approved Administering Institution is required to enter into a Funding Agreement with Cancer Australia. The conditions in the agreement cover standard grant contract areas including acknowledgement, intellectual property, reporting requirements, etc.

It is a condition of application that the Administering Institution agrees to comply with the terms and conditions in the *Cancer Australia Funding Agreement*.

Applying for funding

All grant applications for the PdCCRS are aligned with the NHMRC project grants scheme. As such applicants **must complete** the NHMRC's RGMS Application Form as well as the Cancer Australia *PdCCRS Questions Priority-driven Standard Project Grants 2017* form.

For further information on preparing applications, including step-by-step guidance on completing the NHMRC RGMS and Cancer Australia *PdCCRS Questions Priority-driven Standard Project Grants 2017* form, please see **Appendix 3 – Instructions to applicants** (page 21) of this document.

Important dates

The submission process for PdCCRS Priority-driven Standard Project grants will be via the NHMRC Project Grants process. Applicants will submit their RGMS grant applications directly to the NHMRC, adhering to all the NHMRC guidelines, unless otherwise stated.

Minimum Data

All applicants must enter minimum data for their applications into RGMS by **5:00pm AEDT 15 February 2017**.

Closing date

The closing date for NHMRC Project Grants and PdCCRS Priority-driven Standard Project grants is **5:00pm AEDT 15 March 2017**.

The PdCCRS Questions Form - PdCCRS Priority-driven Standard Project Grants must be submitted **directly to Cancer Australia** as a PDF file.

Applications **MUST** be submitted through the relevant Administering Institution Research Administrative Office (RAO), which may have closing dates that are earlier than the NHMRC closing date. **Please check with your institution for any local rules.**

Late or incomplete grant applications **will not** be accepted.

Major dates

The following dates apply to the 2017 PdCCRS process:

| Date | Process |
|------------------------|--|
| 23 December 2016 | PdCCRS application documents available on Cancer Australia website |
| 11 January 2017 | Call for grant applications open and applications can be submitted to RGMS |
| 15 February 2017 | Minimum application data must be entered into RGMS |
| 15 March 2017 | Closing date for receiving project grant applications through RGMS and <i>PdCCRS Questions</i> forms |
| March - September 2017 | NHMRC and Cancer Australia/Funding Partners' Grant Review Committees Assessments |
| October-November 2017 | Cancer Australia will advise applicants of funding outcomes |

Co-applications for funding from Cancer Australia, NHMRC and the Cancer Councils

When submitting their applications to RGMS for funding of project grants, some applicants may apply for funding to Cancer Australia (PdCCRS) and/or the NHMRC and/or the Cancer Councils.

After the assessment processes are complete, the NHMRC, Cancer Councils and Cancer Australia will work together to identify which grant applications applying to these organisations will be funded by each organisation.

Appendix 1: Assessment process

PdCCRS grant applications will be assessed in two Phases.

Assessment phase 1

PdCCRS grant applications will be assessed and ranked via the NHMRC Project Grants grant review process. Applicants are to indicate their preferred Peer Review Area in RGMS for NHMRC's consideration. (Refer to the [Guide to Peer Review Areas for Project Grant Applications](#)). These fields will primarily be used by NHMRC to allocate applications to the most appropriate GRP. Other information such as the title and synopsis may be used in some instances.

Prior to the GRP meeting, applicants will have an opportunity to respond (via rebuttal) to the reviews provided by up to two external assessors and their application's spokespersons.

After spokespersons have considered the rebuttal and re-scored applications, NHMRC will collate the final scores provided by the Primary and Secondary Spokespersons for each application and identify the least competitive 50% of applications. These applications will be considered by the GRP for removal in advance of the GRP meeting (the Not for Further Consideration [NFFC] Process). The GRP will review all remaining applications.

Grant applications that are rated NFFC by the NHMRC or are reviewed by an NHMRC GRP and receive a GRP score of less than 4.0, and/or receive a score for scientific quality of less than 4.0 will not enter the Cancer Australia and Funding Partners' Phase 2 assessment process.

Scores from the NHMRC grant review process relating to scientific quality, significance and/or innovation, and team quality and capability relevant to this application will be provided to Cancer Australia.

These scores will contribute 40% of the final PdCCRS Priority-driven Standard Project grant score.

Assessment phase 2

Cancer Australia and Funding Partners' Grant Review Committees will score grant applicant's responses to the *PdCCRS Questions* for Priority-driven Standard Project Grants on each of the following elements:

Question 1 – outcomes and impacts of proposed research;

Question 2 – pathway to translate research into policy, practice or further research;

Question 3 – collaboration; and

Question 4 – consumer involvement in research.

In total, the scores for the PdCCRS Questions assessment phase will contribute 60% of the final PdCCRS Priority-driven Standard Project grant score.

The alignment of research projects to the research priority area/s of Cancer Australia and/or its Funding Partners will also be assessed.

Cancer Australia and Funding Partners' Grant Review Committees will include consumer representation. Contemporary research suggests while researchers are best placed to assess the quality and feasibility of research, judgements on the

broader significance of the research and impacts on society, benefit greatly from an assessment by consumers².

Seeking consumer input at all stages of research from conception through to dissemination and implementation of study findings across the research spectrum is an important element of the assessment criteria.

Cancer Australia and Funding Partners' Grant Review Committees will also comprise representatives from Funding Partners, the NHMRC and Cancer Australia.

The criteria for funding decisions

The scores assigned to the *PdCCRS Questions* responses together with the scores received by the NHMRC are weighted and combined to provide a single final score. All applications are ranked according to this final score and funding is assigned in rank order until the available budgets for Cancer Australia and/or its Funding Partners are expended.

In making a final decision on which applications will be offered funding, consideration will be given to whether the proposal will make an efficient, effective, economical and ethical use of Commonwealth resources, as required by Commonwealth legislation, and consideration will also be given to alignment with published research priorities.

