

Research Grants: General

Information & FAQs 2014/15

Introduction

Prostate cancer is the most common cancer in men in the UK. 40,000 men are diagnosed with prostate cancer every year, around 250,000 men are currently living with it, and one man dies every hour of the disease.

About Prostate Cancer UK

Prostate Cancer UK fights to ensure that all men facing prostate cancer and prostate disease get the best possible information, the best possible care and the best possible help in dealing with the effects of diagnosis and treatment. Prostate cancer kills one man every hour and the number of men with the disease is rising at an alarming rate. Prostate Cancer UK pledges to support men living with prostate cancer and prostate disease, and the effects of treatment, by: providing specialist information and support services; finding answers through funding research into the causes and treatment of all prostate disease; and leading change by campaigning, creating conversations and co-operating with others. We support world-class medical research towards personalised medicine to understand risk factors, find better treatments and understand the difference between aggressive and non-aggressive disease.

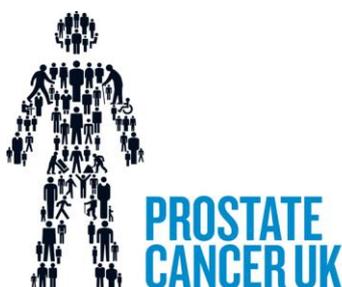
We were set up in 1996 with the broad remit of improving the care and welfare of those affected by prostate cancer. For more information about the work of Prostate Cancer UK please visit our website (<http://www.prostatecanceruk.org>).

Our Research Strategy 2012-2020

In the six years from 2006 to 2012, we were able to invest £5.2m in prostate cancer research. However, since 2012 we moved our research funding to a new level; thanks to the income raised by the Movember Foundation, we have invested over £16m into innovative research aimed at extending and improving the lives of men who are diagnosed with prostate cancer.

In the past we have awarded grants for research into broader aspects of the prostate cancer journey but from 2012 we have been targeting the following priority areas:

- identifying men at highest risk of developing clinically significant prostate cancer
- better tests to distinguish indolent from aggressive tumours
- new targeted treatments for advanced prostate cancer
- survivorship



Helping more men survive prostate cancer and enjoy a better quality of life

It is essential that you read our [research strategy](#) in full before you begin writing your grant application. Your best chance of success is to develop an innovative research proposal with a clear hypothesis that you will address, and which targets one or more of the priority areas. Applications that are out of remit will be rejected without peer review. We encourage you to discuss your application with a member of the Research Team in advance if you are unsure of its eligibility.

Call for Proposals

In 2014/15 the following grant rounds will be offered:

Training and Fellowships

These awards include Career Development Fellowships and a number of joint fellowships. In 2012/13 Prostate Cancer UK jointly funded a variety of fellowships with the following organisations: the Royal College of Surgeons, the College of Radiographers, the Academy of Medical Sciences, and the Medical Research Council. Please refer to our website for current joint fellowship opportunities (<http://www.prostatecanceruk.org/grants>).

Projects and Pilot awards

These awards are for established researchers within the UK who have a strong track record in their field to undertake innovative science which addresses one of our key research priority areas. A highlight notice will be applied to both of these calls encouraging further research into:

- ***Research that seeks to understand the difference in prevalence and outcomes for prostate cancer in African and African Caribbean men compared to men from other ethnic groups***

Black men are more likely to get prostate cancer than men of other ethnic backgrounds, with one in four black men likely to get prostate cancer at some point in their lives. This unexplained high prevalence clearly warrants further investigation. It is a strategic priority of the charity to engage proactively and effectively with these communities, and to promote research into the increased prevalence amongst African and African Caribbean men. We would therefore particularly welcome applications which seek to add to our knowledge regarding the difference in prevalence and outcomes for prostate cancer in African and African Caribbean men compared to men of other ethnicities. Please note that applications submitted under this highlight notice should also address one or more of the key priority areas listed above (and in our [Research Strategy](#)).

