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| INCA-Seul_logo2017 | Capture DGOS non officiel 2 |

**Appel à projets 2020 /** Call for proposals 2020

**Program for Hospital Clinical Research in Cancer**

**PHRC-K 2020**

**Lettre d’intention / Letter of Intent**

**Date limite de soumission des projets : 10 mars 2020 à 18h00**

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| --- |
| **attention-1294600_640[1]**L’Institut national du cancer a mis en place un **nouveau portail** pour la soumission des projets : seul le coordonnateur d’un projet peut déposer un dossier, et ce uniquement après avoir créé ou activé un compte utilisateur (cf document « Orientations de l’appel à projet PHRC-K 2020 » chapitre « 8-Modalités de soumission » détaillant les nouvelles modalités de soumission sur le portail PROJETS » <https://projets.e-cancer.fr/>)**Il est recommandé de s’inscrire et de consulter le portail et les rubriques à compléter bien en amont de la date limite de dépôt des candidatures.** |

**Document à soumettre en ligne (télécharger) dans la rubrique "Descriptif du projet"**

**La lettre d’intention est à rédiger en anglais pour permettre l'évaluation internationale**

**Submission to DGOS calls for proposals:**

First submission **□** Previous submission **□** (fill in section dedicated to previous submission –last page)

|  |  |
| --- | --- |
| n° du dossier :Veuillez indiquer le n° de dossier attribué par le portail PROJETS (Menu "Dépôt de projets") |  |
| **Acronym (15 characters max without any space):** |  |
| **Titre du projet :** |  |
| **Project title***:* |  |

|  |  |
| --- | --- |
| **Research domain****-Organ, tumor location:****-Others:** |  |
| **Keywords** **-Coordinator domain:****-Required reviewer’s field of expertise:** |  |

**GENERAL INFORMATION**

|  |  |
| --- | --- |
| **First name and name of coordinator** |  |
| Specialty  |  |
| Service ou département - Unit or department  |  |
| Name and address of the hospital  |  |
| Phone number  |  |
| E-mail |  |
| Physician, dental practitioner / Biologist / Nurse, other healthcare professional: |  |

|  |  |
| --- | --- |
| **Previous grants from DGOS (List with: year, ref number, status)** |  |

|  |  |
| --- | --- |
| **Institution in charge of budget management**  |  |
| **Approximate level of funding required (K euros):** |  |

|  |  |
| --- | --- |
| **First name and name of the methodologist**  |  |
| Name and addressof the hospital |  |
| Phone number |  |
| E-mail |  |
| **First name and name of the economist** **(if any)** |  |
| Name and address of the establishment |  |
| Phone number |  |
| E-mail |  |

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| **Organization in charge of project management** |  |
| **Organization responsible for quality assurance** |  |
| **Organization in charge of data management and statistics** |  |

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| --- | --- |
| **Anticipated number of recruiting centers (NC)** |  |
| **Anticipated number of scheduled patients**  |  |

|  |  |
| --- | --- |
|  | **Co-investigators (1 à n)**  |
| N° | Name | Firstname | Town | Country | Hospital | E-mail | Tel | Specialty |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |

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| **References** |
| *Main scientific publications (5 maximum) justifying the project* - 1- 2- 3- 4- 5 |

**RESEARCH PROJECT**

|  |
| --- |
| **Rationale (Context and hypothesis, max 320 words)** |
|  |
| **Originality and innovative aspects (max 160 words)** |
|  |
| **Focus of research** |
| Health technology (tick and provide details): Drugs □ Devices □ Procedures and organizational systems used in health care (including Health services*[[1]](#footnote-1)*) □If relevant: date of CE mark / market authorization**Details :** |
| **Keywords (5):**  |
|  |
| **Main objective (max 48 words)** |
|  |
| **Tick one:** |
| Hypothesis description □ Feasibility □ Tolerance □ Efficacy □ Safety □Efficiency □ Budget impact □ Organization of care □ |
| **Tick one:** |
| Etiology □ Causality[[2]](#footnote-2)□ Diagnosis □ Prognosis □ Therapeutics (impact on clinically meaningful endpoint[[3]](#footnote-3) ) □ Therapeutics (impact on intermediate endpoint[[4]](#footnote-4) ) □ Compliance □ Standard clinical practice □ Research methodology □Qualitative Research □ Other □ |

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| **Secondary objectives (max 160 words)** |
|  |
| **Primary endpoint (in relation with the main objective)** |
|  |
| **Secondary endpoints (in relation with the secondary objectives)** |
|  |
| **Study population** |
| **Main inclusion and exclusion criteria** |

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| **Design (tick + max 320 words)** |
| Meta-analysis □ Randomized clinical trial □ if yes : Open label □ Single blind □ Double blind□Systematic review □ Pragmatic study □Quasi-experimental studies (non randomized cohorts …) □ Prospective cohort study □Case-control study □ Cross-sectional study □Retrospective cohort □ Administrative / hospital inpatient database research □Modelling □ Case series □ Qualitative studies□ Other □**Please give details:** |

|  |
| --- |
| **If health-economics analysis (tick + max 320 words) :** |
|  Cost-utility analysis □ Cost-effectiveness analysis □ Cost-benefit analysis □ Budget impact analysis□ Cost-minimization analysis □ Cost-consequence analysis□ Cost of illness analysis □ Other □**Please give details:** |
| **Technology Readiness Level:***(https://www.medicalcountermeasures.gov/federal-initiatives/guidance/integrated-trls.aspx)* |  |
|  |
| **In the case of a drug trial:** |
| **Phase: I □ phase: II □ phase: I/II □ phase: III □ phase: IV □** |
| **If comparison groups :** |
|  |
|  **Experimental group (max 48 words)** |
|  |
|  **Control group (max 48 words)** |
|  |

**INCLUSIONS**

|  |
| --- |
| **Duration of participation of each patient (days/months/years):** |
|  |
| **Anticipated duration of recruitment (DUR) (in months):** |
|  |
| **Planned number of patients/observations to be recruited (NP) (3 digits + Justification of sample size max 80 words):** |
|  |

|  |
| --- |
| **Number of patients / observations to be recruited / month / centre ((NP/DUR)/NC) (2 digits + Justification if more than 2 patients/month/center)** |
|  |

|  |
| --- |
| **Expected number of eligible patients in the centres** |
| N° | Name | Surname | Town | Country | Expected recruitment/month | Total |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

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| **Participation of a research network (max 32 words)** |
|  |
| **Participation of structures coordinated by INCa or DGOS (ministry of health): biobanks (tumorothèques) clinical-biological databases (CBC), centres for data analysis (CTD), molecular genetic platforms, etc…** |
|  |
| **Industrial participation (max 64 words)[[5]](#footnote-5)** |
|  |
| **Others aspects to ensure the feasibility of the project (max 64 words)** |
|  |
| **Expected patient or public health benefit (max 320 words)** |
|  |

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| **In case of a previous submission, mention the additional aspects relevant to the recommendations of the scientific committee (Experts comments and corresponding answers, max 320 words)** |
|  |

1. http://htaglossary.net [↑](#footnote-ref-1)
2. Studies designed to determine the causes of a disease, the risk of being exposed to a drug, a pollutant etc [↑](#footnote-ref-2)
3. Example: reduction of myocardial infarction incidence, of mortality [↑](#footnote-ref-3)
4. Example: reduction of serum cholesterol, improvement of a pain scale [↑](#footnote-ref-4)
5. If necessary, justify that out of labelled health technologies are not sponsored by the industrial owner [↑](#footnote-ref-5)