**KWF Kankerbestrijding PPS grant pre-application form**

**2021-2022**

|  |
| --- |
| **Basic details** |

**1. Project title:**

**2. Contact details of main applicant (‘penvoerder’)**

Consortium partner 1

- Name organisation:

- Department:

- Name of contact person, title(s):

- Telephone:

- E-mail:

**3. List of consortium partners (co-applicants)**

Consortium partner 2

- Name of organisation:

- Health fund/company/research organisation/other

Consortium partner 3

- Name of organisation:

- Health fund/company/research organisation/other

etc.

**4. Duration of the project: (3 to 48 months)**

NB Projects should be finished before November 2025, i.e. if the maximum term of 48 months is used, should start before November 2021.

|  |
| --- |
| **Project content** |

**5.** **Summary**

a. Brief description of the objectives, subject, key challenges, and approach (max. 300 words, including figure and table legends). How the project contributes to the goals of the Top Sector LSH should be addressed under section 11 Importance of the Project.

b. Brief description of why this consortium is especially capable of achieving the objectives and the degree of collaboration (150 words).

c. Brief description of the expected societal and economic impact of this project (150 words).

**6. KWF Mission goals**

Please check the missions goal(s) that correspond(s) the most with your project.

We prevent cancer where we know it can be prevented

We stimulate better treatment of all cancers

We aim for a better quality of life for (ex-) cancer patients and their loved ones.

We strive to take care of cancer patients in the palliative phase of their live with the best care we can provide

Please motivate how the results of this project will contribute to the selected mission goal(s). Max 150 words.

**7. Research category:**

Please indicate the category to which your project belongs (for definitions, see Annex A).

***Category*** ***Subsidy %***

Fundamental research max. 75%

Industrial research max. 50%

Experimental development max. 25%

Please explain why your project falls into the chosen research category/ies (max 150 words)

*Parts of the research (& budget) can be assigned to different categories. Please note that in case of doubt, Health~Holland will be contacted to check whether the chosen subsidy percentage is correct and that adjustment of the budget will be required in case Health~Holland does not agree.*

**8.** **Requested budget**

Total budget and the requested amount from the KWF PPP grant fund (= depending on the classification of the project). Approval by your institute’s project controller/financial advisor is obligatory!

A detailed budget is to be provided in the separate Excel budget sheet.

Total project budget: €

Subsidy amount requested: €

**9. Importance of the project**

1. Please describe how the project fits within the [Knowledge and Innovation Agenda 2020-2023](https://www.health-holland.com/public/publications/kia/kennis-en-innovatieagenda-2020-2023-gezondheid-en-zorg.pdf) (max. 100 words). The KIA represents a broader scope than just the missions on pages 18-36, i.e. is also aimed at e.g. sustainability, affordability, patient participation etc. The contribution to the missions should be described in section 11 b.
2. Please indicate below how the project contributes to one or more of the missions of the Top Sector LSH listed below (max. 100 words):

* Central Mission:

By 2040, all Dutch citizens will live at least five years longer in good health, while the health inequalities between the lowest and highest socio-economic groups will have decreased by 30%.

* Mission I:

By 2040, the burden of disease resulting from an unhealthy lifestyle and living environment will have decreased by 30%.

* Mission II:

By 2030, the extent of care provided to people within their own living environment (rather than in health-care institutions) will be 50% more than today or such care will be provided 50% more frequently than at present.

* Mission III:

By 2030, the proportion of people with a chronic disease or lifelong disability who can play an active role in society according to their wishes and capabilities will have increased by 25%.

* Mission IV:

By 2030, quality of life for people with dementia will have improved by 25%.

**10. Applicable categories**

*a. Choose* *a maximum of 2 roadmaps that are applicable for your project. See Annex B for further information regarding the roadmaps.*

|  |  |
| --- | --- |
| **LSH Roadmaps:** | **Tick box** |
| 1. Molecular diagnostics |  |
| 1. Imaging & image-guided therapies |  |
| 1. Homecare & self-management |  |
| 1. Regenerative medicine |  |
| 1. Pharmacotherapy |  |
| 1. One health |  |
| 1. Specialized nutrition, health & disease |  |
| 1. Health technology assessment & quality of life |  |
| 1. Enabling technologies & infrastructure |  |
| 1. Global health, emerging diseases in emerging markets |  |

*b. Indicate on which of the seven LSH-related Dutch National Research Agenda routes, as described on page 16-17 of the latest version of the Kennis- en Innovatie agenda https://www.health-holland.com/publications/useful-documents/kia. The project applies to (max. 2 routes):*

|  |  |
| --- | --- |
| **LSH-related Dutch National Research Agenda routes** | **Tick box** |
| 1. Healthcare research, sickness prevention and treatment |  |
| 1. Personalised medicine: the individual at the centre |  |
| 1. Regenerative medicine: a game-changer moving to broad areas of application |  |
| 1. Creating value through responsible access to big data and its use |  |
| 1. NeuroLabNL: the ultimate living lab for brain, cognition and behavioural research |  |
| 1. Sport and exercise |  |
| 1. Quality of the environment: game-changer ‘Exposome’ |  |
| 1. Other (please specify below) |  |

*c. Indicate to which of the Key Enabling Technologies the project applies:*

|  |  |
| --- | --- |
| **Key Enabling Technologies** | **Tick box** |
| 1. Advanced materials |  |
| 1. Chemical technologies |  |
| 1. Digital technologies |  |
| 1. Engineering and fabrication technologies |  |
| 1. Life science technologies |  |
| 1. Quantum technologies |  |
| 1. Nanotechnologies |  |
| 1. Photonics and light technologies |  |
| 1. Not applicable |  |

**11. Have the consortium partners requested or received any additional grants for (the activities under one or more of the work packages of) this PPP-project?**

Yes / No

**Annex A Definitions of the three types of research**

**Fundamental research** means experimental or theoretical work undertaken

primarily to acquire new knowledge of the underlying foundations of phenomena

and observable facts, without any direct commercial application or use in view.

