

**RESEARCH AWARDS**  
Information for Applicants

**2026 Funding Round**  
**'100 Years of Pioneering Cancer Research in Yorkshire'**

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## Purpose of this document

The purpose of this document is to assist potential applicants to the Funding Round. Throughout this document we refer to Yorkshire Cancer Research (the “**Charity**”) and the Charity’s 2026 Funding Round launched in October 2025 (the “**Funding Round**”).

## About Yorkshire Cancer Research

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.

**Our Vision** is that people in Yorkshire live longer healthier lives, free of cancer.

**Our Mission** is to take action today to prevent, diagnose and treat cancer more effectively in Yorkshire.

We believe in **Research Led Innovation** and all our charitable activities focus on delivering solutions and real benefits to the people in Yorkshire.



## 2026 Funding Round '100 Years of Pioneering Cancer Research in Yorkshire'

We are pleased to announce our 2026 Funding Round for research projects and clinical trials testing the latest innovations in the NHS or local communities in the following topics:

1. Reducing the risk of developing cancer
2. Improving early diagnosis and cancer screening
3. Improving cancer treatments
4. Reducing cancer-related health inequalities

### We aim to grant up to £10million in research funding through the 2026 Funding Round

The proposed work should have the potential to reduce incidence of cancer in a given population, to increase survival and/or reduce life years lost to cancer (but not at the expense of quality of life), during the course of the project and beyond.

Applicants can be based anywhere in the UK, but recruitment of participants must take place from within the region with as many Yorkshire recruitment sites as possible (or relevant).

Applicants are expected to take steps to maximise inclusion of, and engagement with, populations often underrepresented in research such as minority ethnic populations and deprived communities.

Furthermore, for the 'reducing cancer-related health inequalities' topic, we invite research projects testing interventions targeted at people from lower socioeconomic groups, ethnic groups or geographical areas known to have worse cancer outcomes, still with the overall aim to improve survival and reduce life years lost to cancer.

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

Over 30,000 people develop cancer per year in Yorkshire. We want to reduce that number and welcome applications that seek to reduce the risk of people developing cancer. Any intervention may be investigated whether medicinal, surgical, behavioural or lifestyle-related provided there is convincing evidence to support the proposal.

Examples for topic 1:

- **Behavioural, lifestyle and environmental factors**  
4 in 10 cancers are linked to avoidable risk factors such as tobacco, alcohol and obesity [1]. We welcome proposals that consider how to address behavioural, lifestyle and environmental factors to reduce the risk of cancer. The project may include some limited development or refinement of the intervention where necessary but must include implementation of an intervention and measurement of impact.
- **Identification of, and offering interventions to, people at higher risk of cancer or recurrence**  
Proposals should consider how at-risk individuals could be identified, encouraged to engage, what the appropriate course of treatment/monitoring/prevention is and how people are supported throughout the process.

#### Topic 2: Improving early diagnosis and cancer screening

Early diagnosis significantly improves outcomes leading to a higher chance of successful treatment and better longer-term survival and as such, early diagnosis is likely to be the main contributory factor to improving survival and reducing life years lost to cancer in Yorkshire. The new [NHS 10 year Health Plan for England](#) has re-affirmed a commitment to early diagnosis and the previous NHS Long Term Plan had a target for 75% of all cancers to be diagnosed early by 2028. Despite this, our analysis suggests the Yorkshire region will miss this target by seven years and areas within Yorkshire have some of the highest rates of cancer discovered through emergency presentation.

Projects in this topic should aim to diagnose more people at an early stage to improve survival and reduce life years lost to cancer. Overall survival does not have to be an endpoint during the project given that 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 (at stage 4).

For any projects involving new diagnostic tests, the test must be sufficiently developed to change the course of the care pathway for participants in the study. We do not fund stand-alone validation studies seeking only to validate a new test or diagnostic device.

Examples for topic 2:

- **Raising awareness and increasing earlier presentation to primary care and reducing the diagnostic interval**

Examples include applications testing interventions that raise cancer awareness and result in earlier presentation to primary care for people with potential cancer symptoms. Further, we welcome applications that test interventions to enhance processes within primary and secondary care to reduce the time from a person presenting with symptoms to diagnosis and treatment, in order to decrease the diagnostic interval.

- **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 or groups that are not routinely screened. Any new screening test must be sufficiently developed to impact the care pathway for participants in the study. The project may consider using existing techniques in a novel or adapted way to increase their effectiveness/sensitivity and reduce any harms associated with screening.

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

We welcome applications that test new treatments, or improve current treatments, aiming to improve survival or reduce life years lost in cancer patients. Any therapeutic intervention in people diagnosed with cancer including medical, surgical or radiological will be considered.

Whilst our emphasis is on improving survival, any improvement in survival should not be at the expense of quality of life, and we encourage collection of patient-reported outcomes where relevant. However, projects solely focused on improving quality of life are not eligible.

For projects relating to topics 1-3, it is expected that steps are taken to ensure the research population is representative of the Yorkshire population for the condition under investigation. Funding to support this activity may be included in the application.

### **Topic 4: Reducing cancer-related health inequalities**

We want all people to have access to the best prevention, early diagnosis and treatment no matter who they are or where they live. It is well documented that certain demographics have a higher risk of developing cancer and/or higher cancer mortality rates.