- ***Research into survivorship, specifically focussed on the side effects and late effects of prostate cancer, including those caused by any prostate cancer treatments***

Survivorship research is encouraged within our research strategy and whilst we are currently supporting a variety of grants through the Movember-funded ASAP (A Survivorship Action Partnership) initiative, there remain a number of knowledge gaps which are still to be addressed. We would therefore welcome high quality, hypothesis driven and output focussed applications into survivorship, focussing on the side effects and late effects associated with prostate cancer and/or any of the available treatments for the disease. We intend to fund research which further develops the evidence base for survivorship and not projects which roll out existing evidence into practice.

Targeted call – Developing a tool to assess a man’s risk of prostate cancer

One of the major challenges facing men in the UK today is that there is no reliable, widely applicable, easy way to assess their individual risk of developing prostate cancer. Without such a tool it is impossible to develop screening, monitoring and treatment regimes that are tailored to a man’s personal risk of developing the disease.

Through this targeted call, which will be part-funded through our partnership with the Movember Foundation, we seek applications from UK-based researchers to fund research that seeks to address this knowledge gap. Our vision is that this research will deliver a tool backed by appropriate evidence that is ready for widescale clinical implementation through NHS primary care within a 5 year timescale. Ultimately, the aim of a new risk assessment tool should be to reduce unnecessary biopsies and treatment and increase the number of men whose prostate cancer is detected and treated early.

Further information about all of these rounds, including dates and guidance notes for completing the application process, can be found on our website (<http://www.prostatecanceruk.org/grants>). We may, through the year, launch further grant rounds focussing on specific questions, types of research or training/fellowship posts. If and when we do, we will advertise these opportunities on our website and through our research newsletter. Please email research@prostatecanceruk.org if you would like to sign up for the newsletter.

Frequently Asked Questions

How do you make funding decisions?

Awards are made on a fully competitive basis following expert peer review. Overall success rates are usually around 20%. Factors that will be considered during the review process include: the scientific quality and novelty of the research; the track record of the applicant; the potential impact for men affected by prostate cancer, or the vision for translation of the research findings into the clinical setting; statement of a clear hypothesis with a methodologically sound approach to address the hypothesis, and whether the research 'fits' with the charity's research strategy. Funding recommendations are made by the charity's Research Advisory Committee (RAC), a group of expert senior scientists and clinicians from the prostate cancer field assisted by a number of lay representatives who form our Grants Advisory Panel.

There are five stages to our review process:

1. *Eligibility check and first triage*

Applications will be verified before external peer review to eliminate those which do not address the specific remit of the corresponding call. In the event of us receiving an unexpectedly large number of applications, proposals with no realistic chance of success will be eliminated by our Research Advisory Committee at this stage. Remaining applications will then be peer reviewed.

2. *External peer review*

Applications that pass triage will be sent out for external peer review. In accordance with AMRC guidelines, at least three independent reviews will be obtained for each application. Reviewers will be asked to examine the scientific proposal carefully and comment on novelty, feasibility, quality and importance. In some instances, applicants may be offered the opportunity to respond to the peer reviewers comments before further assessment takes place.

3. *Second triage*

Applications that have received consistently low scores or poor reviews from external experts will be reviewed by the Chair of the RAC along with the assigned RAC members. Applications which are thought to have no realistic chance of success will be eliminated at this stage.

4. *Grant Advisory Panel meeting*

The Grants Advisory Panel consists of people affected by prostate cancer who shall consider all of the applications that have passed the secondary triage. The purpose of this panel is to assess the importance of the proposed research to people living with the disease.

5. Research Advisory Committee (RAC) meeting

All externally reviewed applications that pass the second triage will then be taken forward for discussion at the RAC meeting. Representatives from the Grants Advisory Panel will also attend this meeting. In some cases, such as the Career Development Fellowships, shortlisted candidates will be invited for interview. The RAC will make funding recommendations on the basis of the factors listed above and in accordance with the available budget. Please be aware that we always receive a greater number of high quality applications than we can afford to fund. Rejection of your application does not necessarily mean that it was viewed as unfundable due to scientific weaknesses.

