Subtitles and transcriptions
Subtitles and transcriptions are available for selected materials for purpose of helping users understand the contents of the educational sessions.
Uncertain words have been indicated with ?? before and after the part.
Parts that could not be understood at all have been indicated as [Audio Not Clear].

Every effort has been made to faithfully reproduce the audio of the sessions as recorded. However, no responsibility is accepted for mistakes or omissions. ESO does not endorse any opinions expressed in the presentations.

e-Session n 531001 - 25th June 2020

Writing a grant

Dr Bertolaccini: Good morning, good afternoon, good night. It's for me a great pleasure today to present the Professor Alessandra Gennari, associate professor of oncology of the University of Eastern Piedmont. Alessandra Gennari is also the head of the Division of Oncology of the Maggiore della Carità Hospital of Novara, Italy, and she will speak about a really hot topic: writing the grant. And I will have the pleasure to be the discussant. My name is Luca Bertolaccini, I am a thoracic surgeon of the European Institute of Oncology of Milan in Italy. Thank you, Alessandra.

Dr Gennari: Thank you for the introduction, Luca. And good afternoon, I would say, everybody. So my task here is actually a little bit challenging, because I should explain how to write a grant. This is not actually a very easy thing, because if you look at this picture, you can see that multiple steps are necessary, are requested to build a research application. So to write a grant, you write a grant to get funded, to get funds for the research that you have projected, and that you will do in, of course, in due times. So the first question is that you write a grant if you have an hypothesis, if you have an idea, if you have a scientific idea. And the scientific idea must be sound, must be well-introduced into the clinical or translational issues that are ongoing. So the first step is from the idea to the project, because you have an idea, and you must arrive to a project. So the first topic is, of course, innovation. You must have an innovative idea, only with an innovative idea you can start to design a grant. So this, you have the idea, you must think on how, which is the experimental design that will be the best one to follow your idea and the methodology. Your idea must be relevant. So this scientific question is sound and is actually an unmet need. Okay, it's not a support to another research. It's an unmet need, because you are going to ask for money to do your research. It must be feasible, of course, feasible in terms of budget and in terms also of logistics. So you must have, as we will see, the appropriate logistics. Exploitation is another common field, usually requested especially by international grants. So will the results of your project, of your study, or your research, have an application in another context? And then the other part is maybe the most, one of the most important, collaboration and partners. Has the team enough expertise? Is the team actually very used to work together? This is a network, meaning that you must have, you must build a network. So the step two is the key people. You have your idea. You know that you must write a grant. Key people, you is the first people. You are the PI. So it's not that easy to be a PI. I mean, it's not very easy to be a PI who is receiving fundings, fundings from agencies, fundings from, even from pharmaceutical companies, because, actually, the life of a PI is difficult, because a PI must have scientific reliability. So you will be the first one to be judged in your proposal. So you much have academic achievements. You must publish, basically. You must publish papers, papers containing data. It's not editorial or video. You must have a background of publications with your own data. So creativity, of course, the idea,

the scholarship. You have to demonstrate at least passion and commitment to research or newfound interest in exploring a career path from it. You must be able to express yourself. You must be appealing, and you must be really inside what you want to do, your research project. In this setting, consult your colleagues. Don't be afraid to measure your idea with the thoughts of your scientific friends, because early discussion can ensure that your proposal is targeted appropriately.

Dr Bertolaccini: Alessandra, sorry, in your opinion, who is the best PI? an older researcher, an intermediate researcher?

Dr Gennari: Well, everybody can be the best PI. I am really, I would really like to see many very young PIs. Of course, they have better ideas, this is what we know. This is what we know from literature. This is what we know from our human being natures is that you have the best ideas when you're younger. But you must also have some expertise. Actually, there are research grant made for young people, so the PI must be a young PI, and I encourage also my students and my, our young oncologists to act as PI in those calls who are for young PI. There are many calls for a PI younger than 40 years, for instance. And that's a good find, because they request less experience. They don't judge you by the experience, but of course, you can apply. So the best PI, in my opinion, is the young PI, because has all his or her life in front to improve as PI. So apply to those calls that are restricted to young PIs.

Dr Bertolaccini: I totally agree with you, thanks.

