# PdCCRS Questions Priority-driven Standard Project Grants 2018 – All Cancers Research Priorities

Application for Cancer Australia and its Funding Partners' PdCCRS Priority-driven Standard Project Grants commencing 2019

## Instructions

- This PdCCRS Questions form is to be completed by applicants seeking to apply for funding from the 2018 round of the PdCCRS Priority-driven Standard Project Grants – All Cancers Research Priorities.
- This PdCCRS Questions form is **NOT** for Standard Project Grants Childhood Cancers of Low Survival Research Priorities
- This PdCCRS Questions form is **NOT** for Young Investigator Project Grants All Cancers Research Priorities.
- This *PdCCRS Questions* form is **NOT** for Young Investigator Project Grants -Childhood Cancers of Low Survival Research Priorities.
- This form is to 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\_PdCCRSQs\_[CIA Family Name].pdf' eg '123456\_CancerAustralia\_PdCCRSQs\_Smith.pdf'

# Please submit PdCCRS Questions forms to grants@canceraustralia.gov.au by5:00pm AEDT 14 March 2018

- Please insert your NHMRC application ID and CIA surname in the header
- For Yes / No answers, please place an 'X' to the left of the preferred option(s)

## **IMPORTANT INFORMATION**

- The PdCCRS Questions are compulsory. A written response addressing each PdCCRS Question must be provided. Any application that does not respond to a PdCCRS Question or indicates that any PdCCRS Question is 'not applicable'/'not relevant' (or equivalent wording) or uses the response to a PdCCRS Question to justify why the proposed project does not include any of the elements (i.e. outcomes and impact, collaboration, translation or consumer involvement), will be deemed ineligible for funding through the Priority-driven Collaborative Cancer Research Scheme and will not be reviewed by Cancer Australia and/or its Funding Partners.
- The PdCCRS Questions will be **assessed independently** of the rest of the grant application (including the *Grant Proposal* submitted to NHMRC and the Cancer Council Supplementary Questions). Responses to the PdCCRS Questions should be written so they can be read without reference to the Grant Proposal because reviewers may not have access to these documents when assessing the PdCCRS Questions.
- Answers should take into consideration that reviewers may not have expertise in the specific field of the proposed research.
- Reviewers are instructed to base their assessment of each PdCCRS Question strictly on the response provided by the applicant to that PdCCRS Question and not to use information provided in the response to another PdCCRS Question/s.
- Responses to PdCCRS Questions must be provided in text boxes provided.
   Responses must be in Arial 10 point font.
- The character limit provided for the response to each PdCCRS Question must be strictly adhered to. Text which exceeds the specified character limit will not be reviewed.

# PART 1 - Project details and eligibility

A. Chief Investigator A (CIA) – details								
Application ID								
Name			Title	2				
Institution								
Institution Address					State		Postcode	
Mobile No		Te	lephoi	ne No				
Email								
Note the CIA i	s responsible for manag	ing the c	collabo	oration	and re	porting	to Cancer A	ustralia
	tering Institution - de name and department		s of Re	search	Admin	Officer	(RAO)	
Name of RAO								
Department								
Institution								
Address								
Suburb				State		Po	ostcode	
Telephone no.		Email						

#### 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 your NHMRC application form.
- The plain English description of your project does not exceed 4-5 lines (not including title). You may utilise the short plain English description provided to the NHMRC to answer this question.

#### Scientific title here

Plain English description here (4-5 lines)

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

(you may insert text from your NHMRC synopsis however please note that reviewers may not have expertise in the specific field of the proposed research – highly technical language is not advised) **limit: 2000 characters (including spaces)** 

D. (ii) Is the	proposed pro	oject a cancer	clinical trial?
	proposod pro	joor a banbor	omnour mun

Yes - answer Question D (iii)

No - go to Question E

D. (iii) Is the proposed project a new cancer clinical trial?

Yes - answer Question D (iv)

No - answer Question D (iv)

D. (iv) For both new and existing cancer clinical trials, describe what the funding requested through the PdCCRS will be specifically used for. For existing clinical trials, please further describe how the funding requested is <u>different</u> to previously awarded funding and whether the additional funding will result in completion of the trial.

limit: 1000 characters (including spaces)

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

• Place an X to the left of ALL research priority area/s that are relevant and directly relate to your grant application.

