Clinical Research Funding Scheme

Frequently Asked Questions

Updated: 15/08/25

CANCER RESEARCH UK

Note that you must read the guidelines document before submitting an application to this scheme.

Contents

1. Background

1.1 Why have the funding schemes changed?

Historically, discovery and clinical research have been considered separate domains with limited alignment. However, advances in technology are now providing unprecedented opportunities to bridge these fields and deepen our understanding of human biology through clinical research.

Our refreshed 2022 research strategy set out our ambition to put discovery at the heart of everything we do, and this scheme provides a mechanism to promote the integration of discovery into clinical research to achieve this ambition. Through consultation with our research community, we identified that our previous funding schemes had limiting remit that restricted the scope and creativity of proposals received, particularly for research addressing biological mechanisms of disease and its treatment. The new modular funding scheme is more flexible and scalable, allowing researchers to ask for what they need, to do the research that they want to do.

1.2 Why is CRUK putting discovery at the heart of research, and what do you want to achieve through this?

Discovery research is the essential foundation to enable the development of effective interventions to beat cancer. Through supporting high quality clinical studies with strong biological foundations, we can maximise new insights into mechanisms that can be generated from data, samples and imaging, subsequently informing the development of novel treatment strategies, and make the most of the valuable contribution that every person makes when they participate in a clinical study.

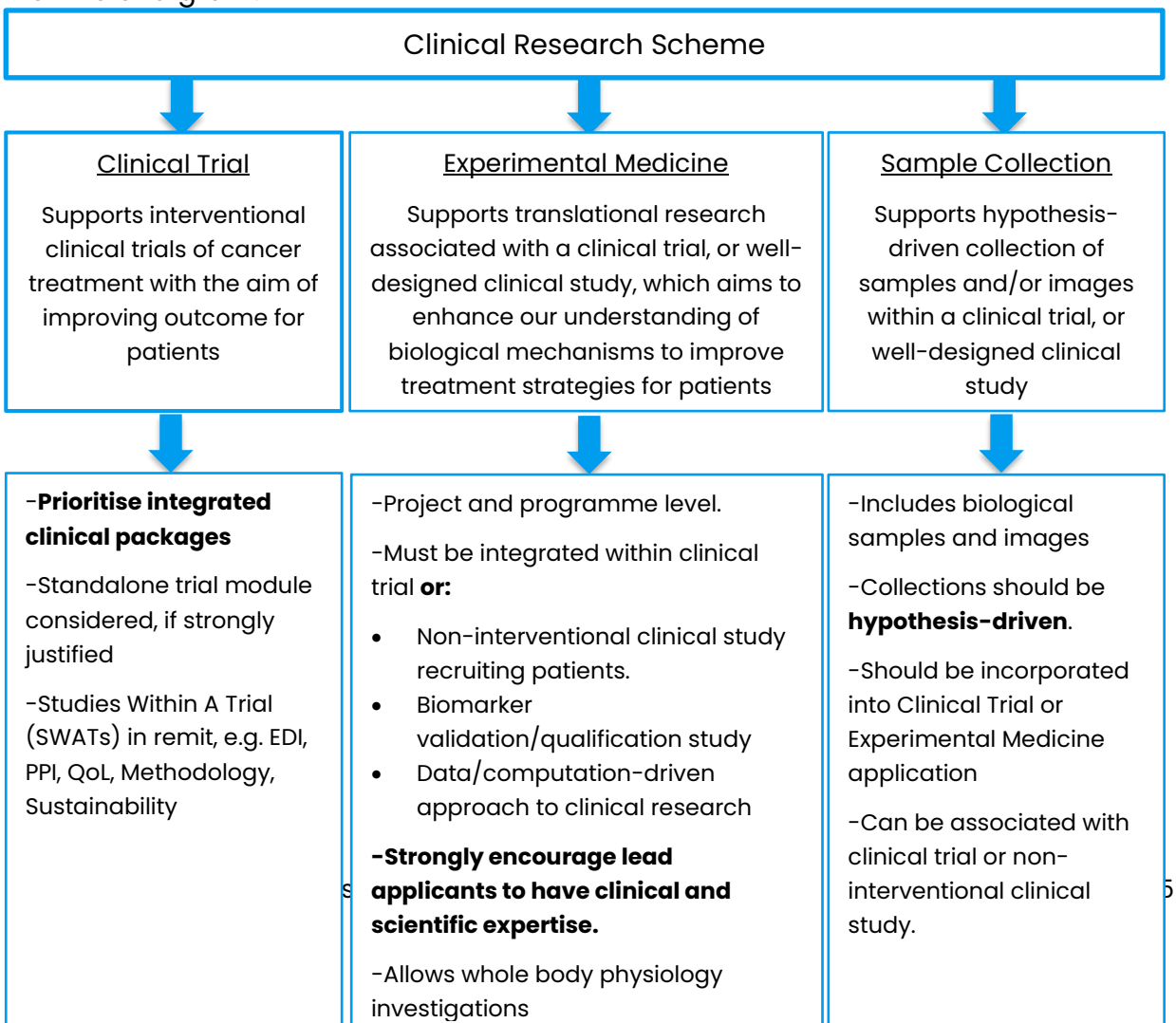
1.3 What translational research questions do you hope to answer with this new scheme?