We invite applications that seek to address health inequalities through research projects involving targeted interventions in deprived populations, ethnic groups or geographical locations known to have worse cancer outcomes. The group being targeted should be relevant to a demographic within Yorkshire and will need to be fully described including impact on health outcomes. The application should clearly describe how the researchers will engage with the underserved group, and the applicants should demonstrate they have suitable knowledge and understanding to engage with the relevant populations. All projects should seek to provide quantitative data on impact in terms of gaining life years.

Research projects in this topic will be centred around deprived populations, ethnic groups and/or geographical areas that are underserved. The intervention may be focused on increasing engagement of the underserved group with existing services or investigating whether the services need tailoring to the specific group.

Examples for topic 4:

- **Interventions to increase participation in national screening programmes**

Addressing variations in the rates of people taking part in national cancer screening programmes across Yorkshire represents an area where significant improvements can be made. In order to address inequalities, we welcome applications that test interventions that may raise the level of cancer screening participation, for example, in ethnic minorities, rural or deprived populations.

These may include interventions aimed at removing barriers, changing behaviour or alternative approaches to improving early diagnosis.

- **Lifestyle interventions targeting modifiable cancer risk factors**

As noted previously, an estimated 4 in 10 cancers are preventable through modifiable risk factors including smoking, obesity and physical activity and at the same time, many of these risk factors are highest in underserved groups. For example, we know that smoking prevalence is higher in lower socioeconomic groups and participation in smoking cessation programmes is also lower in these groups, putting them at higher risk of developing cancer and poorer outcomes following a cancer diagnosis. We welcome applications that investigate lifestyle interventions that target high-risk, underserved groups (for example, smoking cessation).

- **Interventions that seek to improve access to healthcare in relevant underserved groups in Yorkshire**

This includes research that tests interventions to remove barriers and improve access to healthcare with the aim of improving survival and/or gaining life years in Yorkshire. This might include interventions that encourage help-seeking behaviour in people experiencing symptoms suggestive of cancer, or targeted support to remove barriers throughout the cancer treatment pathway and beyond.

### Clinical trials

We welcome applications for clinical trials in any of the above topic areas. For large, multi-centre trials, inclusion of an internal pilot with clear progression criteria should be considered. Alternatively, where there may be broader questions regarding the feasibility of study conduct, stand-alone feasibility trials may be considered for funding where there is potential for patient benefit during the study and a clear path to impact. Phase II trials may be considered if they are competitive in accordance with the scoring system noted below (see 'Impact assessment' below).

If your application is a stand-alone feasibility/ pilot trial please describe future research plans or if your application has both feasibility and main trial included, please include and describe the stop/go criteria and review points.

All interventions should be sufficiently developed and ready for testing in relevant populations.

### Recruitment of participants

It is well documented that being research active is beneficial and has been shown to improve outcomes beyond the direct research project [2, 3]. We therefore want to maximise research activity in Yorkshire and projects should aim to recruit the majority of participants from within Yorkshire where possible, especially where data suggest there are sufficient numbers of eligible participants in Yorkshire. However, we appreciate this may not be possible and certain multi-site studies will need to recruit participants from outside of the region. In such circumstances applications must:

- Outline how many eligible patients there are in Yorkshire and how many of these would be offered the opportunity to participate in the study.
- Demonstrate that every effort will be made to recruit as many eligible patients from Yorkshire as possible, for example, describing how site set-up will be prioritised.
- For multi-site studies, recruitment should take place at as many relevant sites in the region as possible, and site set-up within Yorkshire should be prioritised.

Applicants should carefully consider other research activity within the region which may overlap with their own project and how this would be addressed. Applicants should also consider existing and planned service provision within the region, and the potential impact on study recruitment. For example, exercise programmes are being rolled out across the region and are increasingly being viewed as part of standard care throughout the cancer pathway. Any further research in this area must consider how the research would integrate with existing services and add constructively to the knowledge base.

### Impact from the COVID-19 pandemic

Yorkshire Cancer Research is a co-signatory on the [Academy of Medical Sciences](#) cross-charity commitment that will consider an individual's circumstances when reviewing applications. When applying for funding, we encourage applicants to provide details on the impact of the COVID-19 pandemic on the applicant's research outputs and achievements and/or career progression.

## Impact assessment

Applications must demonstrate impact in relation to our [Research Strategy](#).

Our research aims to:

- Bring clinical research to people in Yorkshire to reduce incidence, cancer deaths and years lost to cancer
- Ensure people affected by cancer shape our work
- Reduce health inequalities so people in Yorkshire receive the best cancer prevention, diagnosis and treatment- whoever they are, wherever they live
- Work with Yorkshire hospitals and universities to grow cancer research talent and capacity for the benefit of everyone in the region.

As part of the review process, a scoring model will be applied to all applications to assess impact against each item of the items listed above.

When assessing impact against life years lost to cancer, the proportion of people from Yorkshire participating in the study and the estimated future number of life years gained for those people taking part in the study and beyond (if the intervention was successful and implemented into standard practice). This could be driven by lives saved (defined as survival beyond 5 years that would not have happened without the intervention) or lives extended (up to 5 years). For multi-site studies recruiting outside of the region, impact in Yorkshire will still be considered based on projected recruitment figures in the region. Applications relating to topic 4 may not deliver as much impact in relation to life years gained beyond the study comparative to other proposals but must clearly articulate the relevance of the target group within Yorkshire and still seek to provide quantitative data on life years gained (see 'Life Years Gained' below).