The assessment criteria

Assessment criteria for the Priority-driven Standard Project Grants are summarised in the table below.

| | |
|--|-----|
| Science Team Quality and Capability relevant to the application – relative to opportunity, taking into account career disruptions where applicable | 40% |
| Outcomes and impact of current proposal: <ul style="list-style-type: none"> • potential direct outcomes of this research proposal • short/medium and long term outcomes and impact on cancer control • impact on populations with poorer cancer outcomes within the community | 25% |
| Translation of Research: <ul style="list-style-type: none"> • strategy for the translation of results generated by this project to achieve potential outcomes and impact | 10% |
| Collaborations <ul style="list-style-type: none"> • cross-disciplinary • national/multi-state • public and private institutions/hospitals • justification of specified collaboration | 15% |
| Consumer involvement in <ul style="list-style-type: none"> • project design and • ongoing consumer involvement through the life of the project | 10% |

² Saunders C, Girgis A, Butow P, Crossing S, Penman A: Operationalising a model framework for consumer and community participation in health and medical research (<http://www.anzhealthpolicy.com/content/4/1/13>) accessed 10 July 2013

Conflict of interest for grant reviewers

The PdCCRS aims to support high-quality research and, in order to do this, advice and assistance from expert researchers is sought. The consequence of this strategy is that, from time to time, members of Grant Review Committees may have an actual, potential or perceived conflict of interest with an application under review.

To ensure probity and transparency in the PdCCRS grant review process, a mechanism is in place to identify and manage conflicts of interest. Specifically:

- Grant Review Committee members must sign a Deed of Confidentiality in relation to confidential information and conflict of interest;
- Grant Review Committee members are required to disclose to Cancer Australia any actual, potential or perceived conflicts of interest;
- Cancer Australia will determine the appropriate action in response to the declared conflict of interest. These actions may include:
 - Declaration that the conflict is minor/insignificant and should result in no further action;
 - Declaration that the conflict is significant and the member should not participate in the assessment process (discussion or scoring) of the application in question.
- Applicants named as a Chief Investigator for any 2017 PdCCRS application/s will be excluded entirely from participating in the grant review process for the 2017 round of the PdCCRS.

Appendix 2: 2017 PdCCRS research priorities

Cancer Australia

Cancer Australia's framework of research priorities relate to specific areas of cancer research, tumour types and populations with poorer outcomes. In looking to support research in these areas, Cancer Australia encourages research which focuses on emerging issues, innovation and novel approaches.

Origins and causes of cancer

Aetiology

- Exogenous Factors in the Origin and Cause of Cancer.

Prevention of cancer

Prevention

- Personal Behaviours That Affect Cancer Risk;
- Nutrition, Chemoprevention, or Vaccines.

Early Detection and Treatment of cancer

Early Detection, Diagnosis & Prognosis

- Technology and/or Marker Evaluation or Testing in a Clinical Setting.

Treatment

- Discovery and Development of Localized Therapies;
- Clinical Applications of Localized Therapies, Systemic Therapies or Combinations of Localized and Systemic Therapies.

Cancer Control, Survivorship & Outcomes

- Patient Care, Survivorship Issues, or End-of-Life Care including Complementary and Alternative Approaches;
- Health Services, Economic and Health Policy analysis and Surveillance;
- Behaviour, Education and Communication.

Tumour types

Research addressing cancers of the lung, colon and rectum, pancreas, cancer of unknown primary, lymphoma, kidney, bladder, stomach or oesophagus is strongly encouraged.

Translational research

- Translational research involving the testing or application of technologies, markers and therapies in a clinical setting;
- Translational research associated with surveillance and prevention of cancer;
- Translational research to improve: patient care, survivorship, supportive and end of life care, health services, economic and health policy.

Populations with poor and unwarranted variations in cancer outcomes

Cancer research focusing on populations who experience poor and unwarranted variations in cancer outcomes is strongly encouraged, including variations by:

- Aboriginal and Torres Strait Islander status;
- socioeconomic status;
- geographic location.

Cancer Australia: gynaecological cancers

Cancer Control, Survivorship & Outcomes research in gynaecological cancer

- Patient Care, Survivorship Issues, or End-of-Life Care including Complementary and Alternative Approaches;
- Health Services, Economic and Health Policy analysis and Surveillance; especially in relation to cervical cancer;
- Behaviour, Education and Communication; especially in relation to endometrial cancer.

Translational gynaecological cancer research

- Testing or application of technologies, markers and therapies in a clinical setting;
- Surveillance and prevention of cancer.

Populations with poor and unwarranted variations in cancer outcomes

- Gynaecological cancer research focusing on reducing unwarranted variations/ improving outcomes for Aboriginal and Torres Strait Islander women is strongly encouraged.

Applications reflecting these priority areas which encompass endometrial cancer research are particularly encouraged.

Cancer Australia: lung cancer

Aetiology:

- Exogenous and endogenous factors in the origin and cause of smoking and non-smoking related cancers

Treatment:

- The discovery, development or clinical applications of systemic therapies or combinations of localized and systemic therapies

Cancer Control, Survivorship and Outcomes:

- Patient-Centred Care including reported outcomes, Survivorship Issues, Palliative Care or End-of-Life Care including Complementary and Alternative Approaches
- Health Services, Economic and Health Policy analysis
- Surveillance after treatment
- Behaviour, Education and Communication

Translational research (T3):

- Focussed on translation of evidence into clinical practice, patient care, health services, economic and health policy to improve lung cancer outcomes

Populations with poor and unwarranted variations in lung cancer outcomes

- Lung cancer in populations with unwarranted variations

Cancer Council Australia

Populations with poor and unwarranted variations in cancer outcomes

Cancer research focusing on populations who experience poor and unwarranted variations in cancer outcomes is strongly encouraged, including variations by:

- Aboriginal and Torres Strait Islander status;
- socioeconomic status;
- geographic locations.

Cancer Council NSW

Cancer Council NSW invites research applications that address one or both of the following:

a) Research that is categorised in one or more of the following Common Scientific Outlines:

- i) Aetiology;
- ii) Prevention;
- iii) Treatment;
- iv) Cancer control, survivorship & outcomes research;

and/or

b) Research that focuses on specific tumour types:

- i) head and neck;
- ii) lung;
- iii) lymphoma;
- iv) oesophagus;
- v) pancreas.

National Breast Cancer Foundation

NBCF funds research across all aspects of breast cancer provided it has the potential to be impactful and to help us achieve our goal of "towards zero deaths from breast cancer by 2030".