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.

When applying for funding offered by a Funding Partner in the 2018 Round of the PdCCRS, applicants **MUST**:

- Ensure their research project aligns with **at least** one research priority area of Cancer Australia and/or its Funding Partners.
- Ensure the research project can be conducted within the duration and the funding limit.

#### Cancer Australia: all cancers research priorities

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 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 Localised Therapies
- Clinical Applications of Localised Therapies, Systemic Therapies or Combinations of Localised and Systemic Therapies

Cancer control, Survivorship and 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.

Populations with poor or unwarranted variations in cancer outcomes

- Cancer research focusing on populations with poorer cancer outcomes is encouraged including:
  - Aboriginal and Torres Strait Islander peoples
  - socioeconomic status
  - geographic locations

Canc	er Control, Survivorship & Outcomes research in Gynaecological cancer
	<ul> <li>Patient Care, Survivorship Issues, or End-of-Life Care including Complementary an Alternative Approaches</li> </ul>
	<ul> <li>Health Services, Economic and Health Policy analysis and Surveillance; especially relation to cervical cancer</li> </ul>
	Behaviour, Education and Communication; especially in relation to endometrial cancer
「ransl	ational gynaecological cancer research
	<ul> <li>Testing or application of technologies, markers and therapies in a clinical setting</li> </ul>
	Surveillance and prevention of cancer
Popul	ations with poor and unwarranted variations in cancer outcomes
	<ul> <li>Gynaecological cancer research focusing on reducing unwarranted variations/ improvin outcomes for Aboriginal and Torres Strait Islander women is strongly encouraged</li> </ul>
	plications reflecting these priority areas which encompass endometrial cancer research a
β	rticularly encouraged
•	rticularly encouraged er Australia: lung cancer
Canc	er Australia: lung cancer
Canc Aetiol	er Australia: lung cancer
Canc Aetiol	er Australia: lung cancer  ogy  Exogenous and endogenous factors in the origin and cause of smoking and non-smoking related cancers
Canc Aetiol	er Australia: lung cancer ogy   Exogenous and endogenous factors in the origin and cause of smoking and non-smoking related cancers  hent
Canc Aetiol	er Australia: lung cancer  ogy  • Exogenous and endogenous factors in the origin and cause of smoking and non-smoking related cancers  hent • The discovery, development or clinical applications of systemic therapies or combination
Canc Aetiol Ireatr	er Australia: lung cancer  ogy  • Exogenous and endogenous factors in the origin and cause of smoking and non-smoking related cancers  hent  • The discovery, development or clinical applications of systemic therapies or combination of localized and systemic therapies
Canc Aetiol Ireatr	er Australia: lung cancer  ogy  Exogenous and endogenous factors in the origin and cause of smoking and non-smoking related cancers  nent  The discovery, development or clinical applications of systemic therapies or combination of localized and systemic therapies  er Control, Survivorship and Outcomes  Patient-Centred Care including reported outcomes, Survivorship Issues, Palliative Care or
Canc Aetiol	er Australia: lung cancer  ogy  Exogenous and endogenous factors in the origin and cause of smoking and non-smoking related cancers  nent  The discovery, development or clinical applications of systemic therapies or combination of localized and systemic therapies  er Control, Survivorship and Outcomes  Patient-Centred Care including reported outcomes, Survivorship Issues, Palliative Care or End-of-Life Care including Complementary and Alternative Approaches
Canc Aetiol	er Australia: lung cancer  ogy  Exogenous and endogenous factors in the origin and cause of smoking and non-smoking related cancers  nent  The discovery, development or clinical applications of systemic therapies or combination of localized and systemic therapies er 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
Canc Aetiol Ireatr	er Australia: lung cancer  ogy  Exogenous and endogenous factors in the origin and cause of smoking and non-smoking related cancers  nent  The discovery, development or clinical applications of systemic therapies or combination of localized and systemic therapies er 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
Canc Aetiol Ireatr Canc	er Australia: lung cancer  ogy  Exogenous and endogenous factors in the origin and cause of smoking and non-smoking related cancers  nent  The discovery, development or clinical applications of systemic therapies or combination of localized and systemic therapies er 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 ational Resarch (13) Focussed on translation of evidence into clinical practice, patient care, health services,
Canc Aetiol	er Australia: lung cancer  ogy  Exogenous and endogenous factors in the origin and cause of smoking and non-smoking related cancers  nent  The discovery, development or clinical applications of systemic therapies or combination of localized and systemic therapies er 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 ational Resarch (T3)

