



## 2019 Funding Round

# “Helping the people of Yorkshire, avoid, survive and cope with cancer”

Yorkshire Cancer Research is committed to investing £100m in groundbreaking research and services, with an ambitious goal of saving an additional 2,000 lives every year in Yorkshire by 2025. The Charity aims to achieve this by focusing on measures to reduce the risk of cancer in communities across the region and improve the diagnosis, treatment and quality of life for people living with or after cancer in Yorkshire.

Since 2015 the Charity has allocated £47m to impactful projects and commissioned work. We now invite innovative applications for projects (including clinical trials) to our 2019 Funding Round in the following areas:

- Reducing the risk of developing cancer (including smoking cessation).
- Early diagnosis and cancer screening.
- Improving treatments.
- Supportive and palliative care.
- Physical activity following a diagnosis of cancer.

The proposed work should have the potential to reduce the risk of cancer, increase cancer specific survival or improve the quality of life of cancer patients during the course of the project.

### **Topic 1: Reducing the risk of developing cancer**

37% of cancers are linked to avoidable risk factors such as tobacco, alcohol and obesity [1]. We welcome proposals that consider how we address behavioural, lifestyle and environmental factors to reduce the risk of cancer. The projects must have an interventional element, with the emphasis on solving problems rather than simply describing them. We are happy to receive applications from researcher/practitioner teams engaged in cycles of development and testing to create sustainable change.

Applications focused on the most commonly diagnosed cancers in Yorkshire [Appendix 1] will be prioritised as those projects are the most likely to have the greatest impact.

Special consideration will be given to smoking cessation initiatives as lung cancer has the highest mortality rates in Yorkshire and it is estimated that more than 7 in 10 cases are caused by tobacco smoking [1].

### **Topic 2: Early diagnosis and cancer screening**

Analysis from [The Cancer Taskforce Report](#), “Achieving world-class cancer outcomes a strategy for England 2015-2020,” and the [NHS Long Term Plan](#) indicate that early diagnosis will be the main contribution to 2,000 fewer cancer deaths in Yorkshire. From our own analysis, a 5% stage shift in early diagnosis could result in 87 fewer deaths over one year or 153 fewer deaths over five years in the four most common cancers. Currently an average of 49% of the four most common cancers are diagnosed at an early stage in Yorkshire, this ranges from 29.4% in lung cancer to 80.7% in breast cancer. If diagnosis of these common cancers achieved the national target for early diagnosis of 75%, there could be a

significant improvement for Yorkshire with approximately 1,546 fewer deaths over 1 year or 1,797 fewer deaths over 5 years.

We welcome applications in the following areas. We will prioritise applications that address the cancers that cause the most deaths in Yorkshire per year, as those projects are most likely to have the greatest impact [Appendix 1].

#### ***Raising awareness and increasing earlier presentation to primary care***

We welcome applications testing interventions that not only **raise cancer awareness** — especially in hard to reach communities—but also result in an **earlier presentation to primary care** for people with potential cancer symptoms. Further, we welcome applications that aim to **decrease the diagnostic interval** for patients, and therefore result in an earlier diagnosis of cancer.

#### ***Increasing uptake of national cancer screening programmes***

Addressing geographical variations in the uptake rates of national **cancer screening** programmes across Yorkshire represents an area where significant improvements can be made. We welcome applications to test interventions that can raise the level of cancer screening, especially in areas of greater deprivation, or target identified barriers to attending that can be addressed to improve uptake.

The introduction of the FIT test for bowel cancer screening increased uptake in Scotland by 8% [2]. We welcome applications testing solutions to accelerate the full implementation of FIT testing in Yorkshire at an optimum sensitivity. For example:

- Increasing the capacity of the NHS in Yorkshire to undertake more colonoscopies that would allow the FIT threshold to be lowered and the age group to be expanded.
- How best to use bowel scope in combination with FIT to understand whether bowel scope and FIT together find and prevent more cancers than FIT alone.

Please note we expect there will be a year moratorium on research within the bowel screening programme from the time of the full introduction of the FIT test. Any applications approved for funding in this area would only be expected to start in line with the end of the moratorium.