When considering health-inequalities, assessors are asked to consider inclusivity of the research for topics 1-3, or the relevance of the health inequality/target group for topic 4, and the practical steps to be taken to engage and recruit the target populations.

The Excellence Test and Research Advisory Panel assessment will also consider scientific quality and merit, (including deliverability). During the excellence test, external reviewers are also asked to comment on value for money.

Applications are more likely to have the greatest strategic impact and therefore be scored more highly if they:

- Focus on cancers with the greatest potential for life years gained (see below and Appendix 1)
- Demonstrate inclusive research or address specific health inequalities (see 'Inclusive research' below).
- Recruit the majority of participants from within Yorkshire and maximise the number of recruiting sites within Yorkshire.
- Demonstrate strong PPI in development, delivery and dissemination (see PPI below).

## Life Years Gained

Life years gained has been chosen as a measure of our impact, as it is a suitable overarching metric that Awards across all areas of strategic focus can contribute towards. It is driven by the number of cancer deaths avoided (through cancers prevented and cancers treated effectively) and lives extended through improved survival (even if a cancer death is not avoidable).

There are many ways to calculate life years gained from an avoided cancer death, ranging from complex to simplistic methodologies. The methodology chosen by the Charity converts the number of estimated lives saved (defined as surviving 5 years or more due to the intervention) into life years gained. The estimated number of additional years left to live are taken from the National Life Tables, UK [\[4\]](#), and compared against the expected age of death without the intervention. National Life Tables provide an estimate of remaining years of life left by individual ages and biological sex. Where improvement in survival of less than 5 years is anticipated, life years gained can be calculated by estimating the improved survival (in months) and the number of participants it applies to. For example, if an Award leads to 10 participants having their life extended by 6 months each, even if in the end cancer deaths cannot be avoided, then 5 life years have been gained within the study.

For our purposes, and in order to calculate life years gained, Yorkshire Cancer Research asks applicants to consider the following:

- Studies aiming to prevent cancer will need to consider the lives saved or lives extended of those who will have a prevented cancer due to the intervention, thinking about what would have happened in the absence of the study.
- Studies aiming to detect cancers at an earlier stage will need to consider the stage of diagnosis expected within the study compared to usual care to determine how many additional participants will have improved survival.
- Studies aiming to improve cancer treatment will need to consider the current survival with usual care and how the intervention either improves the number of lives saved (>5 years survival) or lives extended (<5 years survival).

At the preliminary application stage, you will be asked how the project has the potential to gain life years for participants (whether through reducing risk of cancer, early diagnosis and screening, improving treatment or reducing health inequalities). This will be expanded on at full application where you will be asked to provide more data and references to support calculation of life years gained.

### Patient and Public Involvement (PPI)

Involvement of people affected by cancer is core to all work across the Charity and is also a vital component of high-quality clinical research. PPI helps ensure that research is shaped by the experiences and priorities of those affected by cancer in Yorkshire, making studies more relevant, inclusive, and impactful.

PPI means working in collaboration or partnership with patients, carers, service users, families, people with lived experience, or the public, in planning, designing, managing, conducting, dissemination and translation of research. Researchers are expected to include PPI in project design and delivery, and dissemination of findings. Studies should have strong elements of co-design and engagement with patients and/or the public.

Applicants must involve a named lay representative in the development of the application, and design and delivery of the project. Applicants should work with patients and the public to consider appropriate channels of dissemination to ensure the research is shared with the target audiences.

More information is available on the UK Standards for Public Involvement [website](#).

### Inclusive research

In keeping with the recommendations from the All-Party Parliamentary Group (APPG) on Medical Research (now superseded by the APPG for Life Sciences) [5], the Charity expects research to be inclusive, and for topics 1-3, that the study populations are representative of the relevant patient population in Yorkshire. Applicants will be required to describe how this will be achieved and reasonable costs associated with additional activities needed to ensure inclusive recruitment will be supported.

For topic 4, applicants will need to describe fully the approach they will take to recruit from the specific target population, taking account of any extra time and costs needed to support this. This may include consideration of eligibility criteria, recruitment sites, methods of recruitment, existing community links and community engagement activities.

Further guidance on providing better healthcare through more inclusive research can be found in the [NIHR-INCLUDE](#) guidance.

Award holders are expected to report annually through the charity's Annual Data Collection Form on demographic data relating to study populations and progress with recruitment targets will be monitored throughout the course of the project.

### Research capacity

As noted above, we want Yorkshire to be a research active region and expect all applicants to recruit from Yorkshire (see also 'Recruitment of participants'). We encourage applicants to consider how they may engage with as many relevant sites as possible within the region, particularly those that may not usually participate. We ask applicants to consider how their research impacts research capacity in Yorkshire, for example through developing cancer research talent, building or growing research networks or research capacity in the region.

## Types of research we support

All research projects and clinical trials must address one or more of the Funding Round priorities, have a clear hypothesis and must:

- Test an intervention in a human population.
- Change clinical practice during the study.