However, applications are particularly encouraged in the following priority areas:

- 1) New/optimized treatments for Triple negative breast cancer, comprising new target discovery, new delivery methods, new drugs, new therapeutic regimes etc
- 2) New/optimized treatments for metastatic/locally advanced breast cancer comprising new target discovery, new delivery methods, new drugs, new therapeutic regimes etc
- 3) Health services delivery, comprising big data linkage, epidemiological research to address disparities and variances in outcomes, translation of evidence into policy and practice, quality of healthcare etc

Appendix 3: Instructions to applicants

How to apply for a PdCCRS Priority-driven Standard Project Grant

Applications **MUST** be submitted through the relevant Administering Institution Research Administrative Office (RAO). The RAO may have closing dates that are earlier than the NHMRC closing date. **Please check with your institution for any local rules.** The NHMRC's Research Grants Management System (RGMS) must be used to access/enter your CV and Profile, or submit a Project Grant Application.

- Visit the [NHMRC website](#) for information about applying for project grants and for downloading all NHMRC instructions and **Rules** including:
 - NHMRC Funding Rules 2017 incorporating the Project Grants scheme-specific funding rules for funding commencing in 2018;
 - NHMRC Advice and Instructions to Applicants 2017 incorporating the Project Grants scheme-specific advice and instructions to applicants;
 - The RGMS User Guides; and
 - Other relevant guidelines and funding policies.
- The *PdCCRS Questions Priority-driven Standard Project Grants 2017* form can be downloaded from the Cancer Australia website (www.canceraustralia.gov.au).
 - The *PdCCRS Questions* form **must** be completed when applying to Cancer Australia and its Funding Partners.
 - Grant applications **will not be considered** if the *PdCCRS Questions* Form is not fully completed and submitted by 5:00pm (AEDT) 15 March 2017.
 - Grant applications **will not be considered** if the incorrect *PdCCRS Questions* Form is submitted. Please ensure you complete the correct *PdCCRS Questions* Form.
 - Grant applications **will be deemed ineligible and will not be considered** if any question in the *PdCCRS Questions* Form is not answered or a response of 'not applicable' / 'not relevant' (or equivalent) is provided for any question.
 - Grant applications **will be deemed ineligible and will not be considered** if in responding to a *PdCCRS Question* an attempt is made to justify that the question is not applicable or relevant.
 - While the *Detailed Background and Research Plan* PDF **must** be submitted to the NHMRC by your RAO, the **completed PdCCRS Questions PDF must be submitted directly to Cancer Australia** at grants@canceraustralia.gov.au.

Instructions for using NHMRC's RGMS

When preparing your application for submission to NHMRC's Research Grants Management System (RGMS), please refer to the NHMRC [Advice and Instructions to Applicants 2017 incorporating the Project Grants scheme-specific advice and instructions to applicants](#). [An RGMS User Guide](#) is available to assist in completing your application.

In order to be considered for funding through the PdCCRS by Cancer Australia and Funding Partners, you must also follow the specific RGMS instructions below:

PART B – APPLICATION DETAILS

B–AIProj: Application information

Clinical Trial

This question aims to identify applications that involve a clinical trial. Select the appropriate option from the drop down box.

Note: Selecting 'yes' does not necessarily result in allocation of the application to a Clinical Trials Grant Review Panel group. Applicants that consider Clinical Trials to be the predominate methodology of their research should denote this in Section B-GRPN

Funding Organisation

- This question asks you to select the organisation/s from which funding is sought and provides you with three check box options:
 - NHMRC
 - Cancer Australia and Funding Partners
 - Cancer Council
- You **MUST select the 'Cancer Australia and its Funding Partners' box** to ensure your application is considered by Cancer Australia and Funding Partners for the PdCCRS.
- You may also select NHMRC and/or Cancer Council as appropriate.

Applicants should note the RGMS Hints and Instructions for this and other relevant pages when completing the application.

Funding Source consideration based on Funder Box/s selected by applicant

At the completion of the NHMRC peer review process and based on the funders selected, your application will be considered for funding, as follows:

| Funder Box selected by applicant | Organisation which will consider application for funding | | |
|--|--|-------|----------------|
| | Cancer Australia & Funding Partners | NHMRC | Cancer Council |
| Cancer Australia & Funding Partners | Yes | No | No |
| Cancer Australia & Funding Partners & NHMRC | Yes | Yes | No |
| Cancer Australia & Funding Partners & Cancer Council | Yes | No | Yes |

| | | | |
|--|-----|-----|-----|
| Cancer Council | | | |
| Cancer Australia & Funding Partners & NHMRC & Cancer Council | Yes | Yes | Yes |

Note: If a box is not selected, the application will be assessed by NHMRC only.

Consent to disclose personal information to other organisations

- This question asks whether the CIA has sought consent from the other Chief Investigators to provide the application, snapshot reports and information about the results of NHMRC's assessment of the application to other organisations. The **'YES'** answer should be selected.

Associate Investigators

This question asks if you have sought agreement from Associate Investigators (AI) for their name to be included in this application. The **'YES'** answer should be selected. Select the appropriate option from the drop down box. Written evidence will need to be provided to your RAO that all AIs have agreed to be named on the application.

B-GP: Grant Proposal

This section requires that the *Grant Proposal* is uploaded as a PDF file and that the *Grant Proposal* be structured according to given headings and contain all relevant scientific information relating to your research proposal, including community involvement.

The information provided about community involvement should be consistent with that provided in the question about consumer involvement in the *PdCCRS Questions Priority-driven Standard Project Grants 2017* form.

The *Grant Proposal* should be structured as follows:

- Research Proposal - nine (9) pages;*
- References – two (2) pages;*
- Team Quality and Capability relevant to this proposal – one (1) page*
- CI track record including the Top 5 publications in the last 5 years – two (2) pages per CI;*
- Indigenous Research Excellence Criteria, if applicable – two (2) pages;*
- Priority-driven Young Investigator Project Grant, if applicable – one (1) page per Young Investigator*

Please note that applicants must also submit their completed *PdCCRS Questions Priority-driven Standard Project Grants 2017* form directly to Cancer Australia (grants@canceraustralia.gov.au) as a separate PDF file.

This means that if you are seeking funding from Cancer Australia and/or its Funding Partners you will provide **two** PDF files:

- *Grant Proposal* to the NHMRC via RGMS (<https://www.rgms.nhmrc.gov.au>); and
- Cancer Australia *PdCCRS Questions Priority-driven Standard Project Grants 2017* form to grants@canceraustralia.gov.au.