#### ***Testing and implementing new cancer screening***

Applications should focus on the implementation of alternative screening strategies to improve current cancer screening techniques, or identify new approaches that can be implemented for those cancers that are not routinely screened. However tests cannot be in the developmental stage. The project may consider using existing techniques in a novel or adapted way to increase their effectiveness/sensitivity or reduce any negative symptoms associated with the screening technique.

### **Topic 3: Improving treatments**

We welcome applications for clinical trials (see section below) and other studies aiming to test new treatments, or improve current treatments, in order to improve survival and/or quality of life for cancer patients.

We will prioritise applications that address the most common cancers and those that cause the most deaths in Yorkshire [Appendix 1] as those projects are most likely to have the greatest impact.

### **Topic 4: Supportive and palliative care**

There are currently an estimated 177,000 people living in Yorkshire who have had a diagnosis of cancer, and this number is expected to reach as many as 295,000 people by 2030.

Many people with a cancer diagnosis do not get the palliative and supportive care they need. By not receiving palliative care at the right time, patients and their families may not have support in place to ensure they have the best quality of life possible, with proper management of physical problems such as

pain, as well as emotional issues. We welcome applications aiming to improve access to, or the quality of, supportive and palliative care including end of life care.

## Topic 5: Physical activity following a diagnosis of cancer

By reducing cancer recurrence, **secondary prevention through physical activity** has the potential to affect Yorkshire's cancer outcomes. Being physically active after a cancer diagnosis is linked to better cancer outcomes for several cancers [3, 4]. Women who undertook moderate exercise after a breast cancer diagnosis had a 40% to 50% lower risk of breast cancer recurrence. Bowel cancer patients who engaged in leisure time physical activity had a 31% lower risk of death than those who did not. Physical activity after a diagnosis of cancer, especially for cancers with the highest mortality in Yorkshire, could have significant impacts on the number of cancer deaths [5].

## Proposals for clinical trials

We welcome applications for clinical trials in any of the above topic areas from feasibility, pilot and complex trials, through to phase I-III trials.

Trials should attempt to recruit the majority of the study patients from Yorkshire unless this would prohibit the trial due to there not being enough eligible patients in Yorkshire. In this instance, applicants must:

- Demonstrate that every effort has been made to recruit as many eligible patients from Yorkshire as possible.
- Outline how many eligible patients there are in Yorkshire and how many the applicants aim to offer the trial to.

Further to the priorities outlined in the above topic area priority will be given to applications for clinical trials:

- That will recruit the majority of participants, patients or the public, for the study from within Yorkshire.
- With the largest ratio of 'the number of people offered the trial in Yorkshire vs the number of people eligible for the trial in Yorkshire'.

## Key Dates

The key dates for the Funding Round are:

Funding Round Opens	7 March 2019
Preliminary Application Deadline	8 May 2019
Invitations to Submit Full Applications	19 June 2019
Full Application Deadline	3 October 2019
Funding Decision	March 2020

## Important considerations for all applications

The deadlines for **Preliminary Applications** will be **8 May 2019**. These Preliminary Applications will be taken through our Strategic Fit Test and those that pass through will be **invited in June to submit a Full Application for a 3 October 2019 deadline**. Full details of the process are available in the Information for Applicants document downloadable from <https://yorkshirecancerresearch.org.uk/get-involved/researchers>.

Please note if you do not submit a Preliminary Application by the **8 May** deadline you will not be eligible to submit a Full Application later in the process. **Full Applications are by invitation only**.

Applications will be accepted from any organisation in the UK that can contribute to the topic areas outlined above.

Applications must outline how, if the research were to be successful, the work would help us toward one or more of the following goals:

- Contribute to saving 2000 lives a year in Yorkshire by 2025.
- Positively impact the lives of the people in Yorkshire to reduce the risk of cancer.
- Improve quality of life beyond diagnosis and treatment of cancer.

The following supporting documents are available to download:

1. Information for Applicants 2019

<https://yorkshirecancerresearch.org.uk/perch/resources/information-for-applicants-2019-3.pdf>

2. Preliminary Form 2019

<https://yorkshirecancerresearch.org.uk/perch/resources/preliminary-form-2019.pdf>

3. Full Application Form by invitation only

<https://yorkshirecancerresearch.org.uk/perch/resources/full-application-by-invitation-only-1.pdf>

4. Award Conditions

<https://yorkshirecancerresearch.org.uk/perch/resources/award-conditions-2019-final.pdf>

5. Policies for Awards

<https://yorkshirecancerresearch.org.uk/perch/resources/policies-for-awards-2019-final.pdf>

6. Ethics Statement

<https://yorkshirecancerresearch.org.uk/ethics-statement>

For any queries about the Funding Round or the application process, please email [research@ycr.org.uk](mailto:research@ycr.org.uk).

