



2021 Funding Round

'Taking action today to save lives in Yorkshire'

Yorkshire is big and beautiful and while we have much to celebrate, sadly the lives of too many people in our region are cut short by cancer. Yorkshire Cancer Research is dedicated to changing this.

We now invite applications for projects and clinical trials testing the latest innovations in the NHS or local communities to our 2021 Funding Round in the following areas:

- Reducing the risk of developing cancer.
- Improving early diagnosis and cancer screening.
- Improving treatments.

We aim to grant at least £10m in research funding through the 2021 Funding Round

The proposed work should have the goal to reduce incidence of cancer in a given population and/or to increase cancer specific survival of cancer patients (but not at the expense of quality of life) during the course of the project. These can include improving existing practices within the health service, the introduction of novel approaches or risk stratification to identify those most likely to develop or potentially have cancer to improve earlier detection within the population.

All projects must be testing an intervention, with the emphasis on solving problems rather than describing them.

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 describing them. We are happy to receive applications from researcher/practitioner teams engaged in cycles of development and testing to create sustainable change.

We want 32,000 people to take action to reduce their risk of cancer by 2025, of which we want 6,000 people to give up smoking for at least one year.

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.

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, we are aiming for an additional 60,000 people to engage with at least one national screening programme and 93,000 individuals to benefit from the lung screening and CT scans.

All projects in this area should aim to diagnose more people at an earlier stage to improve survival. Survival need not be an endpoint, but for most cancers, survival at one and five years is much higher if the cancer is detected early (at stage 1) than if it is detected later. [The Office for National Statistics](#) show for many cancer types, 1-year survival is relatively high if diagnosed at stages 1 to 3, with a fall in survival if diagnosed at stage 4. Our aim is that by 2025 the 1-year survival rate in Yorkshire reaches a 78.6% average across all cancers, a shift from 72.3% currently.

Applications that address the cancers that cause the most deaths in Yorkshire (see [Appendix 1](#)) per year will be prioritised as those projects are most likely to have the greatest impact.

We welcome applications addressing the following as part of topic 2:

- **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.
- **Improving pathways**
We welcome applications that test interventions to enhance processes within primary and secondary care to reduce the time to diagnosis and treatment.
- **Increasing participation in national cancer screening programmes**
Addressing geographical variations in the rates of people taking part in 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 participation.
- **Testing and implementing new cancer screening methods**
We welcome applications focusing 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, the screening test cannot be in the developmental stage. The project may consider using existing techniques in a novel or adapted way to increase their effectiveness/sensitivity, reduce any side-effects or reduce any harms associated with screening.

Topic 3: Improving treatments

We welcome applications that test new treatments, or improve current treatments, aiming to improve survival of cancer patients. Any improvement in survival should not be at the expense of quality of life, and so all proposals should aim to measure and publish Patient Reported Outcomes.

Our aim is to save lives. For the purposes of estimating impact on the application forms we are happy to view extending survival beyond 5 years as a 'life saved'. Projects solely focused on improving quality of life are not eligible for the funding round.

Applications that address the most common cancers and those that cause the most deaths in Yorkshire (see [Appendix 1](#)) will be prioritised as those projects are most likely to have the greatest impact.

Proposals for clinical trials

We welcome applications for clinical trials in any of the above topic areas from feasibility through to large multi-centre phase III trials.

Trials should attempt to recruit the majority of the study patients from Yorkshire. If this is not possible and would prevent a trial being developed due to there not being enough eligible patients in Yorkshire then 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'.

Impact of the Pandemic

It is clear the COVID-19 pandemic will have an impact on the diagnosis and treatment of cancer [2]. We welcome applications that seek to mitigate this impact within the priority areas outlined above.

All applications, including those aiming to mitigate the impact of the pandemic, must outline how they intend to operate in the context of the COVID-19 pandemic. We appreciate there are uncertainties in predicting any restrictions that may be in place by the time any study may start. However, we feel it should be possible to consider several scenarios with a commentary as to how the study may work in each scenario.

Key Dates

The key dates for the Funding Round are:

| | |
|---|---------------------------|
| Funding Round Opens | 07 October 2020 |
| Preliminary Application Deadline | 12 Noon, 08 February 2021 |
| Invitations to Submit Full Applications | 30 March 2021 |
| Full Application Deadline | 12 Noon, 28 June 2021 |
| Funding Decision | December 2021 |

Important considerations for all applications

The deadlines for **Preliminary Applications** will be **12 noon, 08 February 2021**. These Preliminary Applications will be taken through our Strategic Fit Test and those that pass through will be **invited in March to submit a Full Application for a June 2021 deadline**. More information on how to apply is available on our website <https://yorkshirecancerresearch.org.uk/funding/cancer-research/2021-funding-round>.

