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Real World Evidence for health equity in prostate cancer - Funding call guidance

Introduction

Prostate cancer does not affect all men equally. There are several factors that influence prostate cancer outcomes. Black men face double the risk of being diagnosed with and dying from prostate cancer than white men. Despite their increased risk, Black men are severely underrepresented in clinical trials due to systemic issues such as structural racism in healthcare research. This leaves major gaps in understanding how prostate cancer affects Black men.

Alarming, policy decisions for Black men continue to rely on data derived from white men, even though clear differences exist between them. While the higher risk of prostate cancer diagnosis and death among Black men is well-documented, less is known about how ethnicity influences the diagnosis of aggressive prostate cancer, differences in access to treatments, the side effects experienced, and how ethnicity intersects with other sociodemographic factors, such as age and socioeconomic status.

Socioeconomic deprivation and geographic location also play an important role in prostate cancer stage at diagnosis and treatment. Previous research has shown significant variation in PSA testing rates, prostate cancer incidence, mortality, and stage at diagnosis across the UK. For instance, we know that substantial regional variation exists in late-stage diagnosis across the UK, with men in deprived areas being proportionally more likely to be diagnosed with metastatic disease - but how these factors interact and how they are influenced by other sociodemographic characteristics remains unclear. Building on this evidence will inform more equitable guidelines and policies.

We urgently need new evidence to update national policy and improve prostate cancer outcomes for Black men and men experiencing health inequity. While there has been progress in prostate cancer research on health disparities, most of this work has been qualitative, and we are still missing critical quantitative evidence to fully understand what are the key inequities that men with prostate cancer face. With recent

improvements in the quality of ethnicity data in healthcare registries, there is a significant opportunity to leverage Real-World Data (RWD) to fill these critical gaps. RWD can help uncover the factors influencing prostate cancer risk, late-stage diagnosis, and poorer outcomes after treatment.

High-quality RWD can generate evidence to provide timely and cost-effective insights that inform updates to outdated national policies and help guide future research. This approach can help improve care and reduce health inequalities in prostate cancer while we await larger, long-term studies like the [TRANSFORM trial](#).

Recognizing the critical role of RWD in closing evidence gaps in prostate cancer, we are pleased to invite proposals for our first Real-World Evidence funding call, which will focus on closing evidence gaps that drive inequity in prostate cancer care.

Remit

The purpose of this initiative is to fund research that uses RWD to generate new evidence to identify and address health inequity in prostate cancer, with a focus on racial inequity. We define RWD as data collected within NHS data registries, outside the context of controlled clinical trials.

We welcome research that explores differences in prostate cancer outcomes across sociodemographic groups, using rigorous epidemiological methods with clear potential to drive policy changes and advance equity in prostate cancer care.

Priority will be given to research projects that fill critical evidence gaps related to racial inequities in prostate cancer, specifically aiming to improve outcomes for Black men. We will also consider research that investigates the role of socioeconomic status, deprivation, and other factors associated with poorer prostate cancer outcomes.

Successful applicants will benefit from expert input from Prostate Cancer UK's Data & Evidence team. Our Data & Evidence team has solid experience in designing and implementing RWE studies, with expertise in epidemiology, protocol development, health equity, and statistical methods. Successful applicants will be supported by the Data & Evidence team during the project.

In addition, Data and Evidence will facilitate regular networking between successful grantees – establishing a community of practice that can support, constructively criticize and enhance research.

Eligible research

- Studies that leverage Real-World Data (RWD) to generate Real-World Evidence (RWE) aimed at addressing evidence gaps in health inequities in prostate

cancer. This includes, but is not limited to, epidemiological research using quantitative methods and health economics evaluations with a clear pathway to policy translation.