If you are seeking funding from Cancer Australia and/or its Funding Partners **and** Cancer Council (and NHMRC) funding you will provide **three** PDF files:

- Grant Proposal to the NHMRC via RGMS (<https://www.rgms.nhmrc.gov.au>); and
- Cancer Australia PdCCRS Questions Priority-driven Standard Project Grants 2017 form to grants@canceraustralia.gov.au); and
- Cancer Council Supplementary Questions (to the Cancer Council at CancerCouncilGrants@cancervic.org.au).

B–PB: Proposed Budget – DRC and Equipment

Please ensure you refer to the relevant advice in the [NHMRC Funding Rules 2017 incorporating the Project Grants scheme-specific funding rules for funding commencing in 2018](#) and the [NHMRC Advice and Instructions to Applicants 2017 incorporating the Project Grants scheme-specific advice and instructions to applicants](#). Further details on permitted uses of NHMRC funds and setting of budgets can be found in [NHMRC Direct Research Costs Guidelines](#).

When applying to Cancer Australia and Funding Partners please ensure your budget **does not exceed** \$600,000 (GST exclusive) over three years, \$400,000 over two years or \$200,000 for a one year project. Your application **will not be considered** if it exceeds these amounts or the budget in any one year of a multi-year project exceeds \$200,000 (GST exclusive) by more than 20%.

Applicants may not seek funding for equipment totalling more than \$80,000 for the entire period of the grant.

If you are also seeking funding from other organisations, such as the NHMRC and/or Cancer Council, and your budget is in excess of the limits specified by Cancer Australia and its Funding Partners, please, explain at **Item H - Budget** of the **PdCCRS Questions form** how the project will be amended to accommodate a revised budget.

Please note that applications exceeding the budget limits specified by Cancer Australia and its Funding Partners and which do not provide a modified budget and/or explanation of the research that will be conducted with the modified budget will be deemed **ineligible for funding** and not considered further.

How to Complete the PdCCRS Questions Priority-driven Standard Project Grants 2017 Form

PdCCRS Questions Form

The Cancer Australia PdCCRS Questions Priority-driven Standard Project Grants 2017 form seeks information specific to the PdCCRS. The form can be downloaded from the Cancer Australia website (www.canceraustralia.gov.au). Submission of the PdCCRS Questions form and your selection of 'Cancer Australia and its Funding Partners' within NHMRC's RGMS Application software (Funding Source) identifies that you are submitting your grant application for consideration by Cancer Australia and/or its Funding Partners.

Please note that in this current 2017 round of the Priority-driven Collaborative Cancer Research Scheme there are two different PdCCRS Questions forms:

- PdCCRS Questions Priority-driven Standard Project Grants 2017
- PdCCRS Questions Priority-driven Young Investigator Project Grants 2017

Please ensure you download and use the correct form.

Answers to the *PdCCRS Questions* Priority-driven Standard Project Grants are used to evaluate alignment of the research to research priority area/s; outcomes and impact of the proposed research; translation of research findings; collaboration; and consumer involvement.

These *PdCCRS Questions* will be used by Cancer Australia and its Funding Partners to assist them in their funding decisions. The NHMRC will not include answers to these questions in its review process.

The *PdCCRS Questions* Form also includes the Common Scientific Outline (CSO) classification system. The CSO is the result of collaborative effort between the National Cancer Institute in the US, the National Cancer Research Institute in the UK, and their partners. It is a classification system organised around six broad areas of scientific interest in cancer research, plus subgroups (Full descriptions of the Common Scientific Outline categories are available at: icrpartnership.org/CSO.cfm). Cancer Australia uses the CSO coding to classify successfully funded grants. The CSO is not formally assessed or scored.

Please note: responses to *PdCCRS Questions* will be assessed independently of the rest of the grant application (including the *Grant Proposal* and the *Cancer Council Supplementary Questions*). Responses to the *PdCCRS Questions* should be provided in a manner which **can be read without reference** to the *Grant Proposal*.

Please ensure that the *PdCCRS Questions* form can be read as a stand alone document. Do not refer to tables, text or other information provided in the *Grant Proposal* or the *Cancer Council Supplementary Questions*, as assessors reviewing the *PdCCRS Questions* **will not** have access to these documents.

The *PdCCRS Questions* must be submitted to Cancer Australia as a separate PDF file from your NHMRC *Grant Proposal* PDF file.

The file name must be: '[App ID]_CancerAustralia_AddQs_[CIA Family Name].pdf' eg '123456_CancerAustralia_AddQs_Smith.pdf'

Please insert **your NHMRC application ID and CIA surname** in the header.

**Please submit *PdCCRS Questions* directly to grants@canceraustralia.gov.au
Deadline for receipt of *PdCCRS Questions* forms is 5:00pm (AEDT) 15 March 2017**

Guidance for Completing the PdCCRS Questions Priority-driven Standard Project Grants 2017 form:

- Responses to PdCCRS Questions must be provided in text boxes provided. Response must be in **Arial 10 point font**.
- The character limit (including spaces) provided for each PdCCRS Question must be strictly adhered to. The **text which exceeds the specified character limit will not be reviewed**.
- Please limit the use of acronyms and define any acronyms used in the PdCCRS Questions Form.

PART 1 – Project details and eligibility

Responses to PART 1 will determine the eligibility of applications and the alignment of projects to the identified research priority area/s of Cancer Australia and Funding Partners.

A – Chief Investigator A (CIA)'s details

Please ensure Chief Investigator A is the same as named on the NHMRC application form, details are correct and all fields are completed.

B – Administering Institution details

Please ensure that details of the Administering Institution are the same as named on the NHMRC application form, details are correct and all fields are completed.

C – Scientific Title and plain English description of your project

Please ensure the Scientific Title of your project is the same title as used on the NHMRC application form.

Please ensure that your plain English description of your project does not exceed 4-5 lines. You may utilise the short plain English description provided to the NHMRC to answer this question.

D (i) – Please provide a one page synopsis of your research project.

Applicants are encouraged to utilise the synopsis (limit 2000 characters) provided to the NHMRC to answer this question. The applicant may wish to tailor their synopsis to ensure the assessment panel can determine the areas and aims of their research.

