



e-session 531001

Writing a grant



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Discussant: **Dr Luca Bertolaccini**, Thoracic Surgeon, European Institute of Oncology, Milan, Italy

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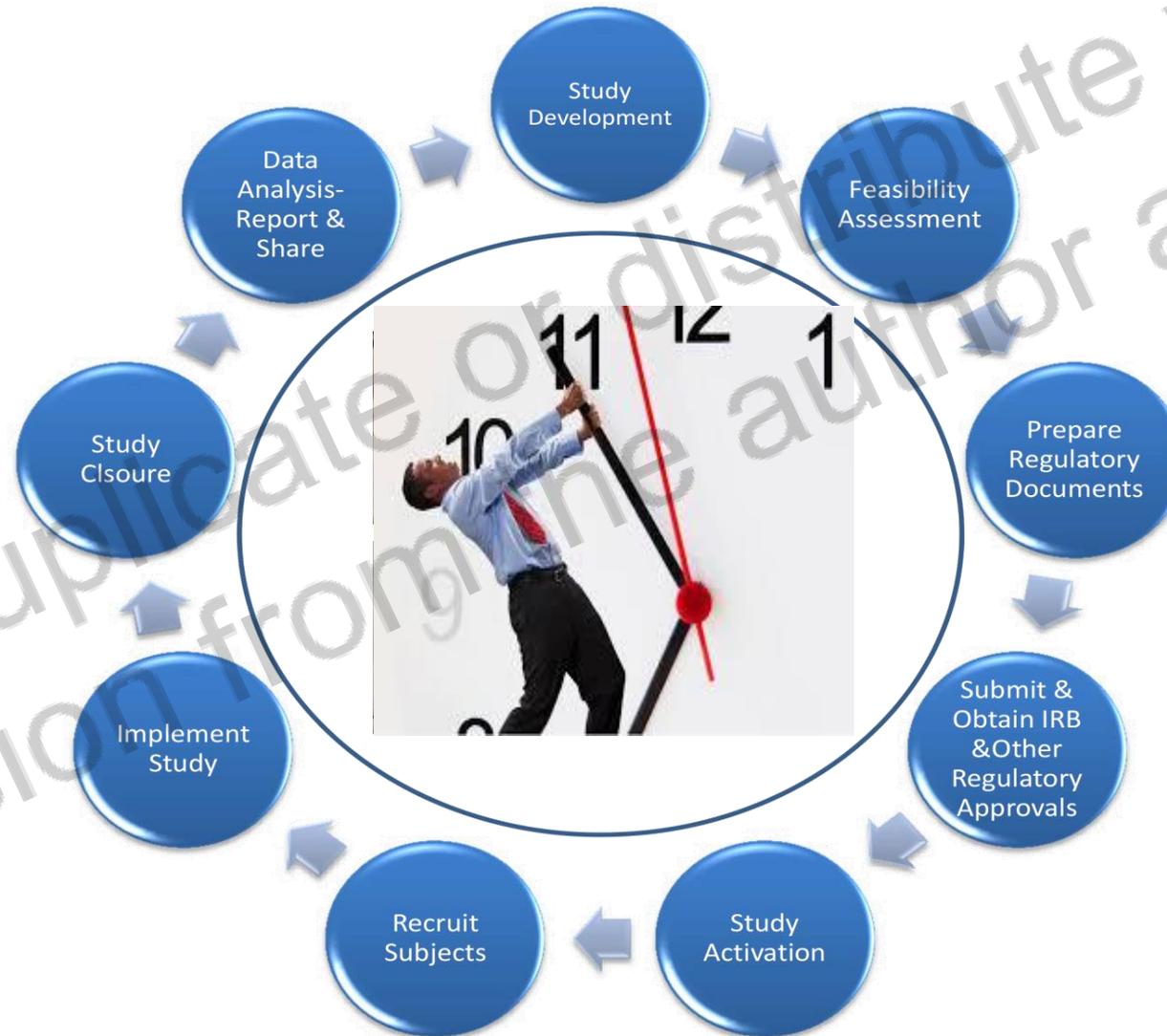


UNIVERSITÀ DEL PIEMONTE ORIENTALE

WRITING A GRANT

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Life Cycle of a Research Project