Dr Gennari: So we were talking about consortium, and this is important because if you are a young PI, you have time enough to build your network. Why is important to have a strong consortium? Because, you might have, not in the submission phase because the PI is responsible, more or less, for the submission phase. He has the idea. He shares the idea with other scientists. He builds the project. He writes and whatever. But then if the project is funded, you might have problems, and you might be, you should be able to solve unexpected problems. And if you have friends in the consortium, this will surely, I can assure you because I had, will surely help you to solve these problems. So the strong consortium is necessary to solve unexpected problems, and the strong consortium is made of friends. This is the consortium of a TRANSCAN project that we won three, four years ago, actually, and this is one picture showing me, Etienne Brain, and Nadia Harbeck, we are real close friends. And we were before because we were in a mentorship program when we were younger all together. Here, we presented at the San Antonio Breast Cancer meeting. We presented the research design of this grant we achieved by the TRANSCAN network. So you need friends.

Dr Bertolaccini: Alessandra, okay, you need friends, and where can I meet my friends? In congress? Doing my study?

Dr Gennari: Well, there are actually, a lot of ways of doing this. For sure, conferences, this is what we cannot do now, or schools, like the European School of Oncology, of course, courses for younger physicians. We do, for instance, every year a mentorship program in February where we stay, I am a mentor now, of course, but where we stay with young physician, with young oncologists in this case, for three days, and we challenge them to present projects, to present research data or whatever, for instance, to build a network. So this type of networking can really be built. Of course, you have to do a lot of things. So you have to go around. You have to go in conferences. You have to meet with other physicians of your age, more or less, and this is how you build your network. And this is particularly important, because one of the topics that each, every research grant that you apply for has "Please explain the synergy of the research team." So you have to explain why you are doing this and the other one is doing another thing. This is another very hot topic, because the synergy of a research team does not mean that we have a clinical trial, and I put, I enroll 30 patients, you enroll five patients, and she enrolls 20 patients. It means that I have a clinical trial, and they do a clinical trial. You put patients in my, in our clinical trials, because we are a team in a project, but for instance, you do liquid biopsy in all the patients from the study. So all the patients will have the blood collected. This would be cheaper. That will be organized to your center, and your center will do that. So the synergy is made up of

people, working in different places, that does complementary things. So this is an experience from our TRANSCAN project. We have each year, for instance, since 2015 a meeting during the Oktoberfest, because our host is, of course, Nadia Harbeck. Here you see also Joanna from Lisbon. And we meet there every year. We have on Sunday our non-scientific meeting as a team-building, if we still need to build something among us. But in any case, we have this team-building on Sunday, appropriately dressed, as you can see. And then on Monday, we have a real scientific meeting at the University of Munich on molecular imagining. This is now going, we hope that we will do this also next October, I don't know. So then you have another important thing when you approach a grant, when you have to write a project. Study design and methodology. This is extremely important because any idea can be not a good idea if it lacks methodology. And how to make a methodology, you need a statistician. And you need a really good statistician that can, actually, work in clinical trials or in translational research. This statistician must understand your question. It's not a simple question of how many patients I need, how many samples, how many tumor biopsies, which is the endpoint or whatever. It's the fact that this statistician can put your idea into the right way to be appealing for the research project and from the referees that will check your project.

Dr Bertolaccini: And what kind of statistician do you prefer? A biostatistician, a statistician who works closely with the oncology, or a general statistician?

Dr Gennari: I prefer a physician.

Dr Bertolaccini: Okay.

Dr Gennari: To be honest. But also statistician is okay, so a degree in medical statistics is okay, who works in oncology. Yes, because it is easier to understand each other. It's not a matter of doing the sample size. It's that the statistician, who is working in oncology, for instance, can turn your idea to be really a good idea. For instance, sometimes, I even change the endpoints, because a statistician said: "Well, okay, look, but if you pursue this endpoint, your results will not be appropriate enough for what you want to test, so are you sure?" So you have to discuss with the statistician what you want to show and which is the best way to show this and if what you choose as primary endpoint or as output or outcomes or whatever is the right one.

Dr Bertolaccini: Okay, agree with you. If the statistician is also a physician, it's better.

Dr Gennari: It's better, also medical people with a degree in medical statistics, that is not medicine, are actually right, especially if they're used to work in oncology.

Dr Bertolaccini: Yep.