Furthermore:

- We do not fund work that has the primary aim of knowledge generation or development of an intervention, including stand-alone test validation studies.
- We will only support research projects and clinical trials that seek to test an intervention where there is enough evidence to support proof of concept. In addition, for social interventions preliminary development must already have been undertaken.
- For any projects involving new diagnostic tests, the test must be sufficiently developed to change the course of the care pathway for participants in the study. We do not fund stand-alone validation studies seeking only to validate a new test or diagnostic device.
- Applications may have multiple workstreams where needed to fully address the strategic aims, and where the requirements are fully justified. For example, if one workstream is a clinical trial, a further workstream to support social and ethnic diversity within the recruitment population or a workstream to refine or pilot an intervention (where there is already an existing evidence base for use) may be appropriate.
- Applications with training/career development opportunities can be submitted with appropriate justification including how the activity grows research capacity and talent in the region and details of the supervision/mentoring that will be provided. Where appropriate we particularly encourage inclusion of clinical doctoral posts to support study conduct. Associated fees may be included.
- We will consider clinical trials at any stage from feasibility through to multi-centre phase III trials if they have the potential for impact against our strategic aims during the course of the study. Applications for stand-alone feasibility/pilot trials must describe future research plans should the proposed study be successful. Applications with both feasibility and main trials included must have clear stop/go criteria and review points included.
- Applicants should consider engagement with relevant national or local panels, bodies or services that may be able to support their application/make recommendations or could be impacted by the research proposed, such as the Yorkshire Cancer Research Active Together service, smoking cessation services, ongoing research studies, local cancer alliances etc. Letters of support can be uploaded with the full application.
- If your study involves an exercise intervention, you must provide details of fit with existing Active Together services in the region and where applicable, letters of support.
- If the proposed research relates to cancer screening, please ensure you have consulted the National Screening Committee Research and Methodology Group (RMG). Written feedback from the RMG will be required at full application stage.
- You must provide details of any ongoing or planned clinical studies that will compete for the target population and may impact recruitment.

## Financial information

- There are no limits on funding or maximum duration of study, but all costs and timelines must be justified.
- A full breakdown and justification of the funding must be provided at the full application stage.
- The amount requested at full application must not be significantly different from that requested at the preliminary application stage.
- The Charity will only cover the direct costs of research (e.g. staff salaries, consumables, travel and equipment) and indirect costs must not be included in the application.
- Examples of indirect costs that are not covered include estates, overheads, shared IT and administration, university HR, computers for general use, depreciation and insurance.
- Costings should take account of any anticipated increases (e.g. cost of living, maintenance, and inflationary increases).
- It is the responsibility of the Principal Applicant(s) to estimate any cost increases that may occur during the Award and to manage the project within those costs.

**Salary costs**

- Only salaries for staff employed to work on the Award may be applied for and employer contributions for national insurance and superannuation included (in proportion to FTE).
- Salaries for staff who are employed by the Host Institution, such as the Principal Applicant, should not be included.
- Awards do not cover the apprenticeship levy and this should not be included.

**Consumables costs may include, for example:**

- Charges for shipping, delivery or freight
- Archive costs
- Printing/photocopying
- Computers, if used solely for the Award
- Software
- Data access costs
- Questionnaires and materials
- MHRA fees
- PhD fees
- Volunteer expenses, patient involvement and community engagement
- Project specific travel and expenses
- Consumables items with a value over £10,000 must be justified and evidence of cost provided.
- Equipment needed for the project during the period of the Award, including purchase, delivery, installation and maintenance.

Conference travel and publication costs should not be included, as separate funding streams are available for Award Holders to apply to. The exception is for University of Sheffield applicants who are applying for the restricted 'More Life to Live Fund'. In these cases, conference travel and publication costs should be included in the application.

Costs for public and patient involvement (PPI), and to support social and ethnic diversity in the recruitment population may be included.

Where additional support is needed to ensure delivery within and/or across Yorkshire, other costs may be included if:

- agreed with the Charity before submission of the application, and
- the costs are fully described and justified within the application.

Award holders are expected to provide regular updates to the Charity on the financial situation of the Award and explain any unexpected variances.

Any underspend that occurs or is likely to occur will be discussed with Award holders and may be deducted from the Award at the absolute discretion of the Charity.

**Schedule of Events Cost Attribution Template (SoECAT)**

Researchers applying for funding to do clinical research in the UK need to complete a SoECAT to be eligible for the National Institute for Health Research (NIHR) portfolio and the support this provides. We are a member of the Association of Medical Research Charities (AMRC) and Awards made through this funding call are eligible for the portfolio and support from the national Research Delivery Network (RDN).

- Support Costs and Research Part B costs – for example additional investigations, assessment and tests where the results are required by the patient's care team and the costs for data collection usually provided through RDN research staff.
- Excess Treatment Costs - NHS treatment costs funded by the NHS. Treatment costs in a research study can be greater than in routine care, for example, giving a patient a new drug to see how it compares to the standard drug given.
- When a full application is invited, a SoECAT will need to be completed with the full application if the research incurs support costs and/or excess treatment costs. We encourage you to initiate this process with the NIHR via discussions with the relevant Regional RDN (RRDN) as soon as possible to ensure this is ready by the deadline date.

## Privacy and use of personal data

Personal data in the applications will be used by Yorkshire Cancer Research for the purposes of processing and assessing applications for funding. Application information will be shared with external reviewers, Research Advisory Panel members, and any observers that are invited to the Review Meetings (some or all of these individuals may be located outside the United Kingdom). Any information shared during the review process will be subject to a confidentiality agreement between the Charity and the recipient. Named individuals will only be contacted in relation to their role on the application unless they have opted for additional contact from Yorkshire Cancer Research.