SCIENTIFIC HYPOTHESIS
The idea

PROPOSAL
DEVELOPMENT

PROJECT
IMPLEMENTATION

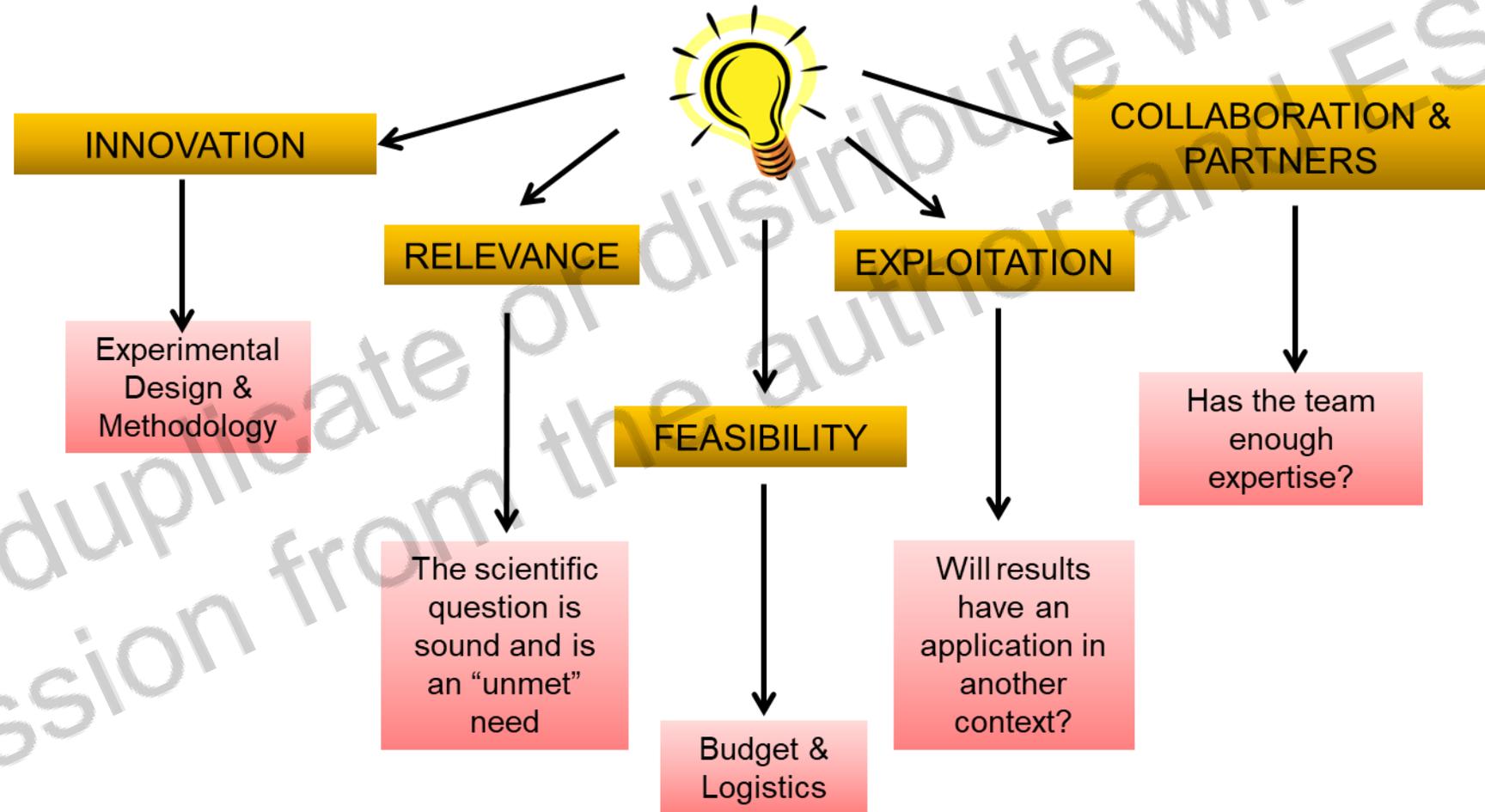
RESEARCH PARTNERS
AND
CONSORTIUM

FEASIBILITY AND IMPACT
ON CLINICAL PRACTICE
AND FUTURE RESEARCH

FEASIBILITY :
ADMINISTRATIVE ISSUES
REGULATORY ISSUES

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STEP 1: from THE Idea to the Project



- ❖ You, the PI
- ❖ Your Scientific Partners
- ❖ The Network
- ❖ The «Statistician»
- ❖ Your Local Support Team



It ain't so easy being a PI.