Dr Gennari: I think. Then, this is really important because I never did, please, before starting, read the call for proposal carefully, everywhere, always, in its entirety because you begin writing the words. And follow instructions, because if you don't follow instructions, they will tell you that, you may not receive the grant, okay? It's not an effective grant-writing if you do not follow the instruction, even those instruction that you say, "Come on." No, you must follow. Keep it simple, of course, to understand. Everybody must understand the research project. And do not add anything they do not ask, because, this is really very dangerous. So the title, the title seems to be not so important. More or less is a summary of what you're going to do or what you propose, but is the first impression the reader gets. So the title should be short and clear, and the reviewer should be able to understand from the title what you intend to do in your research project. If you have a catchy title, an acronym, for instance, you must have an acronym, okay, MINDACT. MINDACT, when you say MINDACT in the breast cancer world, all over the world, you think about this. You think of the MINDACT trial design that was also, this MINDACT was actually a European grant, actually seven grants. So you have the idea, you know what is the MINDACT did, but the MINDACT is Fatima. You say MINDACT, and you mean Fatima, and actually, this year, she also presented again the updated results also again, very interesting, at the ASCO that was a virtual meeting. So the title and the acronym must, when you say

MINDACT, you think of the trial, and you think of Fatima. Well, she did MINDACT, okay, so this is really very important. Then you have to structure your theory, your proposal, of course. So when you have the statistician, the title, the acronym, the people, the team, you have to think on how to structure. So define the aims of the different tasks of the projects. If you write a grant, you need, of course, different tasks. You do not have mono-task grants. So you have different tasks. These, for instance, were tasks of this ET-FES project, this TRANSCAN, and as you can see, each partner has a role, and each partner has also a definite role. No partner is simply enrolling patients. Everybody, everybody has actually its duty in the project. And here it comes to all the difficult but easily, technically difficult, you have to structure your project in graphs also. So this is always requested to make the referee understand that you know what you're going to do and that you know exactly that you might have some delays that you might face, which is the flowchart of the study. And this is the PERT diagram. The PERT diagram describes work packages. Here, again, is this same study where you have Work Package 1, for instance, was the clinical trial, and every, every, every researcher, every partner was going to put patients, of course, in the clinical trial. Then, you have the clinical trial divided into phases. The preparation of the clinical trial, ethical committee, but you need to describe, because you must write, for instance, study protocol, document preparation, ethical committee, submission approval, and whatever, and you have to say here which is the best scenario, four months, hmm, then I will show you. It has been 18 months, okay? Then worst time, eight months, average, six. And again, for all these for data analysis. For instance, we had the molecular study, and we had the technical study also. So that was the only one to be performed on time, by the way. So and then you have to further describe the activities, because here you describe the work packages. Each work package is made of different activities, and different activities require different time to be performed and appears in the project on different timelines, and this is what you can see here. This is a Gantt diagram, meaning that here you have the different tasks, okay? So this is another study. It was another project. It's a project for Horizon 2020. Here, you have the Working Package 1, again, was a clinical trial with PET imaging, of course. So you have a few months to prepare the study. Clinical trial protocol and management, this was going, of course, along through all the period. Then you have PET imaging starting here. Then you have the molecular imaging biomarker validation phase, and that started together with PET, of course, and centralized revision. Then you have liquid biopsy. Then you have the statistical analysis. Of course, the statistical plan starts at month one and goes until month 36 in this case. The statistical analysis starts when you have all the data, when, for instance, the patient enrollment is almost finished and you have enough follow-up to analyze the data and so on. Each working package has different timelines that needs to be performed together or in sequence, as in some cases. As you can see here, this was an eHealth, this Working Package 7 was an eHealth-based Patient Reported Outcome approach that of course started with patient enrollment. It was set up, then it started with trial enrollment, and after, there was the statistical analysis at the end of trial enrollment. So you have to foresee all these activities, and you have to put all these activities in a hierarchical list within the same working package. And also, at different timelines, because, of course, they cannot start all together. Maybe there is one who is sequential to the other one. And this is a very difficult exercise. I suggest that you have some logistical and administrative help to do this because of course, the PI cannot do all these tasks. Then, exactly, you have the budget. The budget is terrible, the budget is terrible. At the beginning, you do a budget like this. Now hopefully in many institute, universities, or research centers, you have these clinical research facilities, and they can actually help you with the budget. Budget is terrible. As a PI, you cannot do everything. For instance, I am not able to do an Excel file where you change one part of the budget and everyone, everything is calculated again not to maintain the final budget, but you must maintain from that project. But you need, to me, in my case, I need the clinical research facilities that do this. So what you must count to build your budget? Protocol writing has a cost, it has a cost. You write to get money. You write the protocol to get money and then to make a publication. Where you write the paper, you write the paper not to get money but to make a publication. But if you prepare a grant and write the protocol, this has a cost, okay? Then you have the implementation of study documents. Does it get a brochure, and you going to, then you form a consent, a contract, because you must put in place contracts with the other partners, or subcontracts. But then you have to prepare center-