Email addresses and phone numbers will be used for contacting Principal Applicant and Co-Applicants about their submitted application. Contact details for the Head of Department and Financial Authority will be kept and used to administer the Award and to ensure compliance with the Award terms, should the application be funded. Contact details for the lay representative will only be used to verify their input in the application process. In the full application, the applicants' preferred and excluded reviewers will be considered when selecting peer reviewers, but the Charity does not guarantee that the preferred reviewers will be used.

In some circumstances, applications may be shared with the following organisations:

- 1) Another funding body if we are considering co-funding the project or where projects may overlap.
- 2) Cancer Alliances and Research Delivery Networks to discuss coordination of cancer research activities regionally, resourcing/support issues for conducting the work and publicising studies within the network.
- 3) [AMRC](#) and [Europe PMC](#) for annual reporting (these partner organisations may share anonymised, amalgamated or publicly available information with third parties who may be based outside the UK).

For successful applications, we will retain records of the applications in accordance with our internal policies that may be updated from time to time. These records are necessary for assessing the impact of funded Awards, financial review, and protection of our intellectual property interests.

For unsuccessful applications, we will retain records of the applications in order to assess any related applications in the future that might either be a resubmission of an application and/or be related to a previous application.

Furthermore, we will continue to hold your data securely because we may need to contact you in the future to request your help with reviewing grant applications.

Please click [here](#) to read our Privacy Policy.

## Applying for funding

To apply, applicants must register or log in to our online [Flexi-Grant Application Portal](#)

### Eligibility

The Charity will only accept applications from Principal Applicants:

- Whose contract of employment with the relevant organisation provides for the applicant's continuous employment in a substantive post up to or beyond the proposed end date of the Award applied for; or
- Who will have a contract of employment with the relevant organisation which will provide for the applicant's continuous employment in a substantive post up to or beyond the end date of the proposal should the proposal be successful; and
- Who are, or will be, employed by the relevant organisation for at least 50 per cent of their working time for the duration of the Award.

Our grants-selection process involves two-stages.

- 1) Preliminary application - applicants must submit a preliminary application which will be assessed and scored in the Strategic Fit Test.
- 2) Full application - applicants of preliminary applications that pass the Strategic Fit Test will then be invited to submit a full application.

### Key dates for the Funding Round

<b>2026 Funding Round opens</b>	<b>9 October 2025</b>
<b>Preliminary application deadline</b>	<b>12 noon, 4 December 2025</b>
<b>Invitations to submit full applications</b>	<b>Late January 2026</b>
<b>Full application deadline</b>	<b>12 noon, 26 March 2026</b>
<b>Applicant rebuttal period</b>	<b>19-29 June 2026</b>
<b>Outcomes to applicants</b>	<b>October 2026</b>

### Preliminary application screening

Preliminary applications undergo an initial screening by the Charity to ensure they meet the basic eligibility criteria. Applicants will be informed if their application is ineligible, in which case it will not progress to the Strategic Fit Test.

### Strategic Fit Test

Applications that pass the preliminary screening stage are assessed and scored against the Charities strategic aims. This assessment is conducted by the stakeholder (lay) members of our Research Advisory Panel who are people with lived experience of cancer, including cancer patients, their family, friends and carers, and those who work, or have worked, in cancer healthcare. Therefore, applicants should ensure that applications are suitable for a lay audience. Answers should be easy to understand by the general public, written in plain English and avoid the use of scientific terms or jargon.

The Strategic Fit Test Identifies those applications which have the greatest impact against our strategic aims, therefore consideration is given to the following:

- Does the research bring clinical research to people in Yorkshire to reduce incidence, cancer deaths and years lost to cancer
- Will the research work with Yorkshire hospitals and universities to grow cancer research talent and capacity for the benefit of everyone in the region.
- Will the research reduce health inequalities so people in Yorkshire receive the best cancer prevention, diagnosis and treatment- whoever they are, wherever they live
- Are people affected by cancer involved in shaping the work

Applications do not undergo scientific assessment at this stage and the Charity does not provide feedback on the Strategic Fit Test.

**Full applications**

If the preliminary application passes the Strategic Fit Test, applicants will be invited to submit a full application. The application window for full applications is 8 weeks and applicants should allow adequate time for internal approval processes and SoECAT review to be completed before the application closing date.

**Excellence Test**

Appropriate experts from the Research Advisory Panel are selected to review the applications according to the research areas proposed. In addition to the panel review, applications are also reviewed by independent, external, national and international experts in the appropriate research areas.

The number of reviews obtained depends on the amount of financial support requested and the project complexity. For large-scale, high value Award applications, the Charity reserves the right to include a site visit or interview as part of the process.

Reviewers are asked to consider the following when assessing applications for the Excellence Test:

- (1) Strategic alignment with the funding call
- (2) Ability of the research team to carry out the proposed work
- (3) Potential impact of the research
- (4) Whether the methodology is appropriate
- (5) Whether the financial support requested is justified

**Applicant rebuttal phase**

Reviews submitted as part of the Excellence Test are forwarded to applicants, who are then given 10 days to respond. Applicants' responses are made available to the attendees of the Research Advisory Meeting, together with the full applications and reviews.

The results of the Strategic Fit Test and Excellence Test, together with the applicants' rebuttal are considered by the Charity and selected applications proceed to the Research Advisory Meeting subject to the funding limits and priorities for the Funding Round.