How are you going to be evaluated?



The person

- Academic achievements
- Creativity, scholarship
- Demonstrated passion/commitment, or genuine, new-found interest in exploring a career path
- Ability to express oneself
- Depth

- Consult colleagues. Don't be afraid to discuss your proposal with colleagues, or even with the grants officer at the funding body. Early discussions can ensure that your proposal is targeted appropriately.

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Submission Phase

easy

- Scientific Project Development

critical

- Choice of Partners
- Administrative & Regulatory Feasibility in all Countries

needed

- Dedicated Core Facilities

Implementation Phase

No easy

- Strong consortium to solve unexpected problems

NOT easy at all

- Internal organisation
- PI to designate core facilities, regular FU meetings and inputs

easy in the end

- Administrative /Regulatory support to foreign partners in EC and local authorities submissions

1. **Partner # 1:** Project Coordinator *Alessandra Gennari*, Genova, IT
2. **Partner # 2:** Dino Amadori, Meldola, FC, IT
3. **Partner # 3:** Javier Cortes, Barcelona, E
4. **Partner # 4:** Nadia Harbeck, Munich, DE
5. **Partner # 5:** Etienne Brain, St Cloud, FR

KEY ISSUE



Deadline October 31, 2019

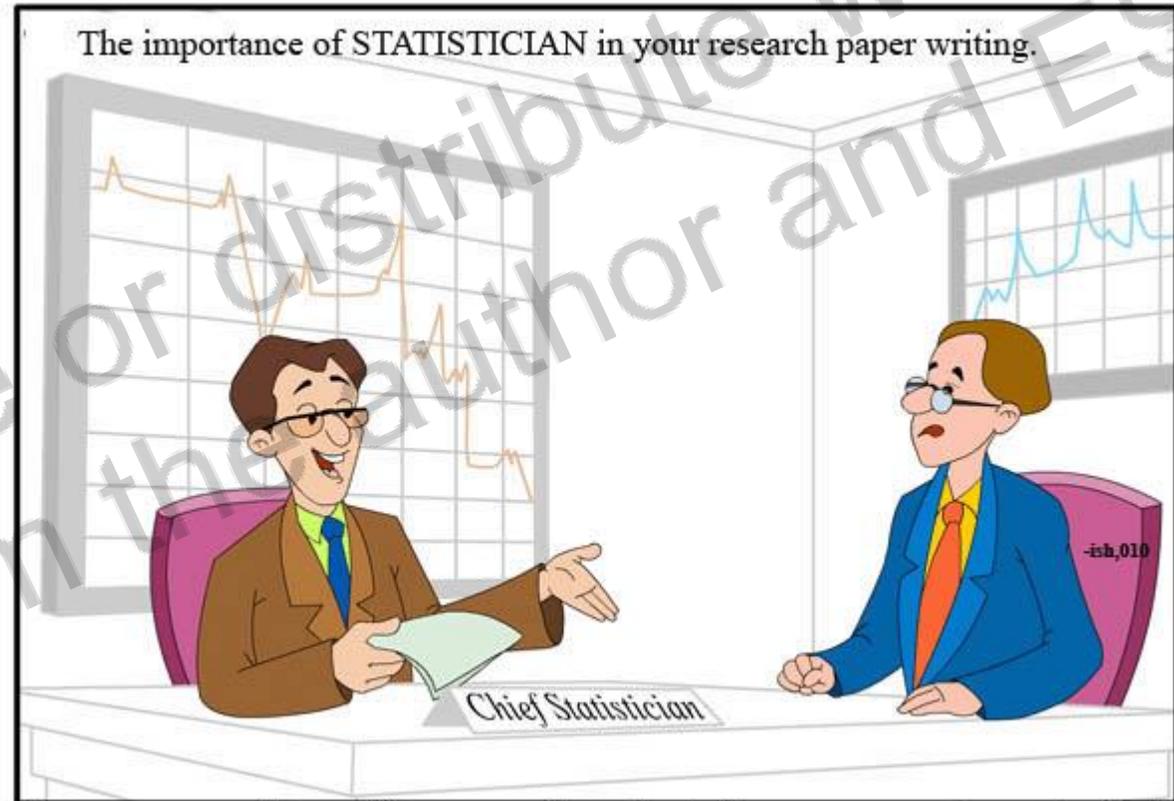
Project Presentation
OVERALL SUMMARY
HYPHOTHESIS AND SPECIFIC AIMS
METHODOLOGIES AND STATISTICAL ANALYSIS
SIGNIFICANCE AND INNOVATION
SINERGY OF RESEARCH TEAM
BIBLIOGRAPHY
DELIVERIES AND MILESTONES
FACILITIES
RILEVANCE SSN