[1] <https://www.nature.com/articles/s41416-018-0029-6>

[2] <https://www.isdscotland.org/Publications/index.asp>

[3] [US National Cancer Institute](#)

[4] [Clinical Oncology Society of Australia](#)

[5] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4342017/pdf/pone.0118253.pdf>

## Appendix 1

	Incidence (2016) <sup>1</sup>			Mortality (2016) <sup>2</sup>			% attributed to preventable risk factors <sup>3*</sup>	% diagnosed at early stage (2016) <sup>4</sup>	1 year survival (2012-2016) <sup>5*</sup>	5 year survival (2012-2016) <sup>5*</sup>
	Rank by number of cases	Number of cases	ASR	Rank by number of deaths	Number of deaths	ASR				
<b>Lung</b>	1	4,551	93.51	1	3,342	68.88	78.8%	29.4%	39.6%	15.3%
<b>Breast</b>	2	4,316	162.32	4	889	32.42	22.9%	80.7%	95.8%	85.3%
<b>Prostate</b>	3	3,642	160.07	3	991	47.13	n/a	42.8%	96.5%	87.1%
<b>Bowel</b>	4	3,369	69.28	2	1,301	27.03	54.1%	41.9%	78.5%	59.1%
<b>Skin</b>	5	1,178	23.66	17	155	3.19	86.8%	87.4%	98.0%	91.6%
<b>NHL</b>	6	1,131	22.85	9	423	8.62	3.4%	28.8%	79.2%	65.9%
<b>Kidney</b>	7	1,061	21.61	13	337	7.00	33.5%	52.2%	78.4%	63.3%
<b>Leukaemia</b>	8	877	17.78	11	395	8.24	12.0%	n/a	71.7%	52.6%
<b>Bladder</b>	9	836	17.85	7	455	9.81	48.6%	64.6%	74.8%	55.1%
<b>Pancreas</b>	10	829	16.96	5	766	15.66	31.2%	17.7%	24.4%	7.0%
<b>Uterus</b>	11	764	28.81	16	184	6.73	34.4%	76.0%	89.6%	75.7%
<b>Oesophagus</b>	12	759	15.84	6	636	13.16	58.7%	22.4%	46.0%	16.2%
<b>Ovary</b>	13	625	23.56	14	316	11.84	11.1%	40.8%	71.3%	42.1%
<b>Stomach</b>	14	561	11.83	10	419	8.86	53.1%	25.9%	47.1%	20.9%
<b>Liver</b>	15	514	10.64	8	452	9.26	48.3%	n/a	36.7%	12.1%
<b>Brain and CNS</b>	16	477	9.38	12	340	6.81	2.5%	n/a	38.7%	11.3%
<b>Multiple Myeloma</b>	17	456	9.37	15	224	5.09	13.6%	n/a	82.1%	51.7%
<b>Cervical</b>	18	273	10.46	18	65	2.43	99.8%	n/a	81.1%	60.8%

\* England data only

1. [https://www.cancerdata.nhs.uk/incidence/age\\_standardised\\_rates](https://www.cancerdata.nhs.uk/incidence/age_standardised_rates)

2. [https://www.cancerdata.nhs.uk/mortality/age\\_standardised\\_rates](https://www.cancerdata.nhs.uk/mortality/age_standardised_rates)

3. Brown, K.F., et.al., 2018. The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland, and the United Kingdom in 2015. *British journal of cancer*, 118(8), p.1130. <http://www.nature.com/articles/s41416-018-0029-6>

4. [http://www.ncin.org.uk/cancer\\_type\\_and\\_topic\\_specific\\_work/topic\\_specific\\_work/cancer\\_outcome\\_metrics](http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/cancer_outcome_metrics)

5. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/cancersurvivalinengland/nationalestimatesforpatientsfollowedupto2017>