We want to apply discovery science to samples and readouts from clinical studies to understand human biology. Biologically driven research questions can be addressed through clinical trials and/or observational studies through this scheme, this includes but is not limited to:

- Why some patients benefit from a certain treatment and others don't
- The dynamics and mechanisms of drug and radiation resistance
- How drug or radiation resistant subclones emerge and what the underlying mechanisms are for their emergence
- Immune evasion mechanisms in human tumours, that might reveal novel targets
- How tumours are initiated in human systems
- Tumour dormancy and patterns of metastatic dissemination
- Why aging drives cancer risk
- Tumour microenvironment
- How chronic inflammation impacts cancer initiation
- The biology of clinical syndromes that impact patients' quality of life such as cancer fatigue, cancer pain, thrombophilia, metabolic syndromes, organ crosstalk, immune dysregulation, and paraneoplastic syndromes

1.4 What are the key features of your scheme?

The Clinical Research Scheme is comprised of three interconnected modules: Clinical Trial, Experimental Medicine, and Sample Collection. We strongly encourage applicants to apply for all three modules together as an integrated package, where possible, however we will also consider standalone or mixed module applications, where justified. Grantees can also layer on additional modules throughout the lifetime of a grant.



1.5 What are the benefits of changing the scheme?

We have removed many of the limiting remit constraints and have created a more flexible and scalable funding scheme which encourages the integration of clinical and translational research. Some examples of how we have broadened our remit include opportunities for Studies Within a Trial (SWATs), non-interventional studies, data/computation driven approaches to clinical research and investigations into the primary effects of cancer. As there are no cost limits for the modular Clinical Research Scheme, applications can be scalable and tailored to suit your needs. This flexibility should enable researchers to be bold and innovative in their approaches to clinical research and maximise patient benefit.

2. Modular Structure

2.1 Will you consider a standalone Clinical Trial application that does not have, or plan to have, an Experimental Medicine module integrated?

Yes, whilst we expect all applications to have explored the potential of integrating translational research into their trial design, we acknowledge that this will not be possible for all clinical trial proposals. For these proposals, we expect to see justification as to why it isn't possible to integrate any translational research into the study design, highlighting the value that the clinical trial will bring to patients. Note that we do expect most clinical trial proposals to include the collection of samples.

2.2 Should I apply for a Sample Collection Module as part of my clinical trial even if I am not intending to do work with the samples myself?