- Studies that utilize high-quality data relevant to the UK with a sufficiently large and representative sample of Black men, ensuring robust statistical power to provide meaningful results.
- Priority will be given to research projects that help us understand: 1) Benefits and harms of screening for Black men (where a clinically insignificant diagnosis is considered a harm), 2) Differences in PSA levels, stage and grade at diagnosis and age at mortality for Black men when compared to other men, 3) inequalities in access to PSA testing 4) Impact of deprivation in prostate cancer incidence, clinically significant prostate cancer incidence, late-stage diagnosis and mortality. 5) Impact of ethnicity and deprivation on prostate cancer treatment choices and outcomes (Grouped by stage and grade at diagnosis).

Research not covered through this initiative

- Research studies that don't use real-world data that is applicable to the UK healthcare system as the main data source.
- Studies relying solely on datasets from a single centre.
- Clinical trials.
- Qualitative studies that explore Black men's experiences of prostate cancer care.
- Research that is not hypothesis driven and is fully focused on data collection, such as surveys.
- Research lacking a clear and direct pathway for translation into policy impact following study results.
- Studies that are not focused on filling evidence gaps around health equity in prostate cancer.
- Studies that do not include a sufficient representation of Black men, do not provide adequate data on socioeconomic factors, or that rely on data with inadequate sample size or quality.
- Research that replicates questions already being addressed by existing Prostate Cancer UK projects or other ongoing studies.
- Research that is better funded through Prostate Cancer UK's [other research funding schemes](#). For the avoidance of doubt that includes any pre-clinical research, clinical trials and analyses based on solely on trial results.

If you are unsure if your research fits the criteria, please contact dataandevidence@prostatecanceruk.org to discuss your proposal.

Eligibility

All proposals must address the remit of this funding call.

- Awards are open to established researchers working within recognised academic, clinical, or other relevant institutions in the UK (including N. Ireland).
- There are no post PhD time restrictions to be eligible as a lead applicant for this funding call. We welcome and encourage applicants who have taken non-traditional paths to academia. Applicants will be assessed based on their research experience and potential and should demonstrate a strong track record in their field.
- We also welcome applicants from different disciplines and with a strong track record in their field, provided they have a named prostate cancer expert as a Co-Applicant on the proposal.
- We encourage applications involving different teams, including multidisciplinary teams and researchers from other countries with relevant experience. However, applications must be led by a Lead Applicant based within the UK at a recognised academic institution.
- We strongly encourage researchers from underrepresented communities in research, including ethnic minorities, to apply. Prostate Cancer UK is committed to promoting diversity and inclusion in research teams and funding strong applications. We especially welcome applications where the lead researcher or a key team member identifies as Black or comes from mixed heritage background.
- Lecturers on fixed term contracts or post-doctoral researchers holding competitively awarded external fellowships can be Lead Applicants, as long as their contract extends at least 6 months beyond the duration of the project or the host institution has undertaken to award a permanent position at the end of the fixed term.
- Lead Applicants who are already in receipt of funding from Prostate Cancer UK are still eligible to apply to this scheme. Applicants should however make a clear case as to why they are the most appropriate person to lead the project and provide reassurance that they will have sufficient time to oversee the delivery of the project. We will check whether the proposed time commitments towards the project would be feasible (for example, a 0.5 FTE commitment from someone already committing 1.0 FTE on an existing grant would clearly not be feasible).
- Funding amount: The budget allocated for this funding initiative is £1 million pounds. Our goal is to support between 4-6 projects through this funding call.
- There are no financial restrictions as to what you can request – you should simply apply for what you need. However, funds requested in your proposal must be in accordance with our [Finance Guidance](#). The fees for accessing patient

registry data can be included in the grant. Please note that value for money will be a consideration in making final funding decisions, and so we would advise applicants to ensure that the amount they are requesting is a realistic reflection of what is needed and that the likely impact of the proposal is commensurate with the funding requested.