D (ii - iv) – Please complete details about the planned project if it is a cancer clinical trial.

Please limit any answer at Item D (iv) to 1000 characters (including spaces) in total.

E – Which research priority area/s does your grant application relate to?

Cancer Australia and its Funding Partners will consider co-funding successful grant applications. Applicants are encouraged to review the list of research priority area/s and to **select ALL research priority area/s** that **directly** relate to the proposed research project.

Please select research priority area/s by placing an 'X' in the box to the left of the priority.

Applicants **must** ensure their research project:

- **Directly aligns** with at least one priority area/s of Cancer Australia and/or its Funding Partners

F – Research in identified priority area/s

For **each** priority area selected at **Item E** the applicant should justify how their research directly relates to each of the priority area/s selected.

For each selected research priority, please:

- Delete '[insert priority]' and replace with the research priority area/s
- Delete '[insert Funding Partner]' and replace with the name of the Funding Partner
- Use a **separate box for each selected research priority area**.

Please note that space is initially provided on the form for two research priority area/s. Applicants should add additional boxes as required to address each selected research priority area.

For example, if three research priority areas are selected from a single Funding Partner, then three boxes must be completed; one for each research priority area.

Please limit the answer at Item F to 2000 characters (including spaces) in total.

Your response to this question will determine the funding or co-funding of your grant by Cancer Australia and/or its Funding Partners, if successful.

G – Applications submitted to other funding organisations

i) – Co-submission to NHMRC and/or Cancer Councils

Please indicate with an 'X' if this application has been submitted for consideration of funding to Cancer Australia and its Funding Partners only or Cancer Australia and other funders including the NHMRC and/or Cancer Councils.

ii) – Grant submission to other Funding Agencies/Organisations

Please also indicate with an 'X' if this application has been submitted to other funding organisations outside the NHMRC/ PdCCRS process.

If the grant has been submitted to another funding organisation, please indicate the name of the funder.

H – Budget

Annual budgets should be between \$10,000 and approximately \$200,000 (GST exclusive). When applying to Cancer Australia and Funding Partners please ensure your budget **does not exceed** \$600,000 (GST exclusive) over three years. Your application **will not be considered** if it exceeds this amount. The budget in any one year cannot exceed \$200,000 (GST exclusive) by more than 20%.

Please nominate the proposed budget for each year and the total budget for the project in the boxes provided.

NB total equipment costs for the project cannot exceed \$80,000 across the entire funded project period

Budget modification

If the application has been submitted for consideration for funding to NHMRC and/or Cancer Councils, and the proposed budget was above that specified by Cancer Australia and its Funding Partners, the submitted budget for the PdCCRS must be modified to be in line with the funding provided by Cancer Australia and its Funding Partners.

If the proposed budget is within the limit specified by Cancer Australia and its Funding Partners, place an 'X' to the left of 'Yes', and go to Item I.

If the proposed budget **exceeds** the limit specified by Cancer Australia and its Funding Partners, place an 'X' to the left of 'No' and, in the text box provided, describe how the project will be amended to accommodate the modified budget.

Applications exceeding the budget limits specified by Cancer Australia and its Funding Partners and which do not provide a modified budget and explanation of the research that will be conducted with the modified budget will be deemed **ineligible** for funding.

I – Additional funding opportunities

If your application is unsuccessful in the PdCCRS, with your permission, Cancer Australia may pass your application on to other funders of cancer research for consideration.

By selecting 'yes' at Item I(i) and I(ii) you are providing your permission to Cancer Australia to pass your contact and application details on to other funders.

J – Conflict of Interest

A conflict of interest may exist, for example, if the applicant or any of its personnel:

- Has a relationship (whether professional, commercial or personal) with a party who is able to influence the application assessment process;
- Has a relationship with, or interest in, an organisation, which is likely to interfere with or restrict the applicant in carrying out the proposed activities fairly and independently; or
- Has a relationship with, or interest in, an organisation from which they will receive personal gain as a result of the granting of funding under the PdCCRS.

Each applicant will be required to declare as part of their application (Item J), existing conflicts of interest or that to the best of their knowledge there is no conflict of interest, including in relation to the examples above, that would impact on or prevent the applicant from proceeding with the project or any funding agreement it may enter into with the Australian Government.

If you indicate that you have a conflict of interest **please specify the nature of this conflict.**

Where an applicant subsequently (after submission of the *PdCCRS Questions*) identifies that an actual, apparent, or potential conflict of interest exists or might arise in relation to this application for funding, the applicant must inform Cancer Australia in writing immediately.

K – Agreements

The applicant must agree to the conditions outlined. Please **circle** 'Yes' or 'No' to indicate whether you agree to each statement. Failure to comply will deem applications **ineligible** for funding through this scheme.

Cancer Australia Funding Agreement terms and conditions

Please indicate whether the Administering Institution is willing to comply with the terms and conditions outlined in the Cancer Australia Funding Agreement.

Confidentiality and Protection of Personal Information

Each applicant will be required to declare as part of their application, their ability to comply with **Item 24 – Compliance with Laws and NHMRC Approved Standards and Guidelines** in the funding agreement it may enter into with Cancer Australia.

The Protection of Personal Information Clause requires the Participant to:

- comply with the Privacy Act (1988) ('the Privacy Act'), including the 13 Australian Privacy Principles (APPs), as if it were an agency under the Privacy Act;
- refrain from engaging in direct marketing (s 16F of the Privacy Act), to the extent that the APPs and/or s 16F apply to the Participant; and
- impose the same privacy obligations on any subcontractors it engages to assist with the Project.

The Confidentiality Clause imposes obligations on the Participant with respect to special categories of information collected, created or held under the Agreement.

The Participant is required to seek Cancer Australia's consent in writing before disclosing Confidential Information.

Further information can be found in the PdCCRS Funding Agreement available on www.canceraustralia.gov.au.

Use of funds

Each applicant must declare that they will use the funds to undertake activities as outlined in this research proposal and not use funds for activities that do not relate directly to this application, without prior approval from Cancer Australia.

Funding from the tobacco industry

Each applicant must acknowledge that they are ineligible for funding, or funding may be terminated, if the applicant, or the applicant's administering institution receives funding from the tobacco industry, as outlined at Appendix 4.