CRUK will prioritise supporting work that seeks to maximise what we can learn from every participant. One way we can achieve this is through ensuring that samples arising from the research we fund are made available to the wider cancer research community in a usable form. Therefore, we strongly encourage sample collection within your trial even if you are not intending to work with the samples, but where it can be demonstrated that these provide a valuable resource for the wider cancer research community.

2.3 I have an existing clinical trial awarded under the old funding scheme, can I apply for an associated Experimental Medicine module?

Yes, grantees can layer on additional modules to their existing Clinical Trial Award through the standard application process and we would ordinarily expect these trials to be active. Note that you will be asked to demonstrate that the trial and sample collection have been designed appropriately to address the Experimental Medicine module research questions.

2.4 My Experimental Medicine proposal will not be prepared until over 2 years after the start date of my Clinical Trial proposal, can I still apply?

The proposed Experimental Medicine research must be outlined in the Clinical Trial application to ensure that the study design and associated sample collection plan is appropriate to address the research questions. We prefer that your Experimental Medicine proposal is submitted within 2 years of your proposed trial start date as the Clinical Research Committee will review your entire integrated package in the initial outline review of the Clinical Trial proposal and ensures that the proposed translational research is relevant to the current landscape.

We acknowledge that there may be instances where the Experimental Medicine proposal may need to be delayed longer than this, for example where the early outcomes of the Clinical Trial are required to inform the design of the Experimental Medicine module, and we will also consider these applications. However, if your Experimental Medicine proposal is submitted over 2 years from the Clinical Trial grant start date you will be required to resubmit another outline application to ensure that your proposal is still relevant.

Grantees with existing Clinical Trial Awards under the old funding schemes can layer on additional Experimental Medicine modules to their grant through the standard application process.

2.5 Will you consider a standalone Experimental Medicine application?

Yes, whilst we encourage all Clinical Trial proposals to integrate an Experimental Medicine module, or layer on an Experimental Medicine module(s) throughout the lifetime of the trial, this module also has scope for standalone Experimental Medicine applications **providing that the proposal aims to enhance our understanding of biological mechanisms to improve treatment strategies for patients in the future**. Standalone applications must either be:

- a non-interventional clinical study recruiting patients, such as a prospective cohort study or a biomarker validation/qualification study
- a standalone biomarker validation/qualification proposal that utilises prospectively or retrospectively collected samples and/or data.
- a data and/or computation driven approach to clinical research

Please see the Biomarker Guidance and Roadmap PDFs on our website if submitting

a standalone biomarker proposal.

2.6 Will you consider a Sample Collection and/or Experimental Medicine application which is integrated within a trial not funded by CRUK?

Yes, we will consider applications integrated with active trials funded elsewhere, where strongly justified; this includes internationally-led and/or industry-sponsored trials provided that the Experimental Medicine application is sponsored by a UK academic institution. However, we will prioritise proposals which are integrated within a CRUK-funded or endorsed trial and proposals that utilise data/samples from at least one CRUK-funded or endorsed study.

3. Successful Applications

3.1 What are some key considerations for a strong proposal?

We want to see multidisciplinary study teams including clinicians, scientists, methodologists, radiologists, pathologists, diagnosticians, PPI representatives, and other non-clinical researchers working together at the outset to design and develop the clinical trial/study. This should ensure that trials are well-designed with the highest chance of having impact, whilst informing the design of future trials, for example by implementing patient selection biomarkers.

We expect appropriate and meaningful PPI involvement in the design and delivery of clinical studies. Where possible, recruitment should be representative of the target patient populations and we expect study teams to identify and reduce barriers for underserved populations to access research. All proposals should outline the activities planned to ensure the trial/study is designed with diversity and inclusion in mind, and how inclusion will be accounted for in the way the trial is designed and delivered.

Proposals should address important clinical and scientific questions, and research into our cancers of unmet need and cancers of children and young people are areas of particular priority.