Budget Presentation	€
STAFF/RESEARCH CONTRACTS	
EQUIPMENT (leasing)	
SUPPLIES	
SUB-CONTRACTS	
MODEL COSTS	
IT SERVICE	
PUBLICATION COSTS	
MEETINGS	
TRAVELS	
OVERHEAD	
TOTAL	



The Study Design and Flowchart

- Title
- Abstract (or Research Plan Summary)
- Research Proposal:
 - Research Question
 - Background
 - Study Design and Methods
- References



I can prove it or disprove it, what do you want me to do?

- ❖ ALWAYS read carefully the call for proposal in its entirety, before you begin writing
- ❖ Follow instructions!!!!
- ❖ Keep it simple to understand
- ❖ Do not do or add anything they do not ask!!!

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- Title
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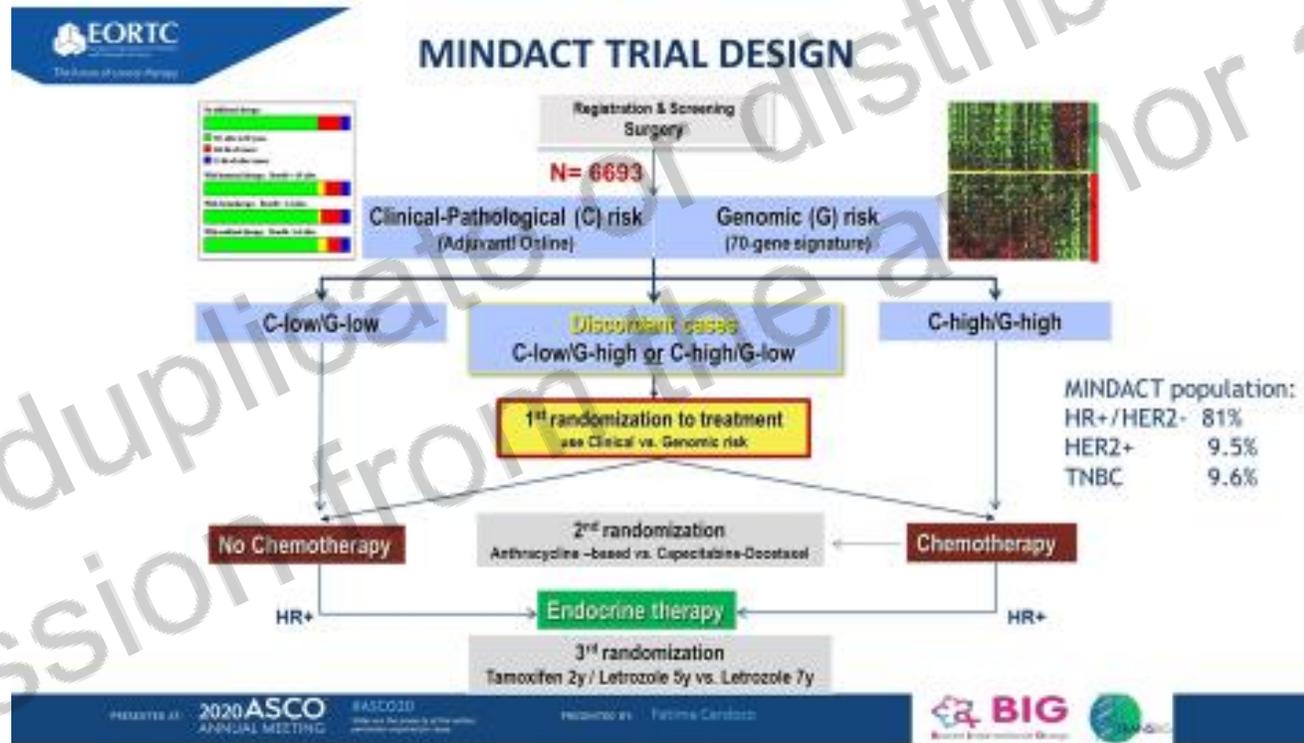
- Title: This is the first impression the reader gets. The title should be short and clear, and the reviewer should be able to understand from the title the intentions of the research. A catchy title posing a question or including an apparant contradiction or acronym may be more easily remembered by a reviewer.