Naming of successful applications

Each applicant must acknowledge that if successful, their name, the name of their administering institution and the title of their project and amount of funding will appear on the websites and may be used in media releases and other reports/publications by Cancer Australia and its Funding Partners.

L – Common Scientific Outline

Applicants should place an '**X**' against a maximum of **two** categories which are applicable to their project, and also indicate with * the **one** category which best describes the main research focus of their project.

PART 2 – Assessable criteria

*PART 2 comprises **four questions**. The Cancer Australia and Funding Partners' Grant Review Committees assess answers to these questions and allocate each with a score. These scores are weighted and combined with the scores provided by the NHMRC to produce the final score for each application.*

Question 1 – Outcomes and impact

Identify the potential **direct outcomes** of this research project and describe exactly how the outcomes of this project will **impact** on cancer care/control in Australia.

Describe how the outcomes including **short, medium and long term outcomes** will lead to **change in practice/care/policy and improve outcomes** for people affected by cancer.

Describe how this project or the outcomes of this project **impact on populations with poor and unwarranted variations in cancer outcomes** within the community, such as Aboriginal and Torres Strait Islander peoples and those living in particular socioeconomic status areas and geographic locations.

Please note:

- Reviewers will assess the likelihood of achievement of outcomes within the specified timeframe and budget;
- Cancers affecting a small number of individuals or a research project targeting a subgroup of individuals should justify the importance of this project to this population.

The answer to Question 1 constitutes 25% of the final score

Question 2 – Translation of the results generated from this project

The PdCCRS has a focus on supporting research that may be readily translated for the improvement of cancer care, practice and/ or policy. The intent of this question is therefore to ensure that consideration is being given to strategies for translating the results of the proposed research so it can inform further research, care, practice or policy in a timely manner.

Applicants should describe the **approaches and methodologies** to be employed to translate the findings of **this research** into clinical practice, policy, or further research in order to improve cancer control and/or cancer care.

The applicant should discuss how the collaboration proposed for the project will be **directly involved** in the translation of the research findings. If the collaboration is not expected to be directly involved in the translation of results, the applicant should specify what future collaborations or groups will be needed for the translation of findings that are expected to be derived from the project. The applicant should describe how these collaborators or groups will be identified and engaged.

Please note that conference presentations and publication of journal articles are considered to be a standard output of all research projects. This question seeks to identify what translational activities **beyond** publication and presentation of data will be undertaken.

The answer to Question 2 constitutes 10% of the final score

Question 3 – Collaboration

In the first table indicate, with an 'X', the nature of the collaborations, international, national/ multi-state, multi-site, cross-disciplinary etc.

In the subsequent table:

- list all collaborators in this project (please note that PdCCRS Questions assessors may not have access to your RGMS application)
- indicate with 'CI' or 'AI' if the collaborator is a Chief Investigator or Associate Investigator. Please note that you may also list key collaborators who are not CIs or AIs.
- list the collaborator's discipline/area of expertise
- name the collaborator's institute/hospital
- name the state where the collaborator's institute/hospital is located
- briefly **explain the role of the collaborator in the project** (what will the individual/s contribute to the project specifically that adds value to the project?). Simply naming the collaborator as Chief Investigator or Associate Investigator is not a sufficient explanation of their role in the project. If

national Groups or Centres are listed as collaborators please specify **what role** they will have in this research project and what proportion of their membership will be involved in the project.

In the text box provided (1 page maximum), **justify why the specified collaboration is required for this project**. Explain how it engages all relevant disciplines and describe how the collaborations will operate during the conduct of this project.

The answer to Question 3 constitutes 15% of the final score

Question 4 – Involvement of consumer representatives

Outline the consumer involvement in the **project design and ongoing consumer involvement throughout the life of this project**.

In answering this question, applicants should describe consumer involvement in the project design and ongoing consumer involvement through the life of the project. In particular applicants should consider describing:

- How will consumers be engaged? How will they be identified? Will they be representatives/nominees from a particular consumer group and why?
- The type of activities/role and extent of consumer involvement at the different stages of the research project from design and planning to ongoing conduct and monitoring, and publication and translation of research results.
- How the level of consumer engagement is appropriate for the proposed research.
- The bi-directional involvement of the consumers with the research collaborative.
- The processes/structures which link the researchers with the consumers.
- How will consumers represent the target group under study?

Please note that answers to this question describing bi-directional involvement of consumers in the proposed project will be assessed favourably.

The answer to Question 4 constitutes 10% of the final score

What is the definition of a consumer?

Consumers and consumer representatives are defined in accordance with NHMRC's [Statement on Consumer and Community Participation in Health and Medical Research](#).

Specifically, **consumers** are defined as:

“Patients and potential patients, carers, organisations representing consumers’ interests, members of the public who are targets of health promotion programs and groups asking for research because they believe that they have been exposed to potentially harmful circumstances, products or services”.

A **consumer representative** is defined as:

“member of a committee, steering group or similar, who voices the consumer perspective and takes part in the decision making process on behalf of consumers”.

Who is NOT considered a cancer consumer in the context of this question?

- Patients who are participating in a research study/ trial but who are not providing **direct feedback** into the **design or conduct** of the research;
- Community (lay) representative member of an ethics committee that reviewed the grant but who has no further input into the conduct of research or communication of the research;
- Research colleagues or individuals with a specific research role in the project;
- Lay members of the community who contribute administrative and other support to the study and have no specific interest or involvement with cancer consumer groups (e.g. lawyers, accountants, nurses etc).

Engagement of these individuals does not constitute consumer representation in the context of this question.

Consumers may be invited through a number of avenues: direct advertisement; invitation through specific consumer organisations: eg; general cancer advocacy organisations; specific cancer organisations such as those in breast cancer or leukaemia; service organisations such as National Aboriginal Community Controlled Health Organisation for Indigenous consumer representatives etc.

There are many opportunities for consumer involvement at all stages and all types of research. Consumers can be involved in the planning, conduct, publication and translation of research. Researchers are encouraged to include, where possible, a **minimum of two consumers** in their research to enable consumers to support each other and represent potentially different consumer viewpoints (e.g. carers and survivors).