The Committee want to see that samples are being made available to enable future translational research

3.2 What type(s) of clinical trials and studies will you be prioritising?

The Clinical Trial module is open to all trial phases investigating all modalities of cancer treatment; however, as per our Statement of Intent we will prioritise:

- Studies that address critical clinical challenges.
- Research that deepens our understanding of cancer biology to inform more

effective and kinder interventions.
- Early-phase proof of concept trials
- Trials that optimise or repurpose treatments and minimise adverse effects.
- Experimental medicine studies that link clinical trial data and samples with research that informs our understanding of cancer development and treatment response
- Studies with innovative methodologies
- Research that considers PPIE and reduces barriers for underserved populations and explores the impact of disparities on cancer treatment.

We also welcome large, late-phase trial applications which are biologically grounded to advance future scientific understanding whilst enhancing patient outcomes. Furthermore, we recognise the value of cost-effective pragmatic trials.

Within the Experimental Medicine module, we value observational studies particularly those that collect rich data sets longitudinally and are well linked to pre-clinical science.

These areas have been identified by CRUK and our research community to complement the offerings of other funders, such as the NIHR and industry, where we see the most opportunity across our portfolio to accelerate progress and bring benefit to patients.

3.3 What are the key considerations for putting together a strong biomarker proposal?

Biomarkers are a challenging area with low success rates across many funders, where failure of implementation is common. We strongly advise having a biomarker statistician with appropriate expertise on your study team and we often find that successful biomarker applications are embedded within a clinical trial with relevant input from a clinical trials unit.

The Committee value a clear demonstrated understanding of the necessary steps from assessing analytical validity through to clinical utility.

We strongly suggest you consider these carefully in your application:

- **SCIENCE** — Has a clear scientific and clinical need for the biomarker been presented? Is there robust preliminary data to support the hypothesis?
- **SAMPLES (& assay)** — Does the applicant have access to appropriate clinical samples? Is the assay robust? Is the number and quality of samples suitable? Is the proposal linked with a clinical trial (either prospectively or retrospectively)?
- **SCOPE (& team)** — Is there appropriate multi-disciplinary expertise in the proposed research team to undertake the project? Is there 'line of sight' to the

clinic? Is there an appropriate biomarker statistician?

- **STATISTICS** — Is the study appropriately powered to ensure results? Is there a detailed description of the statistical analysis plan? Is there a named biomarker statistician on the application?

3.4 What is CRUK's position on making data and samples available for secondary purpose research?

CRUK will prioritise supporting work that seeks to maximise what we can learn from every participant. One way we can achieve this is through ensuring that samples and data arising from the research we fund are made available to the wider cancer research community in a usable form (once the primary intended purpose for the sample collection has been considered and the main findings from the final dataset have been accepted for publication*). Applications should demonstrate how you will establish data and sample collections that will be made available to, and useful for, the wider cancer research community. Please provided confirmation in your application that patient consent forms will include detail around the future intention to share data and samples with academic, commercial and third-party partners for secondary purpose research. If you foresee any issue with this, please contact the CRUK Office to discuss.

* per our standard Data sharing and management policy | Cancer Research UK

4. Application Considerations

4.1 How does the application process work?

1. **Submit an Expression of Interest to your Research Grants Manager**
   The CRUK team will confirm whether you are eligible, and the application is in remit and advise on the application process.

   You may choose to bypass the outline stage where one of the following applies:

   - Standalone Sample Collection applications
   - Experimental Medicine applications that are <£250,000 in total and not integrated within a clinical trial application (this includes the cost of a Sample Collection module, if required)
   - Experimental Medicine applications that have been reviewed as part of a Clinical Trial outline proposal by the CRC within 2 years of the associated trial grant start date
   - Clinical trial applications that do not intend to submit an Experimental

Medicine proposal **and** are <£500,000 **or** internationally-led
- Standalone Clinical Trial endorsement applications
- The study follows seamlessly on from a feasibility study previously funded by CRUK
- Costed amendment or extension to an existing study supported by CRUK

