

# 2019 Priority-driven Collaborative Cancer Research Scheme

## Funding Partners and Research Priorities for 2019 Round – General Cancer Research



**Australian Government**  
**Cancer Australia**



## Cancer Australia (Category A, B, C, D)

### Cancer Prevention

Towards identifying individual and population-based primary prevention interventions, which reduce cancer risk by reducing exposure to cancer risks and increasing protective factors, Cancer Australia's research priorities in prevention research include the following research focus areas:

- Determinants of personal behaviours, such as physical activity, sun exposure, alcohol and tobacco use, known to affect cancer risk and interventions;
- Education to specified populations of patients, health care providers, and at-risk groups about cancer risk and prevention and relevant primary prevention interventions with the intent of promoting increased awareness (including the risk of stigma) and behavioural change, including adherence to preventive interventions and risk-appropriate screening;
- Trials-based studies of chemo-preventive agents; other (non-vaccine) preventive measures such as prophylactic surgery (e.g., mastectomy, oophorectomy, prostatectomy etc.), use of antibiotics, immune modulators/stimulators or other biological agents; and vaccines for prevention.

### Cancer Health Services Research

Towards providing better quality care (including care that is effective, timely and appropriate), more accessible care, more equal distribution of health gains from health services, safer care, and improved efficiency in the provision of health care, Cancer Australia's research priorities in health services research include the following research focus areas:

- Development and testing of health service delivery methods;
- Studies of future cancer care workforce development;
- Interventions to increase the quality of health care delivery;
- Impact of organizational, social, and cultural factors on access to care and quality of care, including studies on variations or inequalities in access among racial, ethnic, geographical or socio-economic groups;
- Studies of providers such as geographical or care-setting variations in outcomes;
- Effect of reimbursement and/or insurance on cancer control, outcomes, and survivorship support;
- Health services research, including health policy and practice and development of guidelines/best practice for healthcare delivery across the diagnostic/ preventive/ treatment spectrum;
- Analysis of health service provision, including the interaction of primary and secondary care;
- Analyses of the cost effectiveness of methods used in cancer prevention, detection, diagnosis, prognosis, treatment, and survivor care/support;
- Ethical, legal or social implications of research/health service delivery (e.g. genetic counselling);
- Research into systemic or operational barriers to trial enrolment.

### **General research priorities**

Cancer Australia's framework of general 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.

### **Translational research**

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

### **Tumour types**

Research addressing cancers of the: lung, colon & rectum, lymphoma, pancreas, brain, oesophagus, mouth & oropharynx, kidney, stomach, bladder, myeloma, bone & connective tissue, skin (not melanoma) and uterus.

### **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 (Category A)**

### **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 (Category A)

### **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

## Cure Cancer Australia (Category B, C, D)

Cure Cancer wishes to fund innovative, high-achieving, early-career researchers, and will be assessing the applicant's track record and publications (relative to opportunity). Cure Cancer funding may be used for the applicant's own salary, or the salary of a research assistant, and/or research materials for the specified project. Applicants are advised to consider the following research priorities in their applications:

### **Priority One: General Priorities (Categories B and C applicants only):**

- Project grants will be awarded in any field of research (including basic laboratory, epidemiology, psychosocial, translational, and clinical) into prevention, detection, treatment or cure of malignant disease;
- Cure Cancer Australia aims to provide 'start-up' funding to support post-doctoral researchers with less than seven years post-doctoral or less than seven years post-MBBS experience at the time of application (see PdCCRS Grant Guidelines for eligibility criteria for each funding category). Long term clinicians

with recent (up to 7 years) PhD qualifications are eligible to apply;

- Cure Cancer selects for leadership and innovation as well as scientific excellence, therefore the applicant must nominate themselves as sole Chief Investigator of their project. This assists early-career researchers to advance their research and to increase their competitiveness for funding from other granting agencies in the future. Please note that this funding cannot be used as part of a larger PdCCRS project grant application.

#### **Priority Two: Bioinformatics for cancer research (Category D applicants only)**

- Project grants will be awarded in any field of bioinformatics\*  
\*bioinformatics is defined as the analysis of biological information, using computers and statistical techniques, to accelerate and enhance cancer research including research related to genomes, proteomes, three-dimensional modelling of biomolecules and biologic systems.
- Cure Cancer aims to provide 'start-up' funding to support post-doctoral researchers with less than seven years post-doctoral or less than seven years post-MBBS experience at the time of application; Long term clinicians with recent (up to 7 years) PhD qualifications are eligible to apply;
- Cure Cancer selects for leadership and innovation as well as scientific excellence, therefore the applicant must nominate themselves as sole Chief Investigator of their project. This assists early-career researchers to advance their research and to increase their competitiveness for funding from other granting agencies in the future. Please note that this funding cannot be used as part of a larger PdCCRS project grant application.

### **Leukaemia Foundation of Australia (Category C)**

Leukaemia Foundation of Australia is committed to supporting innovations that drive rapid advancements in treatments and improved quality of life for people living with blood cancer. This will be achieved through the creation of a blood cancer innovation ecosystem that fosters research and collaboration leading to our goal of zero lives lost to blood cancers.

The Leukaemia Foundation of Australia invites applications geared towards supporting research into amyloidosis or haematological malignancies in the following priority areas:

- Understanding the biology of haematological malignancies
- Accelerating the adoption of personalised medicine
- New diagnostics
- Novel therapies
- Epidemiology and prevention research

### **National Breast Cancer Foundation (Category A)**

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/optimised treatments for Triple negative breast cancer, comprising new target discovery, new delivery methods, new drugs, new therapeutic regimes etc.
- 2) New/optimised 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.

### **The Kids' Cancer Project (Category A, C)**

The Kids' Cancer Project is seeking to support collaborative research which will have the greatest impact on childhood cancer survival.

The Kids' Cancer Project defines a child as an individual up to the age of 18 years old.

#### Priority 1: Adolescents and young adults (AYAs)

The Australian health system defines a child as an individual between 0 and 15 years old. The Kids' Cancer Project has extended their definition of a child to include 0 to 18 year olds in response to the significant drop in survival rates once a child reaches 16. The Kids' Cancer Project recognises that Young Adults are an important consideration, which will now be incorporated in future research funding specifications where possible.

#### Priority 2: Improving survival and treatments

Improving treatments for childhood cancer will have a direct impact on survival rates. The Kids' Cancer Project will gain an understanding of best practice and emerging technologies spanning all modalities of treatment. The Kids' Cancer Project will support research that will have a direct impact on survival rates for all childhood cancers with a relative 5 year survival greater than 85%.