- We will not fund salaries of researchers already employed on a substantive contract with a university or with a trust if their contract includes time reserved for research.
- It is permissible for a Lead Applicant with post-doctoral experience to include their salary within the application budget, but only when their salary is not met through core institutional or fellowship funding. In this instance, they must truly be leading the research, and a detailed justification must be provided explaining how the salary support, and the research funding applied for, will support the individual in their career progression by achieving independence by the end of the project. A statement should also be provided by an appropriate authority at the host institution detailing how the individual will be supported by the institute at the end of the project (if awarded). We would expect a post-doctoral Lead Applicant to spend a minimum of 80% FTE on the funded project. Any subsequent successful fellowship applications should result in their salary being removed from this grant at the point that the fellowship is taken up.
- A PhD Studentship may be considered as part of the proposal only where there is a strong justification as to why this is the most appropriate way to deliver the research.
- We would expect projects to be less than 3 years in duration. Priority will be given to research projects that provide timely results (in less than 2 years) and to those that already have access to the required datasets through institutional licenses or other arrangements.
- Applicants are expected to demonstrate prior access to relevant healthcare registry data or provide a well-defined and actionable plan for timely acquisition of the necessary data. Proposals should outline the specific data sources required to address the research questions.

Assessment process

Applications will follow a 2 staged submission process. We will follow an expert review process to award funding, adhering to the AMRC guidelines. Applications must be made using our online [Grants Management System](#) (Symplectic Grant Tracker).

The application process will have two stages. Stage 1 requires applicants to submit an expression of interest, which will be screened internally for eligibility and data relevance

and availability. This stage is to review if applications are within the remit and are aligned with the eligibility criteria. All eligible applicants will be invited to submit a full proposal.

Applicants must submit their expression of interest and ensure that all online declarations and approvals have been completed by the relevant parties before **18 March 2025**.

Following the review of the EOI, eligible applicants will move onto Stage 2 and will be given access to their stage 2 applications form by **25 March 2025**. The deadline for submitting full proposals is **27 May 2025**. Full proposals will be peer-reviewed by an independent, non-conflicted, expert review panel, which is made up of members of our existing scientific committees, Real-World evidence and health equity experts, and patient and public involvement representatives. All reviewers must adhere to our existing conflict of interest policy. The panel will convene in **July 2025** to assess the submissions and make funding recommendations.

Once the final funding decisions have been confirmed applicants will be informed of the outcome by email by **August 2025**. Once contracts are in place, those who are granted funding will work alongside the Data & Evidence team, attending quarterly meetings and will submit yearly progress reports.

Making your application

Applications MUST be made by the Lead Applicant and using our online [Grants Management System](#). All sections of the application form must be completed accurately before submission.

Any Joint-Lead applicants (if applicable) and all Co-applicants must confirm their involvement in the proposal, as well as approve the application before it can be submitted.

Collaborators must confirm their participation on the application before it can be submitted. Whilst Co-applicants and Collaborators are not required to enter their full CV details, we do request that they add their ORCID IDs.

Expressions of Interest applications do not require approval from Heads of Department or Finance Officers. This will be required if your application is shortlisted to the Second Stage.

Submitting your application

Once you have completed all sections of the form you must go to the 'Validation' tab in the left-hand menu of the online application. This will highlight any sections which still need completing, or that exceed the stipulated word limits, or require your action before you can submit. Please note that all mandatory sections of the form must be completed (within the stipulated word limits), and the Joint-Lead applicant (if applicable) and all Co-applicants must confirm their involvement and approve the proposal before the application can be submitted.

All Collaborators must confirm their involvement before the application can be submitted. You will be unable to submit your application until these have been resolved. When all sections are complete and all necessary approvals have been made, the application is ready to be submitted.

You must 'Save and Close' the application and this will then take you back to the application details page. The Submit button on the right-hand side should now be activated, and you can click this to submit your proposal.

Please be aware that Expressions of Interest do not require approval from Heads of Department or Finance Officers. This will be required if your application is shortlisted to the Second Stage.

Key dates

EOI submissions open	1 February 2025
EOI deadline	18 March 2025
Notification of EOI outcome	25 March 2025
Deadline for submitting full proposals	27 May 2025
Assessment of proposals	July 2025
Notification of funding decision	August 2025

Contact

If you have any questions about this funding call or whether your proposal is within remit, please contact dataandevidence@prostatecanceruk.org