2. **Submit your Outline Application through FlexiGrant**
    a. **Clinical Research Committee -** The Committee will review your outline application and make a recommendation as to whether a full application should be invited. All applicants receive feedback. **The outline stage is a valuable opportunity to receive feedback from the Clinical Research Committee and enhance the quality of your proposal.**

3. **Submit your full application through FlexiGrant**
    We would expect that the full application is submitted approximately no later than 18 months after the outcome of your outline application is received.
    a. **Written Comments -** Your full application will be sent to the designated members of the Expert Review Panel. The Panel will provide written comments and you will have an opportunity to respond these comments either in writing or through an interview at the Expert Review Panel meeting.
    b. **Expert Review Panel -** The Panel will provide a recommendation to the Clinical Research Committee based on the scientific quality of your application. For particularly complex studies, applicants may be invited to present to the Panel.
    c. **Clinical Research Committee -** The Committee will make the final funding decision, taking into consideration the recommendation from the Expert Review Panel, and the alignment of your application with the CRUK Research Strategy and Clinical Research Statement of Intent.

Please email your Expression of Interest form to the clinical research team, clinicalresearch@cancer.org.uk, who can advise whether your proposal is in remit and provide further guidance on the review process.

4.2 Can the Clinical Research Committee choose to support individual modules, or work packages, within an integrated proposal?

Yes, the Committee can choose to support individual modules within an integrated proposal, where inviting a resubmission for the entire proposal would cause significant delays to progress. For example, the Committee may choose to support

the Clinical Trial and Sample Collection modules of an integrated package to prevent delays to patient access, and request that a revised Experimental Medicine application be submitted to a future funding round.

Similarly, the Committee may also choose to support individual work packages within a single module. This would be on a case-by-case basis and dependent on whether the Committee considers that an appropriate programme of work remains. If substantial revisions are required, the Committee may invite a revised submission to a subsequent funding round.

The Clinical Research Committee provide feedback at the outline stage to strengthen your proposal and may include recommendations on certain work packages.

4.3 Can I have different host institutions and award institutions across the different modules within an integrated package?

Yes. We define Host Institution as the institution at which the lead applicant is based. The Award Institution is the sponsor of the study and where the funds will be directed to, if the application is successful. The Host Institution and the Award Institution do not have to be the same and there will be many integrated packages where the lead applicants differ across the modules within the integrated package, and therefore will have different host institutions. However, we would typically expect all modules within the integrated package to be sponsored by the same institution, ie the award institution, for cohesion. There may be exceptions where the applicants choose to have a different sponsor across the modules, and this is possible within FlexiGrant but you must justify this in your application.

4.4 Will there be multiple Grant Award Letters (GALs) for integrated packages?

Yes, this allows individual management for the modules within an integrated package. For example, an individual module within an integrated package may not be supported by the Clinical Research Committee and this modular system with multiple GALs allows for individual modules within an integrated package to be supported, where appropriate. Similarly, successful applications are monitored through our Clinical Research Monitoring Panel (CRMP), and this system allows funding for individual modules to be suspended, where appropriate, rather than a blanket suspension across the entire integrated package.

4.5 Can I have different start and end dates on the modules within an integrated package? If so, how do I stagger the costs appropriately?

We expect the start date to be consistent across the multiple modules within an

integrated package, however there will be exceptions to this including when applying for a subsequent Experimental Medicine module. The end dates can differ between modules within an integrated package.

Costings should be phased in line with expected milestones, and it may be appropriate to have no costings for the first year of a module within an integrated package. Typically, we would expect the Experimental Medicine research costs to commence after the expected date of the first site opening, with an appropriate number of samples collected. Alternatively, for biomarker-driven trial proposals it may be appropriate to phase-in the clinical trial costs upon the completion of certain milestones within the Experimental Medicine research, e.g. where an assay validation must be completed prior to biomarker implementation within a trial.