ations with poor and unwarranted variations in cancer outcomes
n services research focusing on improving outcomes for populations who experience or unwarranted variations in cancer outcomes, including variations by:
Aboriginal and Torres Strait Islander status; socioeconomic status; geographic locations; cancer type
uncil NSW
uncil NSW invites research applications that address one or more of the following:
Research addressing cancers with a high burden of disease but with proportionally low levels of research funding e.g. lung cancer, pancreatic cancer; but may include cancer sub-types of otherwise well-funded cancers
Cancer research focused on populations with poor or unwarranted outcomes: a. Aboriginal and Torres Strait Islanders
<ul> <li>b. Culturally and linguistically diverse (CALD) populations</li> <li>c. Lesbian, gay, bisexual, transsexual or intersexual (LGBTI) populations</li> <li>d. Geographic locations</li> </ul>
Cancer research focused on underfunded Common Scientific Outline categories: a. Aetiology b. Prevention c. Early detection, diagnosis and prognosis
d. Cancer Control, Survivorship and Outcomes Research
research across all aspects of breast cancer, provided it has the potential to be nd to help us achieve our goal of "towards zero deaths from breast cancer by 2030".
pplications are particularly encouraged in the following priority areas:
New/optimized treatments for Triple negative breast cancer, comprising new target discovery, new delivery methods, new drugs, new therapeutic regimes etc
New/optimized treatments for metastatic/locally advanced breast cancer comprising new target discovery, new delivery methods, new drugs, new therapeutic regimes et
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

Seven priority areas for research have been identified for funding by the Pancare Foundation to achieve significant increases in survival rates for pancreatic cancer, to improve early detection, and provide optimal care for patients regardless of location.

However, applications are encouraged from the following four priority areas:

	<ol> <li>Understanding the biological relationship between pancreatic ductal adenocarcinoma (PDAC) and diabetes mellitus.</li> </ol>	
	<ol> <li>Improving early detection of PDAC through identification of biomarkers and investigating and evaluating screening protocols for early detection of PDAC and its precursors.</li> </ol>	
	3) Studying new therapeutic strategies in immunotherapy.	

4) Developing strategies to reduce variations in pancreatic cancer care to facilitate improvements in patient care.

#### The Kids' Cancer Project

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

Research will be funded under the following categories:

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.

#### F. Research in identified research priority area/s

- List the applicable research priority area/s selected at Item E (above)
- Use a separate box for each selected research priority area
- Insert the name of the Funding Partner to whom the research priority area/s relate
- Justify how your research directly relates to each of these selected research priority area/s (the limit for addressing <u>all</u> nominated research priority areas is 2000 characters (including spaces).