specific documents for patients or tests that will be performed in the other centers. Ethical committee and competent authority submission, and you have to spend a lot of money to respond to raised issues, because they always will have, always. Then you have to define the case report form, electronic case report form, because now you do this, so electronic report form and implementation. And you have to put the database, for instance, a right type of database, all these has a cost. And you must give a value to all these activities and then put them in the budget. You have to possibly to do a monitoring plan. Maybe it's a trial, a study, or whatever that needs outside monitoring. You have a data management plan, you need data managers. You need personnel. And finally, you have a statistical plan, because the statistician might also be your friend, but I'm sure that he will require money to do what he has to do in your project. So all these things must be taken into consideration. Additional activities that you have to take into account in the Site Initiation Visit. So you need to activate the study, the trial in the different centers. Monitoring, remote and on-site, newsletter, investigator meetings, drug supply, because you need to ship the drugs, and pharmaco-vigilance, which is another very important point, data queries, database lock, of course. So you will have a database, and you need to do queries, you know, to check the quality of your data. Statistical analysis and publication and dissemination of the results. All these have a cost. All these things have a cost. Study amendments, you must do study amendments during your trial because your study will last several years, many years, hopefully a few years. And it has been shown that each trial has a median of 2.4 amendments. So you need to go back to the ethical committee to explain why you want to change something in your study. Finally, you have also to take into account the type of study, observational, prospective, retrospective, interventional. The study design, translational, randomized, and so on, number of patients and number of centers. Treatment duration and follow-up duration, profit and no profit, but this is a difference that is going to disappear, also in Italy, which is maybe the only country in Europe that now has this definition profit or no-profit research. Drug supply, other procedures, data management, biomarkers. If you are a translational research, you have all the budget for the biomarker analysis and shippings for these studies. So here is a model of a budget model, and as you can see, the costs usually oblige you to do this exercise that we did. Give a value to each of these activities, for instance, equipment, supplies, if you need to perform clinical trials or biological tests, publication travels. Here you see all what we analyzed in the previous slides. And finally, remember that you have to take also into account the overheads. Overheads are generally a fixed percentage that each grant allows and is basically money that goes to your institution to cover costs that are not directly related to your research, expenses for lights, for things that you use, or whatever. These are always present in any research grants. Other costs, personnel. Personnel is very difficult. Personnel is very difficult, because you have to define a priori all the people that will work on your project, physician, biologist, technician, data manager, administrative, or whatever. Here is defined, for instance, in terms of working package. And then have to understand how much each person will actually work on the project and when his or her activity is planned. So for instance, this liquid biopsy, that was participant number four, this was the *Institut Jules Bordet*, 88 person months, okay, and it starts from month eight. So this is a huge level of activity. This means how many months are required for one person. You can also have 44 here, for instance, but this is 88 months per one person or for 44 months for two persons. And then you have to define which is the percentage of the total workload of that researcher will be allocated to your project. So sometimes you go, you say, okay, is 88, 48, 44 months per person at 50% of their time, or something like that. This is a calculation that you have do, because you have to require the appropriate budget also for personnel, and this is a very difficult exercise. In the end, you have something like this, okay? You have something like this, where you have these are the different institutions that were taking part of this project. These were the direct personnel costs, okay, so how much cost was for each group, of course. Direct costs of subcontracts, you might have subcontracts. Financial support to third parties would be included, for instance-- The indirect cost, indirect cost is generally as you can see here, a percentage, a fixed percentage that each research grant call has established, and you cannot do more or less. You do that, okay. It's not your choice. It's what is in the call. But all has to be then modeled in the same percentage. Okay, so in the end, you must achieve the same results. If you change something, you change everything, okay? Because the final result must not change. What else, risk analysis.

You must put a risk analysis in your research project. You must take into account that you must take care of everybody, of everything. You, the PI, is responsible for every step, good or bad, and for every problem. So you have also to take into account when you do your project, and actually, the beginning, as a young investigator, I was not at all doing of VAT taxes. You pay taxes if you buy solvent, if you buy a kit for biomarker analysis, you pay taxes. When you have to pay a person, you must take into account that you have also taxes. So it's not what you give to the person per month, but it's what you give to the person per month plus taxes. Okay, so please remember, taxes, VAT. Then, risk analysis-

Dr Bertolaccini: Yes. And about VAT -- the problem is when you start a multinational trial, not only with European countries but also with Asian, for example.