**Research Advisory Meeting**

The Research Advisory Meeting is attended by equal numbers of expert and stakeholder members of the Research Advisory Panel, and aims to identify the applications with the greatest impact and highest scientific quality, using the output from the Strategic Fit Meeting and Excellence Test. Panel members consider the scientific excellence and potential impact on strategic priorities including an assessment of the Life Years Gained calculated from the impact numbers provided in the full application, alongside reviewers' comments and applicants' rebuttal. Each panel member individually scores the applications and the average overall scores from all panel members are used to rank the applications.

**Executive Proposals**

All relevant information and outputs from the previous stages is collated and reviewed by the Executive. Having scrutinised the scoring and feedback from the Panel, and the discussions at the Research Advisory Meeting, the Executive presents recommendations to the Board of Trustees.

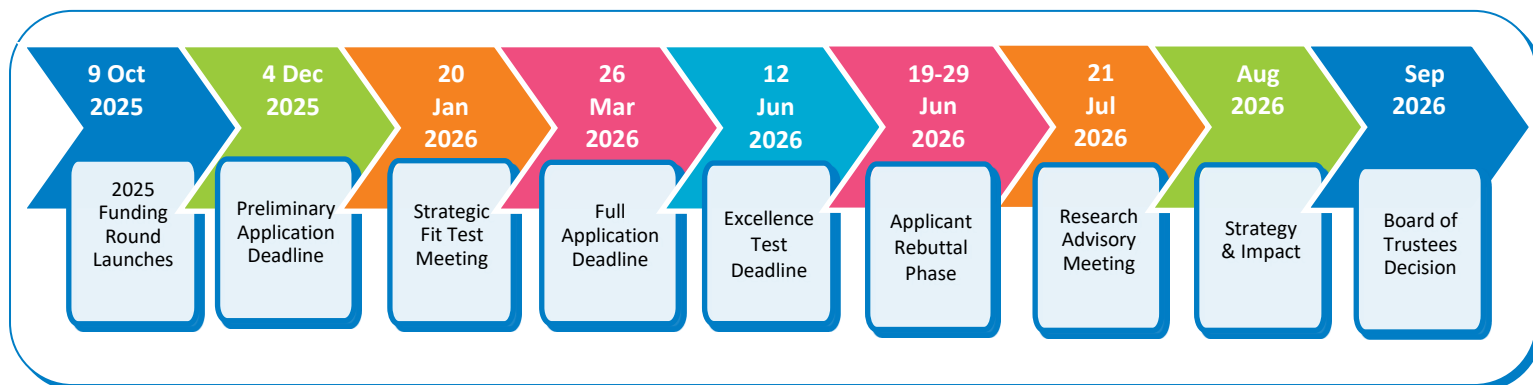
**Decision by the Board of Trustees**

The Trustees, who meet on a quarterly basis, consider the recommendations and make the funding decisions. The Trustees' decision is final and there is no appeal process.

**Resubmissions**

Any part of an application that has been reviewed by the Charity previously, but not funded, is not eligible for resubmission unless the applicant is specifically invited. All applications, including resubmitted ones, are considered in open competition in accordance with AMRC guidance.

An overview of the stages involved in the grants-selection process is shown below:



### Association of Medical Research Charities (AMRC)

As a member of the [AMRC](#), our grants selection process complies with the [AMRC's principles of expert review](#).

If you have any questions about applying for funding, please email [research@ycr.org.uk](mailto:research@ycr.org.uk).

### References

- [1] [Brown KF et al. The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland, and the United Kingdom in 2015; \*Br J Cancer\*. 2018;118:1130-1141](#)
- [2] [Downing A et al. High hospital research participation and improved colorectal cancer survival outcomes: a population-based study. \*Gut\* 2017;66:89-96](#)
- [3] [Boaz A et al. Does the engagement of clinicians and organisations in research improve healthcare performance: a three-stage review. \*BMJ Open\* 2015;5:1-14](#)
- [4] [Office for National Statistics. National life tables: UK. Release date 11 January 2024](#)
- [5] [APPG on medical research – Health Disparities: Why Medical Research is a Crucial Tool for Change, 2023](#)

## Frequently Asked Questions

### **Are applicants based outside Yorkshire eligible to apply for Yorkshire Cancer Research funding?**

Yes, researchers at institutions across the UK are eligible to apply for funding from Yorkshire Cancer Research. However, applications must demonstrate direct benefit to patients and/or the public in Yorkshire and recruitment of participants within Yorkshire should be prioritised. PPI input must also involve people from Yorkshire.

### **Can I resubmit an application that has been unsuccessful in a previous Funding Round?**

Any part of an application that has been reviewed by the Charity previously, but not funded, cannot be resubmitted at any time unless the applicant has been invited to do so. Resubmitted applications will be considered in open competition in accordance with AMRC guidance. Therefore, applications must be significantly different from any previous unsuccessful applications and any feedback must have been addressed. All previous submissions to the Charity should be declared in Section 2 of the preliminary application.

### **How do I apply for an Award?**

[Flexi-Grant](#) is the online grants management system that we use for the submission of grant applications and post-award management. Applicants must [register](#) to access the secure site to apply for funding. More information about how we store and use your data can be found in our [Privacy Policy](#).

### **What is the Yorkshire Cancer Research ‘More Life To Live Fund’ and why is it only available to applicants based at the University of Sheffield?**

Yorkshire Cancer Research and the University of Sheffield have worked together to develop the fund, made possible following the success of several cancer drugs discovered at the University with funding from the Charity. Sheffield applicants are required to submit an expression of interest to the University of Sheffield for internal triage before applying to the Charity. Please contact the Cancer Research Growth Manager [ycr\\_schemes@sheffield.ac.uk](mailto:ycr_schemes@sheffield.ac.uk) for further information about the Yorkshire Cancer Research ‘More Life to Live Fund’.