Please note: if your research project does not clearly align with the selected research priority area/s, the Funding Partner is under no obligation to consider your project for funding. Your response to this question will determine your eligibility for funding by Cancer Australia and/or its Funding Partners. Research priority area/s: (insert priority) Funding Partner: (insert Funding Partner)

Discuss the direct alignment of your project with the research priority area indicated

Research priority area: (insert priority) Funding Partner: (insert Funding Partner)

Discuss the direct alignment of your project with the research priority area indicated

Add more boxes (rows) as required to address each selected priority area/s.

#### G. Application submitted to other funding organisations

# (i) Have you submitted this grant application to Cancer Australia and its Funding Partners and/or to the NHMRC and/or the Cancer Council?

No
This grant application has been submitted for consideration to Cancer Australia and
its Funding Partners only.
Yes
This grant application has been submitted for consideration of funding to Cancer
Australia/its Funding Partners and the NHMRC and/or Cancer Council.

# (ii) Have you also submitted this grant application to another funding agency/organisation <u>not</u> including Cancer Australia and its Funding Partners and/or to the NHMRC and/or the Cancer Council?

No	
This grant application has <b>not</b> been submiti agency/organisation	ed to another funding
Yes: This grant application has also been submitted to:	Name of other funding agency/organisation:

#### Important information

- Applicants **cannot** receive funding from Cancer Australia its Funding Partners and the NHMRC/Cancer Council for the same research project.
- Applicants **cannot** receive funding from Cancer Australia/its Funding Partners and another funding organisation/s for the same research project.
- After the assessment process is completed, the NHMRC, Cancer Australia and Cancer Council will work together to identify which grant applications applying to each organisation/s will be funded by the NHMRC or Cancer Australia and/or Funding Partners or Cancer Council
- Under s 136.1 of the Commonwealth Criminal Code, it is an offence to provide false or misleading information to a Commonwealth body in an application for a benefit, punishable by up to 12 months imprisonment. In addition, if an application contains information that is false or misleading, it may be excluded from any further consideration for funding. The Commonwealth Government is committed to protecting its revenue, expenditure and property from any attempt, either by members of the public, contractors, sub-contractors, agents, intermediaries or its own employees to gain financial or other benefits by deceit.
- If the NHMRC/Cancer Australia believes that omissions or inclusion of misleading information are intentional, it will refer the matter for appropriate legal action.

#### H. Budget

Please provide details of the budget requested for each year of the planned project over the duration of available funding.

Note: If you are applying to the NHMRC and/or Cancer Council as well as to Cancer Australia or Funding Partners, then your NHMRC Project Grant application may request a budget larger than the amount offered by Cancer Australia or Funding Partners. If so, you will need to complete the *Budget Modification* section (below) describing **how your budget has been modified** to meet the funding limit of Cancer Australia and Funding Partners.

If you are modifying your budget to fit within the PdCCRS budget limits, completion of the *Budget Modification* section of this question is **COMPULSORY**.

The Budget Modification must address how the following items in the application to NHMRC and/or Cancer Council have been amended to meet the funding limit of Cancer Australia and Funding Partners:

- support for personnel engaged in the conduct of the research;
- direct research costs; and
- equipment costs necessary to conduct the research.

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

Applications will be deemed **ineligible** if justification for the budget modification is not provided.

The total budget for:

- A three year project grant must not exceed a total of \$600,000 GST exclusive over three years and must not exceed \$200,000 GST exclusive by 20% in any one year.
- A two year project grant **must not exceed a total of \$400,000 GST exclusive** over two years and must not exceed \$200,000 GST exclusive by 20% in any one year.
- The total budget for a one year project must not exceed \$200,000 GST exclusive.

Applications that exceed these amounts will be considered **ineligible** for funding by Cancer Australia and its Funding Partners.

Project grant amount	Year 1	Year 2	Year 3	Total
requested				

#### Budget modification

If this application has been submitted for consideration for funding to Cancer Australia/ its Funding Partners and NHMRC and/or Cancer Council, was the proposed budget within the limit specified by Cancer Australia and its Funding Partners?