**Industrial research** means the planned research or critical investigation aimed at

the acquisition of new knowledge and skills for developing new products,

processes or services or for bringing about a significant improvement in existing

products, processes or services. It comprises the creation of components parts of

complex systems, and may include the construction of prototypes in a laboratory

environment or in an environment with simulated interfaces to existing systems as

well as of pilot lines, when necessary for the industrial research and notably for

generic technology validation.

**Experimental development** means acquiring, combining, shaping and using

existing scientific, technological, business and other relevant knowledge and skills

with the aim of developing new or improved products, processes or services. This

may also include, for example, activities aiming at the conceptual definition,

planning and documentation of new products, processes or services. Experimental

development may comprise prototyping, demonstrating, piloting, testing and

validation of new or improved products, processes or services in environments

representative of real life operating conditions where the primary objective is to

make further technical improvements on products, processes or services that are

not substantially set. This may include the development of a commercially usable

prototype or pilot which is necessarily the final commercial product and which is

too expensive to produce for it to be used only for demonstration and validation

purposes. Experimental development does not include routine or periodic changes

made to existing products, production lines, manufacturing processes, services

and other operations in progress, even if those changes may represent

improvements.

To determine the type of research the following table of TRL levels may be of further assistance (but the definition of type of research given above prevails):

|  |  |  |
| --- | --- | --- |
| **TRL** | **Definition** | **Indication type of research\*** |
| TRL 1 | Basic principles observed | Fundamental research |
| TRL 2 | Technology concept formulated | Fundamental research |
| TRL 3 | Experimental proof of concept | Fundamental research |
| TRL 4 | Technology validated in lab | Fundamental/industrial research |
| TRL 5 | Technology validated in relevant environment (industrially relevant environment in the case of key enabling technologies) | Industrial research |
| TRL 6 | Technology demonstrated in relevant environment (industrially relevant environment in the case of key enabling technologies) | Industrial research |
| TRL 7 | System prototype demonstration in operational environment | Industrial research/experimental development |
| TRL 8 | System complete and qualified | Beyond the scope of the PPP Allowance Regulation |
| TRL 9 | Actual system proven in operational environment (competitive manufacturing in the case of key enabling technologies; or in space) | Beyond the scope of the PPP Allowance Regulation |

**Appendix B: Definitions of the ten roadmaps**

The roadmaps are designed to address priorities in health outcomes (age-related, chronic, acute, infectious, orphan and neglected diseases) and along the healthcare chain (from prevention through diagnosis to cure and care). The roadmaps represent the areas in which public and private parties are committed to co-innovate and ask the government to co-invest. Companies, research institutes, practitioners, patient organizations, health foundations, health insurers, regulators, and many others have contributed and endorsed these roadmaps. Seven roadmaps (1 through 7) are product oriented. They are supported by two that deliver health technology assessment (8) and enabling technologies & infrastructure (9). The latter also links to other Top Sectors with a strong life sciences component, such as Agro-food, Horticulture and Chemistry. A final roadmap (10) is centred around diseases that cause a high burden mainly in the developing world, but for which the developed world can make strides in solving.

1. **Molecular diagnostics**: Development of candidate biomarkers into validated molecular diagnostics for clinical use
2. **Imaging & image-guided therapies**: Development of imaging applications for more accurate and less invasive diagnosis and treatment
3. **Homecare & self-management**: Development, assessment and implementation of technologies, infrastructure and services that promote clients’ abilities to live independently and manage their own care, adequately supported by healthcare professionals
4. **Regenerative medicine**: Development of curative therapies for diseases caused by tissue damage and ensuing organ dysfunction, through repair or renewed growth of the original tissue or replacement by a synthetic or natural substitute
5. **Pharmacotherapy**: Discovery, development and stratified use of new, safe and (cost-)effective medicines in order to cure or prevent progression along the healthcare chain
6. **One health**: Development of solutions like vaccines, optimized antimicrobial use and early warning systems that improve health status of humans and animals by coupling the know-how and infrastructure available in the human and veterinary/agricultural domains
7. **Specialized nutrition, health & disease**: Researching specialized nutrition for nutritional intervention as part of integrated health solutions in terms of prevention, cure and care of chronic, acute and rare diseases
8. **Health technology assessment, individual functioning & quality of life**: Development of methods and knowledge for health technology assessments in which the impact of health innovations on quality of life, cost-containment and productivity is assessed
9. **Enabling technologies & infrastructure**: Development and offering of expertise and infrastructure in cutting-edge molecular life science technologies (e.g. next generation sequencing, proteomics and bioinformatics), in biobanks and in ultramodern research facilities, all readily accessible to industry and academia, and with existing, strong links to other Top Sectors (Agro-food, Horticulture, Chemistry, Biobased Economy and High Tech Systems and Materials)
10. **Global health, emerging diseases in emerging markets**: Development and delivery of solutions to diseases associated with poverty, which affect more than 2 billion people in the developing world