The final decision to commit and release funds is made by the Prostate Cancer UK Board of Trustees, on the basis of recommendations made by the RAC.

Some of our joint-funded awards are managed by the partner organisation and may involve different assessment procedures to those detailed above. For example, for our joint awards with the Royal College of Surgeons and the Medical Research Council, a member of our Research Advisory Committee will be one member of the interview panel put together by the partner organisation. The assessment procedure for the clinical starter grants scheme is run almost entirely independently by the Academy of Medical Sciences, and once fundable projects are identified, Prostate Cancer UK is asked to confirm that they are in remit for the charity.

Is there anything in particular which the charity is looking to fund?

Our funding remit is detailed in our [Research Strategy](#) which outlines the distinct areas of research that the charity will fund research into. Unless otherwise stipulated, applications which do not fit into one of these areas will not be considered for funding.

If you are uncertain about whether your research is likely to be considered within remit you must contact the Research Team for guidance before submitting your application (email: research@prostatecanceruk.org, tel: 0203 310 7037). We will not enter into discussions about remit once the application deadline has passed.

Who can apply?

Detailed eligibility criteria for each scheme are given in the corresponding guidance notes. Awards are only available to researchers who will be working within the UK (including N. Ireland). Please check with the Research team if you are unsure of your eligibility (email: research@prostatecanceruk.org tel: 0203 310 7037). It is acknowledged that some types of research are likely to be carried out by working healthcare professionals.

Academics and clinicians from outside the prostate cancer field are eligible to apply for funding from Prostate Cancer UK; however, it is recommended that a collaborator or co-applicant from within the prostate cancer research community is sought to advise on the context and methodology of your proposal. Projects that appear to be a straight translation of methods and hypotheses directly from another field of cancer research have often been less competitive in previous grant rounds. It is important to demonstrate that the prostate cancer research landscape has been specifically considered during development of your proposal.

How do I apply?

Unless otherwise stated, all applications are to be made using our online Prostate Cancer UK [CC Grant Tracker system](#). You will first be required to register onto our online system before you can access the application forms. All mandatory sections of the online form **must** be completed and the application must be approved by the relevant individuals before it can be submitted. For further information on how to use our online CC Grant Tracker system, please refer to the accompanying [guidance document](#).

When will grants start?

Once applicants are notified of our intention to award, we will begin the contracting process immediately. It is our expectation that contracting should be completed within one month of notification of award, and that grant funding should then be taken up within six months of completion of contracting. This allows sufficient time for staff/students to be recruited as necessary.

What clinical research costs do you support?

There are three types of costs associated with clinical research within the NHS:

- Research Costs

Costs of the R&D activity itself such as data collection, analysis, trial registration, dissemination of results, and the salaries and employers costs of staff employed directly to carry out the research.

- NHS Support Costs

Any patient-related costs associated with the research that will end once the research activity has stopped. These could include extra diagnostic tests, appointments, nursing care and staff time taken to obtain informed consent from participants.

- Treatment Costs

Patient care costs that would continue were the service/treatment to continue after the R&D activity stops. For this purpose it is assumed that the service/treatment being studied will continue to be offered after the end of the project. Treatment Costs cover all types of patient care including diagnostic tests, preventative measures, care services, rehabilitation and health promotion. Where the service/treatment being studied is more expensive than standard care, the difference is deemed an Excess Treatment Cost.

Research supported by Prostate Cancer UK must comply with the Department of Health's guidance on "Attributing the costs of health and social care research and development (AcoRD)". Further information about AcoRD may be found [here](#).

Prostate Cancer UK will normally fund Research Costs only.

NHS Support Costs should be accessible through local National Institute for Health Research Clinical Research Networks (NIHR CRN) – more information can be found at:

http://www.crn.nihr.ac.uk/researchers/planning_your_study/funding

Prostate Cancer UK is an NIHR non-commercial partner organisation and any clinical studies funded by us should automatically be adopted by the appropriate research network. The charity will expect any clinical studies it funds to be integrated with the work of, and receive support from, the local cancer research network.