Yes
No

If No, the budget and the research project must be modified to be in line with the funding provided by Cancer Australia and its Funding Partners.

Please **describe** below how the project will be amended to accommodate the modified budget (1000 characters maximum). Be sure to include the line items from your NHMRC project budget requiring modification for the amended project plan - the original and revised figure should be clearly shown. Please ensure that the modified budget is provided in the budget categories listed

above.

#### I. Additional funding opportunities

(i) If your application is unsuccessful, do you provide permission for Cancer Australia to pass on your **contact details** (in confidence) to other research funders for consideration of funding?

	Yes
	No
• • •	your application is unsuccessful, do you provide permission for Cancer Australia to pass on <b>application</b> (in confidence) to other research funders for consideration of funding?
	Yes
	No

#### J. Conflicts 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 Priority-driven Collaborative Cancer Research Scheme?

Do you have a conflict of interest to declare?

	Yes
	No
lf yes	- please specify
,	

#### K. Agreements

Please indicate your agreement to comply with the following conditions by selecting Yes or No. Failure to comply may deem your project ineligible for funding through the Priority-driven Collaborative Cancer Research Scheme.

Yes / No	By submitting this application, the Administering Institution is willing to comply with the terms and conditions outlined in the PdCCRS Funding Agreement
Yes / No	By submitting this application the Administering Institution is willing to comply with

	Clause 21– Compliance With Law in the funding agreement it may enter into with Cancer Australia and also adhere to the Protection of Personal Information requirements.				
Yes / No	I agree to use the funds to undertake activities as outlined in this research proposal and not for activities that do not relate directly to this application, without prior approval from Cancer Australia.				
Yes / No	I acknowledge that I am ineligible for funding, or funding may be terminated, if I am:				
	<ul> <li>an applicant for, or 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;</li> </ul>				
	• 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				
	• 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.				
Yes/No	I acknowledge that if my application is successful, my name, the name of my Administering Institution, the title of my project and amount of funding may appear on the websites and may be used in media releases and other reports/publication by Cancer Australia and its Funding Partners, and my details may be used for Cancer Australia's reporting purposes and on the International Cancer Research Partnership (ICRP) database.				

## L. Common scientific outline

The Common Scientific Outlines at Item L are the result of collaborative effort between the NCI in the US, the NCRI in the UK, and their partners. It is a classification system organised around seven broad areas of scientific interest in cancer research, plus subgroups. Full category descriptions are available at <u>https://www.icrpartnership.org/cso</u>

#### Which category of research best describes your grant application?

Place an '**X**' against a maximum of **two** categories which are applicable to this research, and also indicate with \* the **one** category which best describes the main research focus of your project.

#### Biology

1.1	Normal functioning
1.2	Cancer initiation: Alterations in chromosomes
1.3	Cancer initiation: Oncogenes and tumour suppressor genes
1.4	Cancer progression and metastasis
1.5	Resources and infrastructure

#### Aetiology

2.1	Exogenous factors in the origin and cause of cancer
2.2	Endogenous factors in the origin and cause of cancer
2.3	Interactions of genes and/or genetic polymorphisms with exogenous and/or endogenous factors
2.4	Resources and infrastructure related to aetiology

#### Prevention

3.1	Interventions to prevent cancer: Personal behaviours (non-dietary) that affect cancer risk
3.2	Dietary interventions to reduce cancer risk and Nutritional science in cancer prevention
3.3	Chemoprevention and other medical interventions
3.4	Vaccines
3.5	Complementary and alternative prevention approaches
3.6	Resources and infrastructure related to prevention

#### Early Detection, Diagnosis, and Prognosis

4.1	Technology development and/or marker discovery
4.2	Technology and/or marker evaluation with respect to fundamental parameters of method
4.3	Technology and/or marker testing in a clinical setting