Dr Gennari: Yes, VAT is a problem. First of all, it's not fair, but this is a personal opinion. I think that any researcher has this, because you receive money from countries, from Ministry of Health or whatever, and you give back money through another ministry, for instance, so okay. There are some institutions that are VAT free, such as, for instance, university, and I think also the institute like the European Institute of Oncology. So you can buy VAT free, okay? In some other cases, my former hospital, for instance, I had VAT. When I was buying the tracer, I had plus VAT, 22% of VAT, for instance. In case of multinational projects, is a problem, but it's also true that each country has its own budget. For instance, if I am in a country where you have VAT, 22% in Italy, and I know that my kit costs 1,000 each, 1,000 for each assay, for each patients or whatever, I must put as costs 1,000 plus 22%, because I buy, the cost is 1,000, but I buy for 1,000 and 220 euros. So this is how you must calculate VAT. It's not that you put the 22% and that's it. For instance, in one Italian trial for the Italian Association for Cancer Research, I did not calculate VAT, and my tracer, the cost 1,200, and they say, "Well, okay, you wrote 1,200. "So you have, let's say, 50 patients for 1,200." I say. "Well, okay, yes, plus 22%." I say, "No, plus 22%. I don't have this money." "Yes, you have." And so I had to take 22% from the indirect costs, that by chance were allowed by the grants from the Italian Association for Cancer Research, but are not in any grant, and so I took this money to cover the VAT to buy these kits, for instance. So VAT should be always taken into account. If you have multinational projects, please, take into account that this may not be the same for each country, and ask the PI from the other countries how they must behave for VAT calculation in the project. A risk analysis is not VAT, is also, is not only VAT, I mean, is also delay. You might have delay which are not dependent from you. You might have delay because you might have regulatory delays, you might have administrative delays. It depends where you work, but not all, the institutes, the university, well, the university should, at least. Also the research institute or the hospital are there to do your research. They must also do things for the hospital, for the patients, or for all, and then there is your research. So it might also happen that for administrative, bureaucratic, whatever reason, you accumulate delay. So you have to plan this in your project, to plan this in your project, and to understand how to overcome this. For instance, a good idea, but now I do always, is to include in your project a retrospective part, a retrospective part that you are sure that you have and that you can perform. For instance, if you look for the prospective validation of a biomarker, you can also say, okay, in the preliminary evidence, perform some preliminary data on retrospective patient samples that you know you have in the pathology lab in the repository, in the bio-bank or whatever, and I will randomize these in these samples. So this means that you might also have a delay in the bureaucratic, administrative, or whatever part of your project, but you have something else to do. and you are sure that you can do that in a timeline, in a perfect timeline way. And this will help you to manage the delay in the other parts of the project, for instance. Here is a project cycle. A project cycle is long. This is an example with some very important Italian project calls that we had for research design calls. This is the, the first one that you see here, *Ricerca Finalizzata* from the Ministry of Health, the Italian Association for Cancer Research, and the AIFA, it is, more or less, also in the Ministry of Health, right? So here is what we have been talking about. You have to have the idea. You write the problem, you identify a problem that needs to be solved, this is an unmet need. This is also all pre-grant. Then you prepare your project. You formulate, you prepare everything, the grant, the budget, the hypothesis, the method, the statistical, and so on. When you win, by chance, you have to implement the project, perform