Treatment Costs, including Excess Treatment Costs, are funded through normal commissioning arrangements for patient care. Where Excess Treatment Costs are unusually high and the study involves only a few centres, it is sometimes possible to apply for a subvention from the Department of Health.

If you wish to apply for a grant to support clinical research you must discuss the costs with the NHS institution involved before you submit your application. As mentioned above, all proposals should adhere to [AcoRD](#) and we expect to see evidence of this within the application form.

AcoRD pilot

Please note that we are participating in a trial (the AcoRD pilot) initiated by the Department of Health to improve the process by which researchers attribute the costs of clinical studies to the correct funding source.

The purpose of the pilot is to test a template form (called ACAT) developed by the NIHR-CRN which is designed to help researchers attribute their study costs correctly at the point of application.

Unless we specifically tell you that a grant round is not part of this trial we will expect you to complete the ACAT form if your study includes any clinical research (i.e. if any component of your proposed study involves patients in an NHS setting, with the aim of changing, influencing or informing patient care).

More information about this pilot can be found in the Project Grants and Pilot Awards [guidance documentation](#), as well as on the following web page:

http://www.crn.nihr.ac.uk/researchers/planning_your_study/AcoRD/

Please contact the Research Team if you have any questions or if you are unclear whether this applies to your proposal (research@prostatecanceruk.org).

Do you provide feedback to unsuccessful applicants?

The charity will endeavour to provide constructive feedback to all unsuccessful applicants, as far as is practicably possible. Grants eliminated at the initial triage stage are unlikely to receive detailed feedback but some indication will be given of the reasons for the decision. Grants that go out to external review will receive anonymised reviewers comments as feedback, and may also receive specific feedback from the RAC. Please note that Prostate Cancer UK does not usually support an iterative process of review and re-submission outside of the regular grant rounds (please see below regarding resubmission into a subsequent grant round). Funding decisions are not made solely on the basis of external reviewers' comments and we will not enter into any discussion regarding these. The decision taken by the Prostate Cancer UK Board of Trustees is final.

Can I request or exclude particular peer reviewers?

If you wish to make any requests regarding peer reviewers, or if you wish to exclude any potential reviewers, please email the Research Team at the time of submission. The charity will consider, but will not be bound by these requests.

Do you fund animal research?

Prostate Cancer UK is a member of the Association of Medical Research Charities (AMRC) and supports their policy statement on animal research.

Applicants are expected to adopt procedures and techniques that avoid the use of animals wherever possible. Grant holders are especially asked to ensure that any new models/techniques that would help reduce the number of animals needed for research are made known to the research community. Where it is not possible to avoid the use of animals, applicants are expected to adhere to the principles of the 3Rs (see www.nc3rs.org.uk) and must provide evidence of this in their application.

Where the work is subject to regulation by the Animals (Scientific Procedures) Act 1986, the provisions of that Act must be observed. All vertebrates are covered by the Act. It is the grant holder's personal responsibility to ensure that a project funded by Prostate Cancer UK adheres to all legal requirements. No funding will be released by Prostate Cancer UK until all necessary licences and approvals have been obtained; any fees for such licences are the responsibility of the host institution and cannot be supported by the grant.

For further information on our position regarding the use of animals in research please refer to our [Position Statement](#).

What are your reporting requirements for ongoing grants?

Interim reports (containing both a scientific and a lay element) are requested on an annual basis and a final report must be provided within three months of completion of the grant. Failure to provide reports in a timely fashion will jeopardise ongoing or future funding from Prostate Cancer UK – reports are an essential tool for us to assess the outcomes and impact of our research and to continue raising funds for the programme. The final invoice for each year (and any subsequent invoices) will not be paid until a satisfactory annual or final report has been received.

Grant holders must also submit accurate information on the outputs from their project via Researchfish (www.researchfish.com) on an annual basis **alongside** the reporting mentioned above. Annual reporting via Researchfish should also continue beyond the end of the grant to capture longer term outputs (the length of which will be agreed upon at the end of the project). As above, failure to provide annual reports via Researchfish will jeopardise any opportunity for future funding from Prostate Cancer UK.

