REQUEST FOR PROPOSALS

CURE Childhood Cancer allocates approximately $2.5 million each year to research into cures and effective treatments with lower toxicity for childhood cancers. For our 2016-2017 fiscal year, which runs July 1, 2016-June 30, 2017, CURE is seeking research proposals in need of funding.

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 (bone and soft tissue, osteosarcoma)
• Brain tumors, high risk such as high grade or malignant astrocytomas, glioblastoma multiforme

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. Mechanism of drug resistance and drug discovery;
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 how the resources of the NCI NExT program might benefit their research and progress toward clinical trials (see note below).

Survivorship

In addition to the above stated priority, CURE remains very 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. Specification should be made on the cover sheet provided.

Proposal format:

4-6 pages and should include the following:

1. Objectives
2. Background and significance*
3. Research Plan including budget
4. Statistical considerations
5. Summary (lay and scientific)
6. Statement of anticipated clinical or therapeutic application within 5 years.

For projects focused on drug-discovery/development, CURE requests that the PI 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
* 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 electronically with proposal, and full titles for all references in bibliography should be included.

With your submission (not subject to the page limitation), please also include:

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

*Proposals should be submitted electronically to Kristin Connor at krisin@curechildhoodcancer.org

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,
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.