### **Can I copy and paste into the online application forms?**

You can copy and paste into the online forms from other sources. A blank Word version of the form is available if you wish to use this during the development of your application. However, please be aware of the maximum word counts in the application form, as only text up to these limits can be pasted into the online form.

### **My application is ready by the deadline, but my Head of Department/Finance Authority have yet to confirm the declaration, can I still submit the application?**

No, you need to allow enough time before the deadline for your application to receive the necessary approvals by your institution. If necessary, you can resend the invite to the Head of Department/Finance Authority to prompt them to approve the application. The ‘submit’ button will only appear once all declarations have been confirmed.

### **Can I amend my application after it has been submitted?**

In some circumstances, we may ‘roll back’ the application to allow you to edit it, but only if it is resubmitted before the deadline. However, you will need to arrange for your institution to approve the application again and the declarations must be confirmed before you can resubmit the application. If you need to amend your application, please email [research@ycr.org.uk](mailto:research@ycr.org.uk)

### **What if I need to revise the application after the submission deadline and who do I contact if I have any queries?**

Revisions are not usually allowed after the submission deadline, but applicants may email [research@ycr.org.uk](mailto:research@ycr.org.uk) to discuss it with us.

### **When will I find out if my proposal has been funded?**

You will be notified in January 2026 whether your preliminary application has been successful and if so, you will be invited to submit a full application. Final funding decisions will be made at the Board of Trustees meeting in September 2026 and you will be informed of the outcome soon after this date.

## What is the success rate of applications to the Funding Rounds?

See below for the percentage of preliminary applications that were successfully funded.

Funding Round	2016	2017	2018	2019	2021	2022	2023	2024	2025
Percentage of applications funded	22%	32%	13%	17%	20%	9%	27%	39%	20%

### Preliminary Applications

#### Who reviews the preliminary applications?

Stakeholder members of our Research Advisory Panel assess the preliminary applications for the degree of fit with the Charity's strategy. Therefore, it is important that all sections are written in a style appropriate for a lay audience.

#### What does project impact mean?

Project impact means the potential impact and benefit in relation to the Charity's research strategy which aims to reduce life years lost to cancer and address cancer-related health inequalities in Yorkshire. It is expected that there will be potential impact for study participants as a result of taking part, although the actual impact may not be seen during the lifetime of the Award (for example, in a cancer prevention study). Other impact or benefit in Yorkshire that may result from the project are also considered, for example, developing cancer research talent or building research capacity in the region.

#### What is Patient and Public Involvement (PPI)?

PPI refers to the inclusion of patients and/or the public in the design and delivery of the research project, and dissemination of the findings.

#### What do you mean by 'inclusive research'?

The Charity is committed to supporting research that reflects the diversity of the population it serves. Inclusion in research means ensuring that people of all backgrounds, regardless of age, ethnicity, gender, disability, socioeconomic status, or geographic location, have equitable opportunities to participate in and benefit from research. Applicants should describe how their study will proactively address barriers to participation and ensure that underrepresented groups are considered in the design, recruitment, and delivery of their project. This helps improve the relevance, reach, and impact of cancer research across Yorkshire.

#### What are you looking for in the Patient and Public Benefit Diagram?

We suggest a summary of the patient and public benefit in a diagrammatic or pictorial form, highlighting benefit during and beyond the Award. Please identify the end of the Award in the diagram and timeline to wider implementation/ benefit in order to clearly distinguish benefits within the timeframe of the Award from those expected in the future.

### Full Applications

#### What costs can I include?

As a member of the Association of Medical Research Charities (AMRC), we only pay for the direct costs of research.

For applications from Higher Education Institutions (HEIs), overheads, estates and indirect costs will not be covered. Some of the indirect costs of research are supported in partnership with Government through the [Charity Research Support Fund \(CRSF\)](#). Click [here](#) for more information on charity funding and universities.

Non-HEI applications should only include direct costs related to the project. Click [here](#) for further information on charity funding and the NHS.

#### Can I cost in my time, as a Principal Applicant or Co-applicant, on the project?

Salary costs for applicants or additional staff may only be included if they are a directly incurred cost. Applicants or staff whose salary is already paid from other sources (e.g. by the University, NHS Trust or another grant) must not be included.

**Why do you ask if I will be employed beyond the proposed end date of the Award?**

We need to know that staff will be in post for the duration of the Award to ensure completion of the project. Should personnel changes be anticipated within the timeframe of the Award, we need to know who will be taking over on the project.

**I have asked my co-applicants to participate but they cannot access the system**

If you have invited a colleague to collaborate on the project using the participation tab but the link is not working, you may need to revoke their invitation and reinvoke them. They must click on the link to participate within 14 days of receiving the invitation email or it will expire. If the issue continues, please try an alternative email address after revoking the initial invitation. Ensure that you allow enough time for co-applicants to complete their contributions, as you will not be able to submit the application unless all invited co-applicants have clicked the 'Finish contribution' button.

**Can I include travel costs for collaborations?**

Yes, you may include reasonable costs for collaborations necessary for the project. These may include travel, accommodation and subsistence costs, as long as these costs are essential for the delivery of the project.