the project in as much timely way as possible. Of course, because grant institutions do not like delays, I'm sorry, and then you have to, during the project, that's why you have to monitor the project, to do sequential evaluations, to understand what's going on, how much delay did you accumulate, what is not feasible. You might also have something that's not feasible. So have always a big plan, a retrospective analysis, whatever. Prepare also a big plan, and put it into the budget. This is another project, but they're all structured like this. This was the Horizon 2020, IMI2, ERANET, that is the TRANSCAN, the 3rd Health Project, and other projects that you can have. Then you have some projects that are actually not linked to Ministry of Health or national associations or European-funded projects. You might have projects that you need to prepare for companies, pharma-companies or for whatever, but all the projects that you present need to have these structures, because nowadays is more or less required. Which is the timeline? The timeline is long. This is an example for the Italian Association for Cancer Research. It's actually one of my favorite ones, because it is very, it's not easy to get, but is easy to manage. But more or less, it takes one year because in February, you have the call for proposal. In March, there is a deadline for applicants. In April, a reviewer assignment, you don't know anything about this of course, the deadline for review, analysis in August, analysis of review and initial ranking. In September, there is the evaluation of the final report and of previous fundings. Of course, that why you must perform well in the research project, because your results will be used to assign you a new grant. So that's why, young or older, you need to carefully plan your grants, right? Then you have the meeting in the end of November. Actually, they will export, and they will present the results, and you will be notified if you have or not achieved the grant. And it's very important because the Italian Association for Cancer Research devises really good grants, and you can manage the early one, of course, provided, of course, that you do what you planned during your research. So this is, there are also networks that, here we go back to the concept of networking. There are networks that are forming. This is Oncodistinct, for instance, it is a network that was created by Ahmad Awada from the *Institut Jules Bordet*. It was a new model of clinical research collaboration, based on the progress of molecular biology and methodological issues. So this is a network that you can use for translational research, for instance, in early clinical phase trial. So to better answer your question, Luca, about how to build a network, there is also the opportunity to join existing networks, such as this one, for instance, small clinical trials that try to answer to biological questions, for instance. And you can join this network, and within this network, you can apply for these funds research grants. Finally, I think this is my last slide, the clinical trial center. You need your logistics, you need your logistics located in the place where you are working. So you need a clinical research facility, more than a clinical, that includes also a clinical trial site, because you cannot take care of everything. So you need administrative, business, and information technology support. You need to perform a consortium agreement, which is a nightmare, if you don't know how to do it and your research facility does not exist. You need the budget, and if you have administrative people that are used to do the budgets, okay. You have to do grant monitoring with dedicated personnel. This year, for instance, I had an inquiry, that is normal, by the Italian Association of Cancer Research in one of my previous grants, here at the university, for instance. Everything was doing well, of course, was done in the right and the proper way, and no problems, but, by the way, people, administrative people from an agency, by AIRC, they come, they came here in Novara, and they stayed and spent two days in my clinical trial center at the university, okay? And they checked everything, everything, everything. They checked if you eat a sandwich and how this is reported in the administrative form, that you have to compile, to fill at the end of the project. So you need also legal competence for insurance, that all is need for run, whatever, now. Privacy, this is very important now, data ownership and patents. You need the clinical research team, research nurse, study coordinators. Without study coordinators, you don't do anything, clinical, translational, whatever. Data manager, technicians, and pharmacists. Statistical and methodological support, we already talked about these. Then, since now every research is of course translational research, you need biologists, bioinformatic, translational aspects. So you need a multi-professional team for clinical and translational research. You can build it with the grant in case you win a grant. But actually, this must be a on-site facility that you have in your institution. And with this, I think I covered more or less all the aspects. What do you think, Luca? Was it frightening enough?

Dr Bertolaccini: It was a really great presentation. I have only another question for you. I am a young researcher. For instance, I am an Italian young researcher. I have an idea. Which program should I try? The AIRC program, okay, but which program? For instance, the European funding program, it's easy to do?

Dr Gennari: Well, the TRANSCAN project, the ERANET is quite easy now to be done, and it's independent from your age. If you want to go on a European model that is easy, the ERANET projects are good enough, in my opinion. And also the NanoMed, which is all is part of the ERANET of Horizon 2020 is good, is a good project. In Italy, the SIR for young researcher, I think, should be the first step for everybody to challenge with this, but it's actually very challenging. It's not so easy to get it also for a young investigator. We have also some projects from the Italian Ministry of Health, *Ricerca Finalizzata* for younger researchers, for researchers young than 40 years. Yes, I think you have plenty of grants you can apply if you are a younger researcher, at the national level and also, of course, at the international level. When I was part of the expert radio committee of the INCA in France, for instance, in the French Ministry of Health, they also had grants for young investigators. And so I think that these type of grants can be found everywhere, and one should become familiar with these type of grants, and it's a good school anyway.

Dr Bertolaccini: Thank you, and I think that the key message of your presentation is the multi-professional team for clinical or translational research, the multi-professionality that you discussed in your slide in your presentation, the PI and you say before, could not do all the project.

Dr Gennari: No, of course. You have to rely on other people from your place for the logistic. You have to build a multi-disciplinary team with existing people, and then there is the network. But you also must really build your multi-disciplinary team for the scientific issues, and logistics in your place, before starting to apply to grants, because this is very important. You can also try to do this with your first grant, of course. I did, for instance. But now, in these times, I think that many of us can really rely on some offices in our university, institution, hospitals that can do a lot of work for you.

Dr Bertolaccini: Many thanks, Alessandra. Thank you, everybody, for joining this really interesting webinar. Good morning, good afternoon, good night.

Dr Gennari: Bye-bye!