4.6 What are the funding limits for each module within this scheme?

There are no funding limits for any of the modules within this scheme. Within our guidelines we have provided some typical costs to help guide your application, but the costs requested should reflect the scale and complexity of your proposal and larger amounts will be considered with appropriate justification. We suggest liaising with your Clinical Trials Unit to ensure your costings are appropriate.

Typically, we see:

- **Clinical Trial module:** approximately £50,000 to £200,000 per year. SWATs should be costed within your Clinical Trial module application.
- **Experimental Medicine module:** approximately £100,000 per year for projects and approximately £300,000 per year for programmes.
- **Sample Collection module:** approximately £30-£60 per block and £5-£40 per blood sample.

4.7 Can I include costs for long-term patient follow-up?

In justified circumstances, we will consider support for long-term patient follow-up within applications to the Clinical Research Scheme where there are clear and defined research questions. In these instances, you must explain in your application why these questions cannot be addressed within the primary endpoint timeframe and how the research will add overall value to the study. Examples where this may be appropriate include investigations into later occurring oncological events such as recurrences/relapse, long-term known/expected side effects/toxicities and secondary malignancies.

We recognise in some circumstances it may not be possible to include accurate costs for long-term follow up at the time of submitting your full application. In this instance we recommend detailing estimate costs for long-term follow up in your full application - if costs turn out to be underestimated you will need to submit a costed

amendment application for review 12 months before the end of the grant, or if costs are overestimated CRUK will reconcile underspend on this budget line. If you are unable to detail estimate costs at the time of full application, we still recommend detailing your plan and justification for long-term follow up and intention to submit a costed amendment/extension application for these costs 12 months before the end of the grant.

4.8 Does the funding envelope include the fixed NHS part A costs which vary according to the length/ type of trial?

Yes, though we acknowledge applicants have little influence over these costs and applicants should cost their applications appropriately. Note that guide costs are provided but there are no fixed cost limits and you are able to request higher costs if they are justified within the application.

4.9 Has the Clinical Research Committee's budget been increased to deliver this scheme?

The CRC budget will retain its current budget, but we will carefully monitor the demands and success rates of the new scheme and review our budgets annually. Although the expansion of our remit and the encouragement of bold, innovative proposals may lead to higher costs for clinical trial proposals, this may be balanced by the broader remit allowing for more small-scale studies, such as observational studies.

Whilst there are no funding limits, all applications will be assessed on their value for money and costs must be justified.

4.10 Are there any applications which do not require involvement of a Clinical Trials Unit?

A Clinical Trials Unit must be involved in all Clinical Trial applications and their integrated modules (e.g. Experimental Medicine and Sample Collection). We suggest liaising with a Clinical Trials Unit for all clinical studies to ensure the study design and PPIE is appropriate, but exceptions may apply for small-scale and/or non-complex, non-interventional studies or certain biomarker assay validation studies using samples from patients receiving standard of care, where appropriately justified. An example could be an observational study recruiting 20 patients from a single site.

4.11 How can early career researchers get involved?

We strongly encourage applications from both clinical and non-clinical early career researchers to this scheme, and the scalable nature of this scheme promotes their

involvement.

All applicants will be asked to describe how the study will meaningfully facilitate the training and development of any early-career researchers on the study team.

We advise that early career researchers have the support of their group leader, supervisor, or mentor and are eligible to apply as:

1. Lead applicant on smaller project-style applications for the Experimental Medicine and Sample Collection modules

2. Joint-lead applicant or co-investigator on:

- Applications for the Clinical Trial module
- Larger programme-style applications to the Experimental Medicine module
- Large and/or complex applications to the Sample Collection module

4.12 Can I include a fellowship on applications to this scheme?

Fellowships cannot be requested within this scheme as we have a separate Fellowships Committee who provide funding opportunities for early- to mid-career researchers, however we do encourage the involvement of funded fellows in applications to this scheme. More information on fellowship opportunities can be found here: https://www.cancerresearchuk.org/funding-for-researchers/research-career-development-opportunities/funding-opportunities-for-early-career-researchers