4.4 Resources and infrastructure related to detection, diagnosis, or prognosis

#### Treatment

5.1	Localised therapies – Discovery and development
5.2	Localised therapies - Clinical applications
5.3	Systemic therapies – Discovery and development
5.4	Systemic therapies – Clinical applications
5.5	Combinations of localised and systemic therapies
5.6	Complementary and alternative treatment approaches
5.7	Resources and infrastructure related to treatment and the prevention of
	recurrence

#### Cancer Control, Survivorship, and Outcomes Research

6.1	Patient care and survivorship issues
6.2	Surveillance
6.3	Population based behavioural factors
6.4	Health services, economic and health policy analyses
6.5	Education and communication research
6.6	End-of-Life care
6.7	Research on ethics and confidentiality
6.8	Resources and infrastructure related to cancer control, survivorship, and
	outcomes research

# PART 2 – Assessable criteria

- Responses to Questions 1-4 in PART 2 of the PdCCRS Questions form are assessed by Cancer Australia and Funding Partners' Grant Review Committees
- Scores assigned to Questions 1-4, 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 meritbased rank order until the available budget is expended

#### Question 1 - Outcomes and impact (25% of final score)

- 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 changes in practice/ care/ policy and improve outcomes for people affected by cancer.
- Describe how this project or the outcomes of this project will impact populations with poorer cancer outcomes within the community, such as Aboriginal and Torres Strait Islander peoples and those living in particular socioeconomic status areas and geographic locations.

Limit: 4000 characters (including spaces)

Direct outcomes of this research and impact on cancer care/control:

Short/ medium/long term outcomes and how they will lead to changes in practice/care/policy:

Impact on populations with poorer outcomes such as Aboriginal and Torres Strait Islander peoples and those living in particular socioeconomic status areas and geographic locations.

# Question 2 - Translation of the results generated from this project (10% of Final Score)

- Discuss the approaches and methodologies to be employed to translate the findings of this research into practice, policy, and/or further research in order to impact on cancer control and/ or cancer care.
- Discuss your research collaboration's **direct involvement** in translating the research finding from this project and specify what future collaborations or groups will be need to be involved to translate the findings of this research and how these groups will be identified and engaged.

Limit: 4000 characters (including spaces)

### Question 3 - Collaborations in this project (15% of final score)

In the table below, please indicate with an ' $\mathbf{X}$ ' the types of collaboration/s involved in the conduct of this research project. (Select all that apply)

National/multi-state collaboration of the key researchers in this field
Cross-disciplinary collaboration
Multi-site collaboration
Collaboration involving public and private institutions/hospitals
International collaborations
Other – please specify

Please outline the key collaborators (including your own details) in this project in the table below (add additional rows as required)

Name of the collaborator or group	Indicate whether the collaborator is CI or AI	Discipline/ area of expertise	Name of institute/hospital	State	Explain their role and additional value they bring to this collaboration

Justify why the specified collaboration is required for this project. Explain how it engages all relevant disciplines and describe how the collaboration will operate during the conduct of this project. **Please note** applications must include collaboration, and failure to describe any collaboration at this question will deem an application ineligible.

Limit: 4000 characters (including spaces)

#### Question 4 - Involvement of consumer representatives (10% of final score)

Please refer to the "Priority-driven Collaborative Cancer Research Scheme 2018 Rules for Standard Project Grant Applications - All Cancers Research Priorities" for additional guidance.

• Please 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.

In answering this question please describe if/how consumers have been engaged to date (e.g. in the design or planning of the research project) how they will be engaged through the duration of this project and explain how this level of consumer engagement is appropriate for the proposed research.

• Please note applications **must include consumer involvement**. Failure to describe consumer involvement at this question will deem an application **ineligible**.

Limit: 4000 characters (including spaces)

## Checklist

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

#### Before you begin



Read all information in the Priority-driven Collaborative Cancer Research Scheme 2018 Rules for Standard Project Grant Applications - All Cancers Research Priorities



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 2018 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 5:00pm AEDT 14 February 2018



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