MINDACT



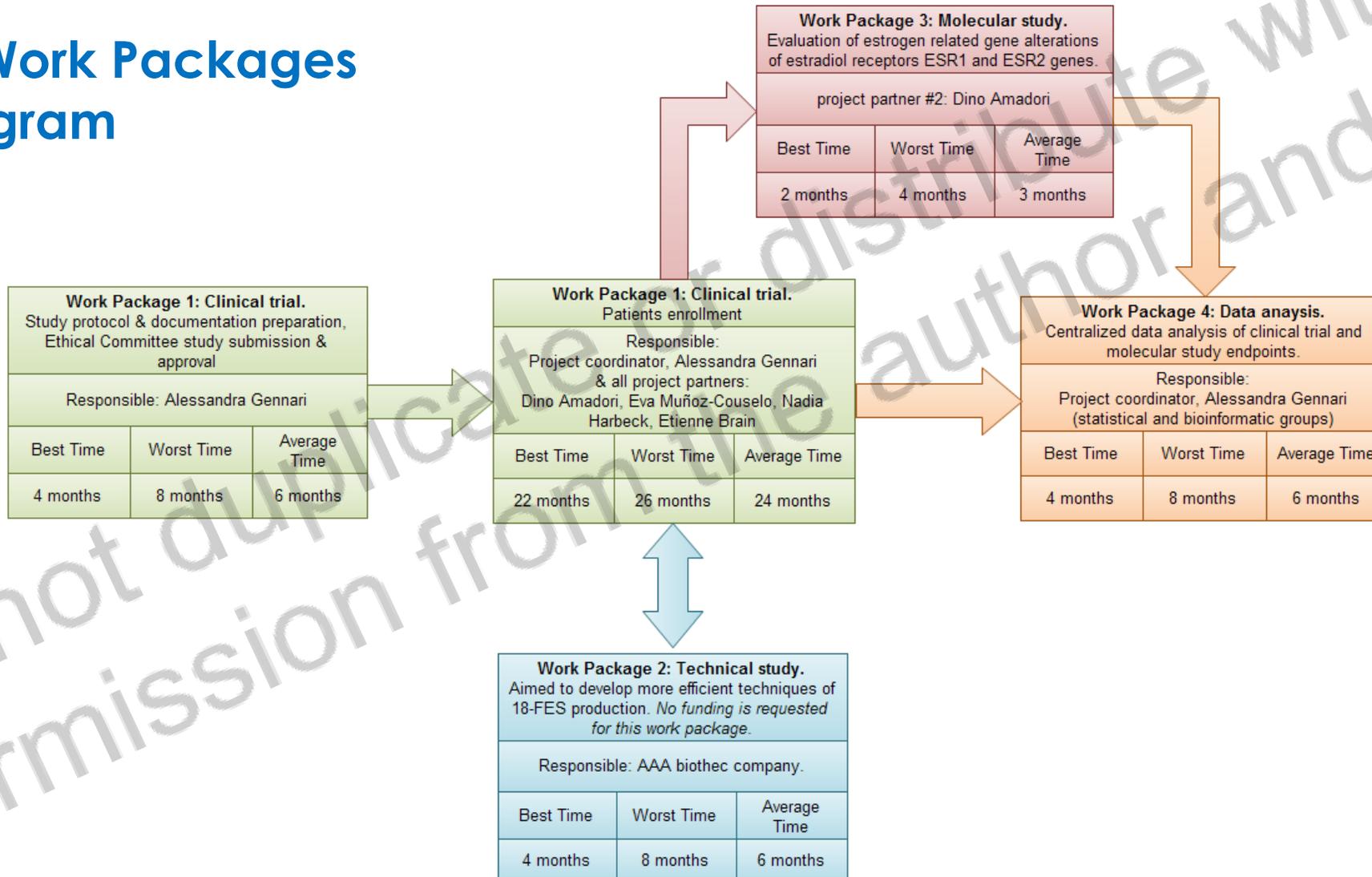
Oral presentation #ASCO20

MINDACT: Long-term results of the large prospective trial testing the



Aim n° :		Participant(s) responsible for the aim/workload
1	To compare disease control rate (DCR) in ER+ MBC patients with 18F-FES SUV < 2 treated with endocrine therapy (standard arm) versus CT (experimental arm) (WP1)	Project Coordinator and all research partners (#1,2,3,4,5)
2	To optimise 18F-FES production (WP2)	Advanced Accelerator Applications, (no budget requested)
3	To evaluate the relationship between gene alterations (mutations and/or gene amplifications) of estradiol receptors ESR1/ESR2 genes and 18F-FES SUV (WP3)	Research partner #2
4	To develop a predictive score of endocrine responsiveness based on 18F-FES SUV (WP4) and clinical and biological Information	Project Coordinator

