



## GRANT GUIDELINES

CURE Childhood Cancer is seeking research proposals aimed at finding cures and effective treatments with lower toxicity for childhood cancers. Proposals, submitted through proposalCentral at <https://proposalcentral.altum.com/GrantOpportunities.asp?GMID=190> on or before **March 22, 2019**, will be reviewed by CURE's Scientific Standing Committee and Board of Directors. Awards typically fall within the range of \$80,000-\$150,000 although all requests will be considered. Multi-year grants will only be considered for clinical projects. Funding decisions will be made and communicated on or shortly after **July 1, 2019**. The total funds granted are determined by the funds available and scientific quality of the applications.

### **Funding Priorities**

In granting funds, we give highest priority to projects which are aimed at the 20% of children who are not surviving today's methods of treatments. With that in mind, we seek proposals for research involving the highest risk pediatric cancers, which we believe are generally considered to include:

- High risk ALL (presence of Philadelphia chromosome, hypodiploid DNA, no complete remission on day 28 post treatment or minimal residual disease (>1000 blasts/ml) on week 12, relapse ALL)
- Acute myeloid leukemia
- Neuroblastoma at stage 4, mycN amplified neuroblastoma
- Wilms tumor anaplastic stage IV (<50% survival), focus on late stage or relapse
- Metastatic sarcomas (e.g. bone and soft tissue, osteosarcoma)
- Pediatric brain tumors, high risk

We will also consider research related to other high-risk pediatric cancers. Proposals relating to these diseases should fall into one of the following categories:

1. Innovative clinical therapy and transplantation;
2. Drug discovery and mechanisms of drug resistance;

3. Study of novel tumor biomarkers for diagnostic, prognostic, therapeutic and vaccine development potential; and/or
4. Genetics and/or Genomics as related to cancer development and treatment-resistance.

In alignment with our strategic goals, CURE will be placing highest priority on research proposals with **an anticipated clinical or therapeutic application within the next 5 years**.

**Collaborative projects** are encouraged and will also be given priority. *In particular, CURE encourages investigators working in drug-discovery to consider and comment on how the resources of the NCI Experimental Therapeutics (NExT) program might assist them in one or more areas (e.g. exploratory screening, lead development, candidate selection and preclinical development). Further information on these resources can be found at [www.NExT.Cancer.Gov](http://www.NExT.Cancer.Gov)*

### **Survivorship**

In addition to the above stated priority, CURE remains committed to supporting research related to survivorship and improved quality of life for pediatric cancer survivors.

### **Proposals**

Available research funds are divided into 4 categories: basic science projects, translational research projects, clinical research projects and survivorship projects. We have assigned a range of percentage of funds we will invest in each category. **Researchers are required to specify one of the four categories to which they are applying.** Proposals without specification will not be considered.

### **Proposal format:**

The proposal format is clearly set forth within proposalCENTRAL with templated boxes containing word limitations. You will be required to submit:

1. Objectives, including hypothesis and specific aims
2. Background and significance\*
3. Research plan, including potential problems and alternate approaches in achieving specific aims and budget as well as budget justification (this will be an upload; please limit to 4 pages)
4. Statistical considerations
5. Summary (lay and scientific)

6. Statement of anticipated clinical or therapeutic application within 5 years (this will be an upload; please limit to 2 pages).

With your submission, you will also be asked to include:

- Letters of IRB approval
- Listing of other funding sources and titles of those research projects
- Bibliography
- CV (biosketch) of PI and Co-Investigators

***We will accept only one submission per lead investigator.***

\* Note: At first use, please spell out all nonstandard abbreviations in proposal. Also, simple diagrams illustrating any complex pathways will greatly facilitate review process. Publications by PI that are central to proposal should be submitted and full titles for all references in bibliography should be included.

### **Progress Reports**

As a condition of funding and to be eligible for renewed funding, CURE must receive (prior to the submission of a subsequent proposal) a Progress Report detailing progress on each and every specific aim proposed for the prior period for any project previously funded by the primary researcher.

The report should include:

- A review of the specific aims of the project and detailed progress on each and every aim. If unforeseen problem(s) prevented progress on a given specific aim proposed for the prior funding period, please comment on how these issues can be addressed going forward.
- A clearly defined progress timeline and outcome measures such as publications, grants submitted and/or funded based on this work and support for fellows. Define what impact the research has on the current state of pediatric cancer research nationally;
- A personal statement as to the impact of this award on professional growth (publications, tenure, and grants). Will you need additional funding (CURE or other) to achieve the goals of this proposal?
- Financial statement: How the funding was utilized in comparison to the budget proposed. List personnel, supplies, travel.
- An electronic copy of any publications (either published, in press or submitted) related to the grant.

## **Acknowledgement**

The award recipient must publicize the funding support through publications (peer review) and also in local publications for general dissemination (e.g. student newspaper, research news, institutional mailings)

## **Fellows and Post Docs**

Use of research dollars may be applied in support of a fellow or postdoc researcher to complete the work.

## **Indirect Costs**

Indirect costs may not be taken from CURE grants.

Please direct questions to Kristin Connor, Executive Director, at [kristin@curechildhoodcancer.org](mailto:kristin@curechildhoodcancer.org).