**Can I include publication costs and travel costs for attending conferences?**

No, there is a separate funding stream for publication and travel costs that Award holders can apply for. Please see our [website](#) for further details. The exception is for University of Sheffield applicants who are applying for the Yorkshire Cancer Research 'More Life To Live Fund'. In these cases, applicants should include reasonable conference and publication costs in the application costings.

**Can I include costs for PPI representatives?**

Yes, you should include reasonable costs for your PPI representative to support the project. These may include reimbursements for their time, travel, accommodation and subsistence costs, as long as these costs are essential for the delivery of the project. More information is available on the [NIHR](#) website.

**Can I include extra cost to support recruitment of a representative population?**

Yes, the Charity acknowledges that there may be costs associated to engage and recruit from underrepresented populations. These costs should be included and highlighted to demonstrate the extra measures you will undertake.

**Why do I need patient/lay input into the application? Who should I ask to be my patient or lay representative? What will they need to do?**

It is recognised that Patient and Public Involvement (PPI) is crucial in producing high quality research that has meaningful outcomes, and the Charity expects applicants to include PPI in project design and delivery, and dissemination of findings. You may have local cancer support groups, institutional or other local PPI panels to draw on.

Furthermore, the application needs a named patient or lay representative to give input on the development of the proposal. If you want them to access the online application, you will need to invite them as a participant, either as 'Lay representative' or 'Co-applicant', in which case their details will be available to reviewers. You will also be asked to provide details of the lay representative in section 1 of the application, and this personal information will not be shared externally. For more information, please see our [Privacy Policy](#).

**In the full application 'Section 3: Project Impact and Benefit', what numbers do you want?**

We ask that you provide estimated numbers and reference any related data or publications to support the numbers provided. Most questions require you to estimate numbers within the study and if the intervention was to be rolled out across Yorkshire. When providing numbers, you will also be asked to consider current standard care outcomes and therefore the additional benefit your study might add. This can include the number of people at reduced risk of cancer or the number of people that have their survival directly impacted.

**How do you use the information about preferred and excluded reviewers?**

You may suggest potential external reviewers, with the appropriate expertise, to review the application for the Excellence Test. Reviewers must be based at institutions outside Yorkshire and should not have published with you in the last three years. Potential conflicts of interest will be investigated by the Charity and there is no obligation on the part of Yorkshire Cancer Research to use these reviewers. Excluded reviewers will not be asked to review your application.

## Appendix 1: Cancer type ranked by life years lost

	Life Years Lost (2023) <sup>1</sup>		Incidence (2021) <sup>2</sup>		Mortality (2023) <sup>1</sup>		Percentage attributed to preventable factors <sup>3</sup>	Percentage diagnosed at early stage (2021) <sup>4</sup>	1 year survival (2020) <sup>5</sup>	5 year survival (2016) <sup>5</sup>
	Rank by number of life years lost	Estimated number of life years lost	Rank by number of cases	Number of cases	Rank by number of deaths	Number of deaths				
Lung	1	37,900	2	4,285	1	2,790	78.80%	32.30%	45.40%	21.00%
Bowel	2	17,943	4	3,885	2	1,321	54.10%	47.00%	78.50%	58.40%
Breast	3	14,750	1	4,432	4	886	22.90%	84.80%	96.10%	85.90%
Pancreas	4	11,657	8	963	5	835	31.20%	25.30%	27.70%	8.30%
Oesophagus	5	8,705	11	777	6	606	58.70%	17.50%	46.80%	18.00%
Prostate	6	8,421	3	4,032	3	989	n/a	44.30%	97.10%	88.50%
Liver	7	7,399	15	518	7	520	48.30%	n/a	39.80%	13.40%
Brain*	8	7,163	17	452	11	348	2.50%	n/a	41.70%	n/a
Leukaemia	9	5,561	10	814	10	384	12.00%	n/a	74.40%	55.90%
Non-Hodgkin lymphoma	10	5,473	9	945	9	413	3.40%	29.70%	79.30%	65.60%
Bladder	11	5,023	7	986	8	489	48.60%	64.50%	73.50%	52.20%
Ovary	12	4,785	14	573	14	284	11.10%	37.00%	72.30%	45.00%
Kidney	13	4,623	6	1,044	12	342	33.50%	59.50%	81.00%	66.60%
Stomach	14	4,483	13	586	13	316	53.10%	n/a	50.00%	23.90%
Uterus	15	3,186	12	757	17	204	34.40%	81.90%	89.30%	75.40%
Skin	16	2,943	5	1,354	16	207	86.80%	n/a	98.00%	92.60%
Multiple Myeloma	17	2,942	16	473	15	268	13.60%	n/a	83.80%	n/a
Cervical	18	1,928	18	248	19	77	99.80%	n/a	81.70%	61.40%
Gallbladder	19	1,156	19	126	18	82	19.90%	n/a	30.70%	n/a

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<sup>1</sup> <https://www.nomisweb.co.uk/datasets/mortsa>

<sup>2</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/cancer-registration-statistics/england-2021---summary-counts-only>

<sup>3</sup> 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> **(England data)**.

<sup>4</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/case-mix-adjusted-percentage-of-cancers-diagnosed-at-stages-1-and-2-in-england/2021>

<sup>5</sup> [Cancer Survival in England, cancers diagnosed 2016 to 2020, followed up to 2021 - NHS Digital](#) **(England data)**.

\*Incidence for brain cancer is 2019 data.