ET-FES: Work Packages Pert Diagram



1. Analysis of the Activities

- ❖ Protocol writing
- ❖ Implementation of Study Documents (IB, CTA, TMF, Contracts....)
- ❖ Preparation of Centre-specific documents (ICF, MMG, IMF, Contracts...)
- ❖ EC and CA submission and response to raised issues
- ❖ Definition of eCRF and implementation
- ❖ Monitoring Plan
- ❖ Data Management Plan
- ❖ Statistical Plan

2. Analysis of the Activities

- SIV
- Monitoring (remote and on-site) Newsletter e Investigator Meeting
- Drug supply and pharmacovigilance
- Data queries
- Data base lock
- Statistical Analyses (Statistical report)
- Publication and dissemination of results

Study Amendments (EC): 2.4/trial

How to define your budget

- ❖ Type of study: observational, prospective, retrospective, interventional
- ❖ Study design, traslational, randomised etc.....
- ❖ N patients
- ❖ N centres
- ❖ Treatment duration
- ❖ Follow up duration
- ❖ Profit, no profit (2004-?)
- ❖ Drug supply: company, sponsor, NHS
- ❖ Other procedures
- ❖ Data Management
- ❖ Biomarkers?



Budget MODEL	€
STAFF/RESEARCH CONTRACTS	
EQUIPMENT (leasing)	
SUPPLIES	
SUB-CONTRACTS	
MODEL COSTS	
IT SERVICE	
PUBLICATIONS	
CONFERENCES	
TRAVELS	
OVERHEAD	
TOTAL	

Easy to define

- ✓ Insurance
- ✓ CE Fee
- ✓ Fee for Centre Activation
- ✓ Fee/pt
- ✓ IDMC
- ✓ Other services (lab costs, delivery etc)
- ✓ Investigator Meeting
- ✓ ConveConferences
- ✓ Publications, Dissemination (poster etc)
- ✓ **Overhead**

Other Costs: Project Personnel

Work package No	Work Package Title	Lead Participant No	Lead Participant Short Name	Person-Months	Start Month	End month
WP1	Clinical Trial	2	IJB	192	2	30
WP2	18F-FES PET/CT molecular biomarker validation imaging	3	UMCG	120	8	36
WP3	Liquid biopsy	4	IJB	88	8	32
WP4	Statistical analyses and algorithm	1	EOG	114	8	32
WP5	SOPs and Network Implementation	5	IRST	154	1	36
WP6	Feasibility in the elderly	9	SIOG	75	4	32
WP7	eHealth-based Patient Reported Outcome (ePRO)	8	LUM	112	4	36
WP8	Project Management and Ethics	1	EOG	120	1	36
WP9	Dissemination and Exploitation	7	VHIO	95	1	36
Total months				1070		

3 - Budget for the proposal

No	Participant	Country	(A) Direct personnel costs/€	(B) Other direct costs/€	(C) Direct costs of sub- contracting/€	(D) Direct costs of providing financial support to third parties/€	(E) Costs of inkind contributions not used on the beneficiary's premises/€	(F) Indirect Costs / € (=0.25(A+B-E))	(G) Special unit costs covering direct & indirect costs / €	(H) Total estimated eligible costs / € (=A+B+C+D+F +G)	(I) Reimburse- ment rate (%)	(J) Max.EU Contribution / € (=H*I)	(K) Requested EU Contribution/ €
			?	?	?	?	?	?	?	?	?	?	?
1	Ente Ospedaliero Ospedali	IT	597000	159530	97000	0	0	189132,50	0	1042662,50	100	1042662,50	1042662,50
2	Institut Jules Bordet	BE	534000	342920	43200	0	0	219230,00	0	1139350,00	100	1139350,00	1139350,00
3	Umcg	NL	408000	125532	0	0	0	133383,00	0	666915,00	100	666915,00	666915,00
4	Usmi	IT	183000	31355	0	0	0	53588,75	0	267943,75	100	267943,75	267943,75
5	I.r.s.t Srl	IT	318000	111726	0	0	0	107431,50	0	537157,50	100	537157,50	537157,50
6	Institut Curie	FR	162000	94507	0	0	0	64126,75	0	320633,75	100	320633,75	320633,75
7	Vhio	ES	309000	92784	0	0	0	100446,00	0	502230,00	100	502230,00	502230,00
8	Lmu Muenchen	DE	336000	124320	86000	0	0	115080,00	0	661400,00	100	661400,00	661400,00
9	International Society Of Geriatric	CH	216000	37009	0	0	0	63252,25	0	316261,25	100	316261,25	0,00
10	Advanced Accelerator Applications	FR	78000	513364	0	0	0	147841,00	0	739205,00	100	739205,00	739205,00