A reasonable and appropriate level of consumer involvement may vary, depending on the nature of the research being undertaken, but could include almost any kind of interaction between consumers and researchers. There is no single 'best' method of consumer involvement in research but bidirectional consumer engagement is required. Some examples are:

- Work with researchers to identify the topic to be researched
- Work with researchers on defining or refining the research topic and developing a research proposal
- Be included in project/institution advisory committees relating to research
- Be involved in recruiting and/or disseminating information to participants in research.
- Conduct lay reviews of research proposals.
- Support the development of lay summaries.
- Review and comment on patient information sheets
- Assist researchers to pilot a research questionnaire.
- Produce newsletters for members of their organisation that chart the progress of research.
- Contribute to conferences and journal articles, especially for lay audiences

While the level of consumer involvement will be dependent on the nature of the research project; sample responses are provided below.

Example 1:

To ensure consumer input into all stages of this project, Ms Rita Wong and Mr John Ward have agreed to be associate investigators. Ms Wong and Mr Ward were identified through Consumer Organisation X and Y. Ms Wong has experience in representing the views of people affected by lung cancer as a survivor. She is also an active member of consumer organisation X and is able to attend all meetings related to the project. Mr Ward has experience in representing the views of people affected by mesothelioma as a carer. Mr Ward is a member of consumer organisation Y. Ms Wong and Mr Ward have been consulted during the design of the research project and have had an opportunity to directly input into the project design. This input has helped us refine the questions in our patient questionnaire and we have included an additional study group comprised of carers of patients with lung cancer. Ms Wong and Mr Ward will continue to be involved in reviewing the progress of the research and will have the opportunity to provide direct input into the course of the research through monthly teleconferences. Ms Wong and Mr Ward will be provided with draft copies of reports and publications generated from the project, so that their input can be incorporated prior to publication. Ms. Wong and Mr Ward will present at the annual Australian lung cancer meeting and will produce written summaries of this project for inclusion in newsletters of consumer organisation X and Y. Ms Wong and Mr Ward will also be responsible for arranging regular presentations for relevant consumer support groups related to this research project, to optimise effective communication and feedback opportunities from a broad stakeholder group.

Example 2:

We have engaged two consumer representatives, Mr Brown and Ms Singh, through a public application process. Mr Brown and Ms Singh were selected through a merit-based process. Mr Brown has cared for a family member with cancer X and Ms Singh is a member of cancer X support group. Although the initial research plan was developed before Mr Brown and Ms Singh were engaged, they have had an opportunity to review the proposed research and provide input prior to the submission of this research project to the Priority-driven Collaborative Cancer Research. Their input has shaped our patient recruitment strategy for this study. If successfully funded, Mr Brown and Ms Singh will assist us in the development of lay summaries of our research for publication in relevant newsletters. Mr Brown and Ms Singh will also review and participate in presentations designed for consultation with both consumer and professional groups. Feedback from these consultations will also be integrated into the project. Mr Brown and Ms Singh will also be kept fully informed of the progress of the project and be involved in regular teleconferences throughout the life of the project to provide ongoing feedback and direction. Mr Brown and Ms Singh will also advise us on the most appropriate techniques for optimal dissemination of the results to relevant consumer groups.

Example 3:

The initial research proposal was developed through consultation with the Consumer organisation Y, and the questionnaire reviewed by an expert consumer panel. Ms. Jones and Mr Smith (from Consumer organisation Y) will work closely with us, reviewing all documents that will be provided to patients to ensure that they are easily understood and fully describe what is asked of them. Both Ms. Jones and Mr Smith and an expert panel from Consumer organisation Y will be consulted regularly throughout the project and will have an opportunity to have input into the ongoing conduct of the project. Ms Jones and Mr Smith will assist in the communication of the projects' aims and findings. Organisation Y will play an important role in the translation of results into outcomes for the community through the public presentation of the research results in their newsletters and public lectures.

Researchers are encouraged to consult with the following documents from the Cancer Australia and NHMRC when addressing this criterion:

- *National Framework for Consumer Involvement in Cancer Control*
<http://www.canceraustralia.gov.au/publications-resources/cancer-australia-publications/national-framework-consumer-involvement-cancer>
- *A Model Framework for Consumer and Community Participation Research:*
http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/r33.pdf
- *Resource Pack for Consumer and Community Participation in Health and Medical Research,* <http://www.nhmrc.gov.au/guidelines/publications/r22-r23-r33-r34>
- Investigators proposing to undertake research that specifically relates to the health of Aboriginal and/or Torres Strait Islander peoples, or which includes distinct Aboriginal and/or Torres Strait Islander populations, biological samples or data must be aware of, and refer to the following documents in formulating their proposal:
 - The Indigenous Research Excellence criteria are available at Section 6.3 of the *NHMRC Funding Rules 2016*:
<http://www.nhmrc.gov.au/book/nhmrc-funding-rules-2016/6-assessment-criteria>
 - Values and Ethics - Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research available at:
<http://www.nhmrc.gov.au/publications/synopses/e52syn.htm>
 - The NHMRC Road Map II: A strategic framework for improving the health of Aboriginal and Torres Strait Islander people through research available at:
http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/r47.pdf
- Cultural Competency in health: A guide for policy, partnerships and participation, <http://www.nhmrc.gov.au/guidelines/publications/hp19-hp26>

Checklist

Applicants must review and complete the Checklist (on page 41) before submitting their *PdCCRS Questions* form to Cancer Australia.

Please place an 'X' in each checkbox to indicate that you have completed the specified task.

Appendix 4: Awarding of grants

How are the grants administered?

Offers will be made by Cancer Australia and its Funding Partners to the Chief Investigator A. The Chief Investigator A is responsible for organising and managing the research collaboration, and reporting to Cancer Australia and its Funding Partners.

What approvals are required?

Relevant ethical and other approvals are required as set out in the NHMRC Funding Rules incorporating the Project Grants scheme for funding commencing in 2018. Evidence of final ethics clearance/s is not required at the time of application. However, all relevant ethical and other approvals must be obtained prior to the commencement of the research project. It is the responsibility of the Chief Investigator A to ensure that all relevant ethical and other approvals have been obtained by collaborating partners.

Will grants be made to researchers associated with the Tobacco Industry?