Occasionally, additional brief lay reports may be required to report to specific supporters in addition to annual reports. If this is the case, you will be notified in advance, and Prostate Cancer UK will expect grant holders to respond to all such requests in a reasonable time frame.

Publications and presentations containing research supported by Prostate Cancer UK must always acknowledge our support – a logo will be provided on request – and a copy of the paper or presentation should be sent to the Research Team (research@prostatecanceruk.org) in advance, so that preparations can be made for any possible media interest.

Prostate Cancer UK became a member of the National Cancer Research Institute (NCRI) in 2011.

As a requirement of this membership, we agree to share data regarding our research portfolio with the International Cancer Research Partnership (ICRP). The ICRP organisations share their portfolio information through a password-protected restricted area on the ICRP web site (<https://www.icrpartnership.org/>). The data elements shared include: name of researcher, host institution, geographical location, funding mechanism, project title, abstract, start and end dates, coding information, site relevance and financial information on a per award basis. A sub-set of this data, excluding site percentage relevance and financial information, is available through the public access section of the ICRP web site.

Please be aware of this agreement, and be prepared for the above details of your project to be shared via the ICRP if your proposal is successful. We ask that applicants do not include any confidential or commercially sensitive information in their abstracts, as this will not only be shared with the NCRI and the ICRP, but will also be sent to potential peer reviewers during assessment. Before submission to the ICRP, Grant Holders will be offered a chance to review their abstract to ensure they are happy for it to be submitted. We will notify you of this and allow sufficient time for any appropriate changes to be made.

What are your grant terms and conditions?

A copy of our [terms and conditions](#) can be found on the research pages of the website. Please note that Prostate Cancer UK reserves the right to make reasonable amendments at any time.

Can I re-submit unsuccessful proposals?

It is acceptable to re-submit unsuccessful proposals to the next annual grant round. Proposals should be revised in light of the reviewers' comments and these revisions highlighted within the application. Please note that re-submitted proposals will not be prioritised over new applications.

Does Prostate Cancer UK support open access publishing?

We believe that research findings should be freely available and disseminated as widely as possible, and as such results should be published in open access format in all but exceptional circumstances. We therefore encourage applicants to include a small allocation within their grant budget to cover the costs of open access publication. We are aware that some universities receive block grants or have set up internal

funds to support the cost of open access publishing. Prostate Cancer UK must ensure that it achieves maximum benefit from donations to the charity. If the cost of supporting open access publishing in this way becomes unsustainable we will need to remove our direct financial support for this activity. Therefore we strongly encourage grant holders to use institutional or block grant funding to support their open access publishing where possible.

How are lay people and men affected by prostate cancer involved in your research programme?

We at Prostate Cancer UK believe it essential to consider the views of men affected by prostate cancer when developing research strategy and when making funding decisions. Men with prostate cancer serve as lay members on the Grants Advisory Panel and Research Advisory Committee and also on the Board of Trustees. **Your lay summary is therefore vital** to informing these members of the purpose and scope of your research proposal. If you cannot convince the lay representatives of these three panels of the value of your research project then scientific merit alone is unlikely to save it. For further guidance please see the document [‘AMRC Guidance for Researchers – writing lay summaries’](#) document.

Please note; that you should not include any confidential or commercially sensitive information in your lay summary!

This lay summary will be used by Prostate Cancer UK to publicise our research portfolio should your application be successful in receiving funding. Please ensure you are happy for all information in this section to be publicised at a later date. Lay summaries of successful applications will also be used to help our fundraisers understand and explain the content of our research programme. The money that funds our research programme is generously donated by individuals, trusts and companies who trust us to support the best research in the right way, and so we have a duty to keep them informed of the charity’s research activities.

Who is on the Research Advisory Committee?

For the latest list of Research Advisory Committee members please click [here](#).

Any queries about our research programme or the application process should be addressed to the Research team (Email: research@prostatecanceruk.org, Tel: 0203 310 7037)

Prostate Cancer UK is a charity registered in England and Wales (1005541) and in Scotland (SCO39332)