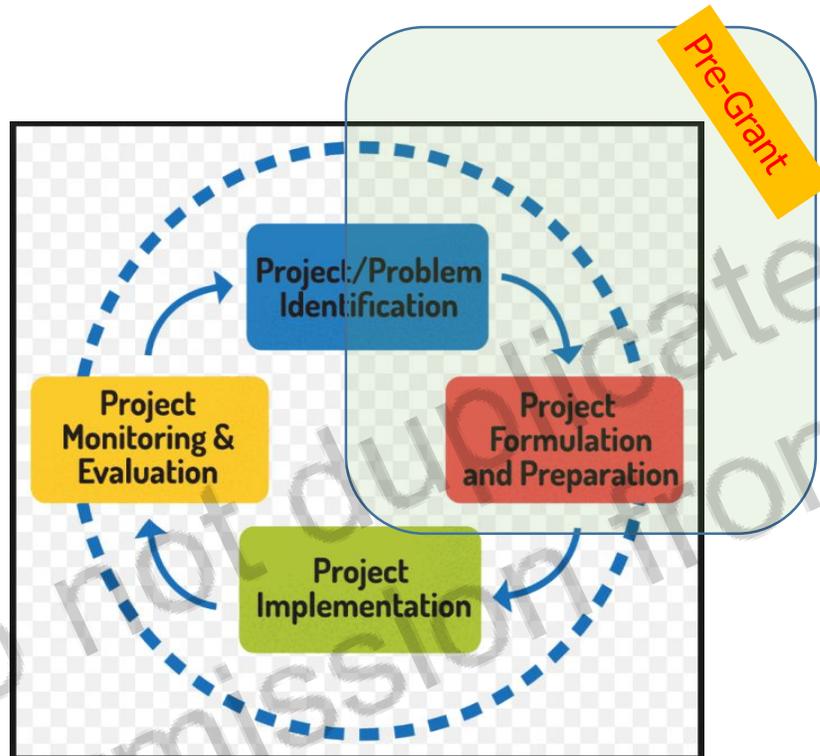


The PI, must take care of:

- Scientific Reports
- Economic Reports
- Division of funding (tranches)
- VAT
- **Risk Analysis:**
 - 85% of clinical trials have a delay
 - 94% > 1 month
 - This must be planned a priori in the GANTT diagram



Project Cycle



NON EC – LINKED Programs

MULTILATERAL FUNDING	NGO & PRIVATE FOUNDATIONS	
<p>The Global Fund to Fight Aids, Tuberculosis and Malaria</p> <p>Drug-purchasing facility (provides funding grants) Hosted by WHO</p>	<p>Clinton Health Access Initiative (CHAI)</p> <p>Local NGOs</p>	<p>Partners In Health</p>
<p>The World Bank</p> <p>World Health Organisation</p> <p>GLOBAL DRUG FACILITY (GDF) The Global Health Network</p>	<p>JICA</p>	

MULTILATERAL PROGRAM & FUNDING

Timeline (grants)

November:
Board of Directors meeting and notification of results



October:
Study section Meeting (IG, MFAG)



September:
evaluation of final report of previous funding (IG)