Please note if you do not submit a Preliminary Application by the **January** 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 and are happy to accept our Award terms see below.

The following supporting documents are available to download:

1. [Award Conditions](#)

<https://yorkshirecancerresearch.org.uk/perch/resources/admin/award-conditions-2021.pdf>

2. [Policies for Awards](#)

<https://yorkshirecancerresearch.org.uk/perch/resources/policies-for-awards-2021.pdf>

3. [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.

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

[2] [https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(20\)30388-0/fulltext](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(20)30388-0/fulltext)

Appendix 1

| | Incidence (2017) ¹ | | | Mortality (2017) ² | | | % attributed to preventable risk factors ^{3*} | % diagnosed at early stage (2018) ⁴ | 1 year survival (2013-2017) ^{5*} | 5 year survival (2013-2017) ^{5*} |
|------------------|-------------------------------|-----------------|--------|-------------------------------|------------------|-------|--|--|---|---|
| | Rank by number of cases | Number of cases | ASR | Rank by number of deaths | Number of deaths | ASR | | | | |
| Lung | 1 | 4,317 | 91.35 | 1 | 3,078 | 65.24 | 78.8% | 29.9% | 40.6% | 16.2% |
| Breast | 2 | 4,047 | 159.37 | 4 | 867 | 33.02 | 22.9% | 78.9% | 95.8% | 85.0% |
| Prostate | 3 | 3,692 | 167.71 | 3 | 924 | 44.98 | n/a | 49.0% | 96.6% | 86.6% |
| Bowel | 4 | 3,233 | 68.74 | 2 | 1,285 | 27.39 | 54.1% | 39.6% | 78.3% | 58.4% |
| Skin | 5 | 1,115 | 23.35 | 17 | 154 | 3.19 | 86.8% | 84.2% | 98.2% | 91.3% |
| NHL | 6 | 1,067 | 22.52 | 11 | 352 | 7.42 | 3.4% | 23.2% | 79.4% | 65.6% |
| Bladder | 7 | 918 | 20.26 | 8 | 431 | 9.68 | 48.6% | 62.0% | 74.1% | 52.6% |
| Kidney | 8 | 904 | 18.99 | 12 | 325 | 6.96 | 33.5% | 49.4% | 79.3% | 63.8% |
| Leukaemia | 9 | 899 | 18.91 | 10 | 377 | 8.06 | 12.0% | n/a | 72.4% | 53.5% |
| Pancreatic | 10 | 825 | 17.39 | 5 | 737 | 15.55 | 31.2% | 19.9% | 25.4% | 7.3% |
| Oesophageal | 11 | 755 | 16.31 | 6 | 594 | 12.89 | 58.7% | 16.5% | 46.5% | 17.0% |
| Uterine | 12 | 706 | 27.70 | 16 | 200 | 7.60 | 34.4% | 76.3% | 89.5% | 75.6% |
| Ovarian | 13 | 582 | 22.87 | 14 | 297 | 11.43 | 11.1% | 36.1% | 71.7% | 42.6% |
| Stomach | 14 | 558 | 12.09 | 9 | 379 | 8.16 | 53.1% | 22.2% | 47.4% | 21.6% |
| Multiple myeloma | 15 | 491 | 10.50 | 15 | 248 | 5.28 | 13.6% | n/a | 82.7% | 52.3% |
| Liver | 16 | 467 | 10.08 | 7 | 451 | 9.75 | 48.3% | n/a | 38.1% | 12.7% |
| Brain and CNS | 17 | 418 | 8.61 | 13 | 324 | 6.75 | 2.5% | n/a | 39.9% | 12.2% |
| Cervical | 18 | 241 | 9.64 | 18 | 61 | 2.41 | 99.8% | n/a | 81.1% | 61.4% |
| Gallbladder | 19 | 108 | 2.19 | 19 | 58 | 1.19 | 19.9% | n/a | n/a | n/a |

* England data only

1. https://www.cancerdata.nhs.uk/incidence/age_standardised_rates

2. 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. https://www.cancerdata.nhs.uk/stage_at_diagnosis

5. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/cancersurvivalinengland/stageatdiagnosisandchildhoodpatientsfollowedupto2018>