ERA-NET on Translational Cancer Research (TRANSCAN)

Under the umbrella of TRANSCAN ERA-NET on Translational Cancer research, the Third Joint Transnational Call (JTC) was launched in 2013 for collaborative research projects on "Translational research on tertiary prevention in cancer patients". The research projects submitted within this call will be based on novel ideas stemming from consolidated previous results and will be endowed with a strong translational research orientation, i.e i)bench to bed studies allowing a rapid implementation into public health-related decisions or into the clinics, or ii) bed to bench studies, based on previous sound clinical results and aiming at their mechanistic understanding.
Project proposals must clearly demonstrate the potential health impact as well as the added-value of transnational collaboration. The sharing of relevant results, data sets and/or resources within international research consortia will be a pre-requisite for funding. The research proposals should be built on an effective, multidisciplinary and multi-professional collaboration between academic, clinical, epidemiological or public health research teams and industry. Researchers' exchanges within the consortium are strongly encouraged.
a. Specific topics: The third call of TRANSCAN focuses on: "Translational research on tertiary prevention in cancer patients" with three specific aims, and proposals must cover at least one of the specific topics listed below, which are equal in relevance for this call. Studies will be focused on at least one of the following categories of cancer patients, i.e of individuals who had received a histologically/cytologically-confirmed cancer diagnosis: 1. Cancer patients with no evidence of disease (NED) for less than 5 years; 2. Cancer patients with evidence of disease; 3. Cancer survivors, i.e cancer patients free from disease for at least 5 years. It is important to note that, when applicable, the observational studies mentioned below, must be conducted in cohorts of cancer patients and, when applicable, must be based on bio-specimens collected at repeated time points (before, during and after treatment) and stored in quality-assured biobanks, and must be linked to the patients' clinical data.
Aim 1: Assessment of the impact of health behaviours in clinical outcomes in cancer patients:
- Development of tools to assess health behaviours and validation against biomarkers among cancer patients and survivors, focusing on key health behaviours linked to prognosis (e.g. diet, including nutritional suplements, physical activity, smoking, alcohol intake). Particular emphasis will be on the development of tools using novel technologies (e.g web-based tools, smartphones), or novel assessment devices (e.g. ActiGraph).
- Observational studies evaluating health behaviours in relation to clinical cancer outcomes, including treatment efficacy (e.g. objective response, symptom improvement and survival) and toxicity. Priority will be given to studies combining health behaviours with biological measurements, such as biomarkers from post-diagnostic bio-specimens (e.g. blood, urine), aimed at elucidating the underlying biologic mechanisms.
-Observatoinal studies focused on the characterization of mechanisms linking health behaviours to cancer progression and prognosis.
- Clinical trials (not lasting longer than 3 years) testing the effects of health behaviours modifications on cancer-related clinical outcomes and biomarkers
Aim 2: Optimisation of the quality of life of cancer patients:
- Observational studies aimed at identifying and/or validating the molecular mechanisms of the long-term side effects

of cancer treatments (e.g. cardiotoxicity, infertility, pain).
- Phase I-II clinical trials aimed at reducing disabilities or restoring functionalities caused or lost due to a previous cancer or anticancer treatment, by means of palliative and supportive therapies and dose de-escalation strategy.
- Observational studies testing the influence of co-morbidities on cancer patients' clinical outcomes, including survival.
Aim 3: Prevention of recurrence and second cancer:
- Observational studies aimed at identifying and/or validating biomarkers of tumour recurrence in cancer patients without evidence of disease, including i) markers expressed in tumour or tumour-surronding cells, ii) systemic (including immunological) markers.
- Observational studies aimed at identifying and/or validating the genetic, molecular and cellular mechanisms of the metastatic process (e.g. cellular adhesion, migration, circulating cells, angiogenesis, implammation, and immune response-related mechanisms) in patients without evidence of disease.
- Observational studies aimed at assessing the effectiveness of innovative, cost-effective and with marginal toxicity interventions designed to prevent tumour recurrence and/or second cancer.
- Early phase clinical studies aimed to assessing the effectiveness of innovative and low toxicity interventions designed to prevent tumour recurrence and/or second cancer. Eligible patients will be cancer patients with no evidence of disease on study entry (after completion of therapy), but with a high risk of disease recurrence and/or second cancer and for whom preventive interventions of proven efficacy do not currently exist. These interventional approaches should aim at restoring or potentiating the natural patients' defences against tumour recurrence and/or second cancer, giving high priority to cost-effective approaches potentiatlly capable of reducing the risk while minimizing undesirable side effects. Within these studies the identification of molecular/cellular biomarkers of efficacy will be favourably considered.
b. Application details (Spain):
1. Funding scheme: Only one-3 year grant per fundable project partner:
- Up to 150,000€ if the Spanish applicant is the Transcan project consortium coordinator.
- Up to 50,000€ if the Spanish applicant is a partner.
2. Elegibility of projects:
- Each researcher may only apply in one proposal and cannot be a research team member of any TRANSCAN project expected to be alive in 2014 except if the Spanish project partner Applicant Principal PI is a TRANSCAN transnational project partner consortium coordinator.
- Over submission of any Spanish project partner as Applicant within other TRANSCAN transnational project consortium may be rejected.
- Compatibility regarding to alive projects or parallel applications withing the R+D+i Plan (of Spain), is subject to speficication and should be consulted.
3. Elegibility of PIs and other research team members:
- The Spanish PI must be a senior researcher and have a job contract placing him/her in a hospital or primary health care or public health setting of the SNS lasting at least until the end of the project.

- Each researcher (researcher team) must have a job contract with or a fellowship with a hospital or primary health care or public health setting of the SNS lasting at least until the end of the project.

4. Elegibility of expenses:

- Hiring full-time or part-time technical manpower up to 3 years (other than core research team members) is only permitted if the PI is an TRANSCAN project consortium coordinator (with pre-fixed bulk cost). No PhD-Student contract or fellowships will be allowed
- Consumables
- Travel and allowance:

If the Spanish PI is the coordinator: up to 7,500€.

If the Spanish PI is a partner: up to 4,500€ (for presenting results, field studies and coordination meetings)

- Small Equipment:

    Up to 40,000€ if the Spanish PI is the coordinator.

    Up to 20,000€ if the Spanish PI is a partner.

c. Deadlines:

1. Pre-proposal stage:

- VHIR's deadline: January 23th, 2014.
- Official deadline: February 3rd, 2014 at 17.00 (CET).

2. Full-proposal stage:

- VHIR's deadline: June 1st, 2014.
- Official deadline: June 10th, 2014 at 17.00 (CET).

d. More information:

- Submission: HERE
- Call Information: HERE
- Guidelines for applicants: HERE

.....