Cancer Australia and its Funding Partners will not make a research grant to a researcher who:

- is an applicant for, or is in receipt of funds from, the tobacco industry or organisations deemed by Cancer Australia to be associated with the tobacco industry, regardless of whether the funds are received directly, through collaborators or by other means;
- is employed in a research institute or organisation or, in the case of universities, Faculty or School that allows applications or receives funds from the tobacco industry, whatever the use of those funds may be; or
- is employed in a University that accepts funds from the tobacco industry for health related research or services, wherever in the University that research may be done or those services supported.

Cancer Australia will terminate its support for a research project if the above provisions relating to support from the tobacco industry are breached or it believes that the integrity of the research is threatened by influence from tobacco interests.

Appendix 5: Conditions of Funding

Contracting arrangements

Should the grant application be successful, the NHMRC approved Administering Institution is required to enter into a Funding Agreement with Cancer Australia. The conditions in the agreement covers contract areas including acknowledgement, intellectual property and reporting requirements. A copy of the PdCCRS Funding Agreement can be found at www.canceraustralia.gov.au.

Reporting requirements

If your grant application is successful you will be required to provide Annual Progress Reports. The reporting requirements will be set out in the Schedule to the Funding Agreement. Broadly:

- Successful applicants will be required to provide Annual Progress Reports, and a Final Report at the cessation/ completion of their research project.
- The Annual Progress Reports will include (but not be limited to):
 - A financial statement against the approved project grant budget
 - Date of report, project title, principal investigator, associate researchers, institution, project progress (outlining research progress to date, any departures from the original timeline or challenges or barriers to progress, and plans for overcoming setbacks), outcomes to date, the involvement of consumers, any publications arising from the award, and whether the research has influenced clinical practice or policy.
- The Final Report will include (but not be limited to):
 - An audited financial report against the approved project grant budget
 - Date of report, project title, principal investigator, associate researchers, institution,
 - Project outcomes including what achievements were made in the performance of the project and where applicable, an explanation as to why any of the outcomes and aims of the project were not achieved
 - The impact of the project on cancer control and populations with poorer outcomes within the community.

Annual Progress Report and Final Report templates will be made available from Cancer Australia and are to be submitted electronically to Cancer Australia.

Where a Grant recipient fails to submit a satisfactory report, Cancer Australia may determine that funds have not been used in accordance with conditions applicable to the Grant as stipulated in Clauses 4.1, 6 and 16 of the PdCCRS Funding Agreement. In this situation, Cancer Australia may:

- request that all or part of the Grant be repaid; or
- require the project period of the grant be extended so completion and reporting of the research can be undertaken. Please note that in this situation, no further funds will be available from Cancer Australia and/or its Funding Partners.

Monitoring

The Chief Investigator A will be required to actively manage the delivery of the project. Cancer Australia will monitor progress against the funding agreement through assessment of progress reports and by conducting site visits as necessary.

Evaluation

An evaluation by Cancer Australia will determine how the funding has contributed to the objectives of the PdCCRS. Funding recipients will be required to provide information to assist in this evaluation for a period of time, as stipulated in the Funding Agreement, after funding has been provided.

Appendix 6: Frequently Asked Questions

What if my project is also submitted to the NHMRC and/or Cancer Council and exceeds the value of the Priority-driven Collaborative Cancer Research Scheme funding category/s?

If applicants would like to be considered for funding through Cancer Australia/ its Funding Partners and NHMRC and/or Cancer Council, they must adhere to the Cancer Australia and its Funding Partners' eligibility criteria as well as all NHMRC and/or Cancer Council eligibility criteria (outlined in the NHMRC Funding Rules incorporating the Project Grants scheme for funding commencing in 2018).

In the *PdCCRS Questions Form* (Item H - Budget) applicants have the opportunity to detail how their project can be modified to comply with the budget and duration limits specified above. Applications exceeding the budget limits specified by Cancer Australia and its Funding Partners and which do not provide a modified budget and/or explanation of the research that will be conducted with the modified budget will be deemed **ineligible** for funding.

What are the limitations on funding for researchers and institutions?

The first named chief investigator (Chief Investigator A) must have an appointment at an NHMRC approved administering institute.

If applying solely for funding from Cancer Australia or its Funding Partners through the Priority-driven Collaborative Cancer Research Scheme, there is no limit to the number of grants held by any one researcher, university department, hospital or medical research institute. However, an applicant (named as Chief Investigator A [CIA]) can only submit a **maximum of two applications for each round of the PdCCRS**.

Will I receive the budget I ask for?

Consistent with the nature of the funding, a grant may not necessarily be funded for the entire amount of money sought. As part of the assessment process, the NHMRC Grant Review Panels (GRPs) will review the proposed budget and justification by the applicant, in terms of the requirements of the proposal as assessed by the GRP and its knowledge of the costs associated with the research. Cancer Australia and its Funding Partners will use the budget suggested by the NHMRC to inform their decisions regarding budget allocation.

Funding of Research Activities Overseas

Applicants may request funding to support specific research activities to be undertaken overseas. In doing so, the applicants must clearly demonstrate that the research activity is critical to the successful completion of the project; and that the equipment/resources required for the research activity are not available in Australia.

Funding for research support staff based overseas may only be considered where this is essential to achieve the aims of the research.

Checklist

Please complete this checklist before submitting your *PdCCRS Questions* to Cancer Australia

Before you begin

- Read all information in the *Priority-driven Collaborative Cancer Research Scheme 2017 Rules for Standard Project Grant Applications*
- Ensure that you read and understand the assessment criteria for applications to the PdCCRS Priority-driven Standard Project Grants
- Understand that by submitting an application, your Group/ Organisation is agreeing to adhere to the PdCCRS Funding Agreement should you receive funding

Completing your application

Ensure that in completing your application you have:

- Used the correct *PdCCRS Questions Form* for the 2017 PdCCRS
- Answered **all** *PdCCRS Questions* and ensured answers make use of the maximum character limit specified but do not exceed the specified length

Submitting your application

- Ensure you have entered the minimum data into RGMS by 5pm AEDT 15 February 2017
- Check that ALL relevant sections of the *PdCCRS Questions Form* are complete
- Ensure that the Budget is within the stipulated limit and provide justification if the budget is less than that requested in your NHMRC and/or Cancer Council Project Grant Application
- Submit one complete **electronic copy** of your *PdCCRS Questions Form* in PDF format

End of PdCCRS Questions form