January 2nd 2017:
Start of grant

February:
Call for proposals



March:
Deadline for applications



April:
Reviewers assignment



June:
Deadline for review

August:
Analysis of reviews, initial ranking

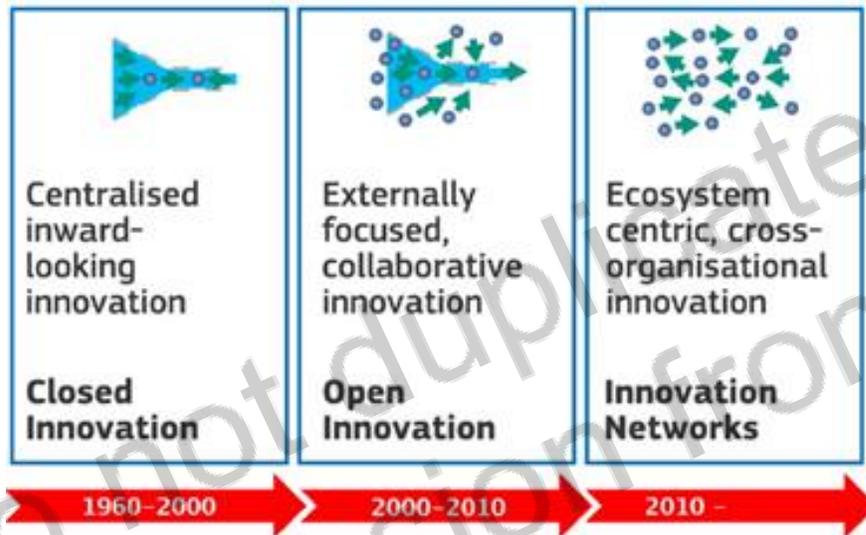
REVIEW

Open Access

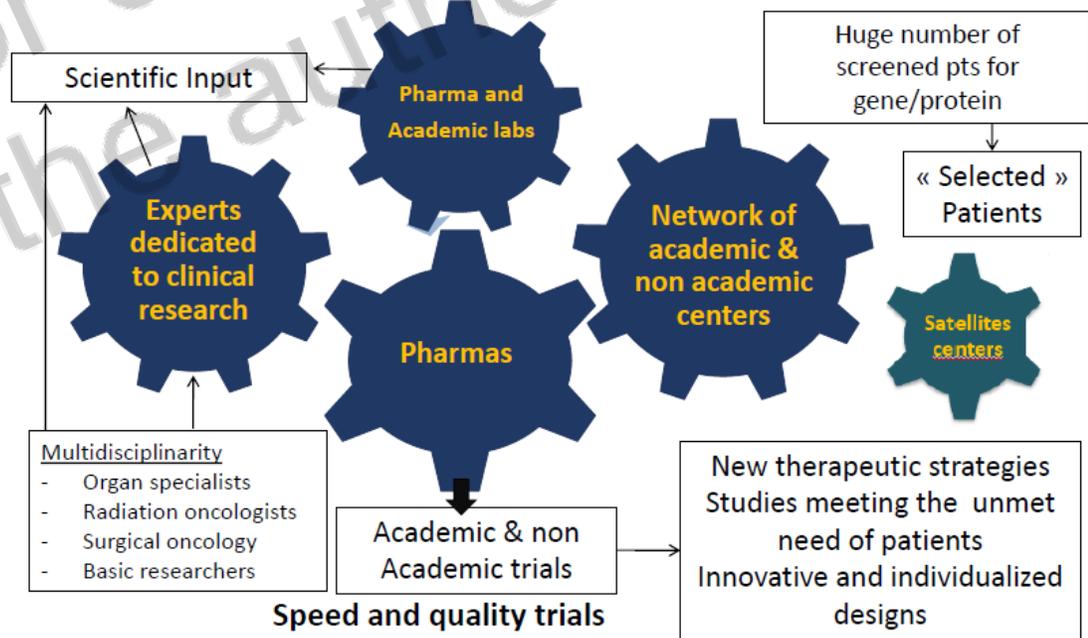


Changing R&D models in research-based pharmaceutical companies

Alexander Schuhmacher^{1*}, Oliver Gassmann² and Markus Hinder³



Oncodistinct: A new model of clinical research collaboration based on the progress on molecular biology and methodological issues



CLINICAL TRIAL CENTER

- ❖ Administrative , business, IT support
(agreement, budget, grant monitoring with dedicated personel)
- ❖ Legal competence (insurance, privacy, data ownership, patent)
- ❖ Clinical research team (research nurse, study coordinators, data manager, technicians, pharmacists)
- ❖ Statistical and methodological support
- ❖ Biologist , bioinformatics for translation aspects



Multiprofessional Team for clinical/traslational research





College of the European
School of Oncology



Thank you!

for participating in this

Dedicated ESCO e-session

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