4.13 Can I include patient travel costs?

Aligned with our Equality, Diversity and Inclusion in research aims, for grant applications submitted after April 2025, costs for patient/participant travel may be requested up to the level of £200 per patient/participant if required, to cover patient/participant travel to sites for the purpose of the research study. These costs can only be used to cover both patient/participant and/or carer travel and cannot be vired to other budget allocations. Applicants may request over this amount if sufficient justification is given.

We would not expect these costs to exceed more than 10% of the CRUK grant award total. In exceptional circumstances, please contact the CRUK Office to discuss any requests that exceed this before applying.

Participant travel must be fully justified in 'running expenses' in a grant application, listing number of patient/participants for which travel is being costed, and cost of travel per patient/participant.

For existing awards, underspend may be able to be used for this purpose if sufficient approval is obtained from CRUK.

5. Remit

5.1 Can I investigate patient quality-of-life?

Clinical trial applications must be focussed on an interventional trial of cancer treatment with the aim of improving patient outcomes, however, we will consider SWATs (Studies Within A Trial) embedded into a Clinical Trial application. These sub studies can focus on quality-of-life investigations such as psychological interventions for fear of cancer recurrence.

Within the Experimental Medicine module, certain biological investigations into the primary effects of cancer affecting patient quality-of-life are in remit. These investigations must be physiologically-driven and have a clear impact on patient outcome, e.g. cachexia or the immune system.

5.2 Will you consider research into pre-cancerous conditions?

Clinical and translational research that aims to investigate how and when early cancers and pre-cancerous states are diagnosed, including investigations into biomarkers for early detection or risk stratification for screening, should be directed to the Early Detection & Diagnosis Research Committee.

5.3 Are surgical trials within remit?

All cancer treatment modalities will be considered, including surgical trials. We encourage the integration of Sample Collection and Experimental Medicine modules, recognising that surgical trials offer valuable opportunities for discovery research on large sample sets.

5.4 Are non-inferiority trials within remit?

Studies of cancer treatment approaches that aim to achieve equivalence of survival whilst reducing toxicity or optimising treatment delivery, such as non-inferiority trials, are welcomed where the potential for a significant impact on patient outcomes can be demonstrated.

5.5 Within the Experimental Medicine module, can you apply for funding for molecular profiling and analysis of retrospectively collected and biobanked samples from clinical trials and/or standard of care cohorts?

Molecular profiling and analysis of retrospectively collected samples is within remit of a standalone Experimental Medicine module where the main aim of the study is to validate and/or qualify a biomarker **or** is focussing on a data/computation driven approach to clinical research.

If your study does not meet the above criteria, the molecular profiling and analysis must be associated within a clinical trial or clinical study, with involvement of the chief investigator of the associated trial/study and a line of sight to patient benefit.

Other discovery and pre-clinical research proposals utilising molecular profiling and analysis of retrospectively collected samples from clinical trials and/or standard of care could be within the remit of another Funding Committee which can be found here.

5.6 Can I apply for a non-interventional clinical study?

Yes, non-interventional studies are within remit of the Experimental Medicine module provided that the study aims to enhance our understanding of biological mechanisms which has a line of sight to improve treatment strategies for patients.

5.7 Are biomarker discovery proposals within remit?

Standalone biomarker discovery proposals are not within remit of this scheme but could be within the remit of another Funding Committee which can be found here. However, we will consider an element of biomarker discovery research within the Experimental Medicine module where integrated within a prospective clinical trial proposal.

5.8 Are biomarker validation and/or qualification proposals within remit?

Standalone or integrated biomarker assay validation and qualification proposals are within remit of the Experimental Medicine module and we will prioritise biomarker studies which are associated with least one CRUK-funded or endorsed study. We will consider a small amount of biomarker assay development (up to 25% of the total proposed costs) where the primary focus of the study is assay validation and/or qualification.

5.9 I have a programme of work that uses retrospectively collected clinical trial samples and mouse models to investigate biological mechanisms – can I apply for the Experimental Medicine module?

If your proposal is integrated into the design of the clinical trial and the mouse model research is being informed by, or informing, the clinical trial then this would be in remit. Other hypothesis-testing studies largely utilising retrospectively collected trial samples, routinely collected clinical samples, cell lines or animal models could be within the remit of another Funding Committee which can be found here.

For standalone Experimental Medicine proposals using retrospectively collected clinical trial samples, we expect the chief investigator of the trial to be included in the study team of the Experimental Medicine application. The outputs of the translational

research there must have a line of sight to patient benefit.

If you are unsure if your proposal is in remit for this scheme, please reach out to clinicalresearch@cancer.org.uk

5.10 Is organoid generation within the remit of the Clinical Research Scheme?

Yes, the collection of samples from a clinical trial/study and subsequent generation of organoids is in remit for the Sample Collection module as a standalone module or integrated application. We welcome these proposals particularly in cancers of unmet need, cancers of children and young people and rare cancers. Where possible, we strongly encourage these to be integrated within an Experimental Medicine application to enable the investigation of mechanistic hypotheses using the organoids.

5.11 Are biobank applications eligible?

Funding of biobanks is not currently in remit under this scheme. CRUK is currently reviewing its strategic priorities in this area, and we will provide updated guidance in 2025.

5.12 Can the molecular analysis of samples be included in the Sample Collection module?

Within the Sample Collection module, funding is provided for the collection and pre-storage processing of samples/images. Subsequent analysis of samples can be requested within the Experimental Medicine module and should be focussed on understanding biological mechanisms to improve treatment strategies.

5.13 Are data-, artificial intelligence- and computation-driven approaches to clinical research within remit of the Clinical Research Scheme?

Yes, data-, artificial intelligence- and computation-driven approaches to clinical research are welcomed across all modules within the Clinical Research Scheme. This could include, but is not limited to, using AI to advance patient recruitment or using artificial intelligence-based methods in computational pathology.

5.14 I would like to submit a standalone proposal to develop a therapeutic risk stratification algorithm that utilises retrospective data from several CRUK-funded trials, non-CRUK funded trials and routinely collected data from the NHS. Would this be in remit for the Experimental Medicine module?

Yes, we want to maximise the reuse of research data and unleash its potential to beat cancer and encourage data-driven proposals to the Experimental Medicine

module which aim to improve treatment strategies. We acknowledge that this is a rapidly evolving landscape and are flexible with these types of proposals.

5.15 Will you allow a standalone collection of datasets, such as new electronic health records, in the Sample Collection module?

We will not fund a standalone collection of data without associated samples within the Sample Collection module, however, if you are collecting and analysing data to improve treatment strategies for patients then this would be in remit for the Experimental Medicine module.

5.16 Will CRUK be providing any support to develop collaborations between scientists, clinicians and triallists?

Over the next year we will be convening workshops to address important questions in areas of strategic priority as identified by our research community.

5.17 Do I have to submit an outline application for an Experimental Medicine and Sample Collection proposal which is under £250k in total?

You may choose to bypass the outline stage in this instance if it is not integrated within a clinical trial. However, we do advise all applicants to submit an outline application as presents a valuable opportunity to receive feedback from the Clinical Research Committee and enhance the quality of your proposal. Note that if your application is unsuccessful, you are not able to resubmit.

5.18 What if I still have questions about my application?

You must read the Application Guidelines document available on our website before starting an application. If you still have questions after reading this document and the guidelines document, please reach out to us at clinicalresearch@cancer.org.uk

This document was published in November 2024 and will evolve over time, so is subject to change. We welcome any feedback at clinicalresearch@cancer.org.uk.