RESEARCH AWARDS
Information for Applicants

2026 Special PARPi Funding Round
‘Patient preferences on the use of PARP inhibitors to reduce the risk of cancer’

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Purpose of this document

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

Please note, this call is launched alongside but in addition to our usual annual Funding Round inviting applications for clinical trials in cancer prevention, early diagnosis and treatment. Please see our website for further information on the 2026 Funding Round – '100 years of Pioneering Cancer Research in Yorkshire'.

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 Special PARPi Funding Round

‘Patient preferences on the use of PARP inhibitors to reduce the risk of cancer’

We are pleased to announce our 2026 Special PARPi Funding Round for patient preference studies to explore whether PARP inhibitors (PARPi) can be used as a chemopreventative treatment for people at high risk of hereditary cancers, as part of a drive toward a future of precision cancer prevention.

We are offering research funding of up to £350,000 through the 2026 Special PARPi Funding Round

The PARPi Round seeks to address topic 1 of our Research Strategy: ‘Reducing the risk of developing cancer’. We are seeking applications that aim to understand if PARP inhibitors could be used in the preventive setting, to reduce the risk of cancer developing. Although there are multiple areas of research that need to be investigated ahead of a future potential prevention trial, applications to this funding round should focus on establishing patient preferences around the use of PARPi in the risk-reduction setting.

Our overall research aims are to establish:

- If any people with a BRCAm would consider taking PARPi as a preventive measure in place of, or to delay, other current options for risk reduction, such as surgery.
- What information people with BRCAm would require in order to consider taking part in clinical research to understand how to best use PARPi in the prevention setting.

This special funding round is separate to our usual annual funding round. For information on the annual funding round please visit our website.

Background

This funding announcement follows the recent publication of a joint position statement on ‘The Use of PARP Inhibitors as chemoprevention – a vision for the future’ published by a collaboration of seven charities which can be read in full here.

People who carry BRCA1 or BRCA2 gene mutations (BRCAm) have a significantly higher lifetime risk of developing some types of cancer, including breast, ovarian, prostate and pancreatic cancers among others.

Currently, it is estimated that around 1 in 400 people in the UK general population are BRCAm carriers [1], but it is thought that a high proportion of people with a high-risk gene for cancer are unaware of this. The prevalence of BRCAm is significantly higher in certain populations – such as those of Ashkenazi Jewish descent in whom around 1 in 40 people [2] have the mutation. This means, there could be over 170,000 adults who have a BRCA mutation across the UK, the majority of whom will be unaware they are at increased risk of cancer.

People identified as being BRCAm carriers currently have a number of options for reducing their risk of cancer, such as risk-reducing surgery, enhanced screening and chemoprevention medications like tamoxifen; however, these may not be suitable for all BRCA carriers. For example, risk-reduction surgery may not always be an option, particularly for men, and where it is an option, the surgery can be extensive and life-altering, for example removing the option for women to have children in the future.

In 2014, Lynparza, also known as olaparib, became the first PARP inhibitor drug to be approved for the treatment of people with hereditary BRCA-related ovarian cancer. Since 2014, a number of additional licences have been granted for the use of PARP inhibitors to treat BRCA-related cancer, and further PARP inhibitors have been developed such as niraparib, rucaparib and talazoparib.

Findings from the OlympiA trial [3] indicate there may be an effect of PARP inhibitors in the prevention of a second primary cancer when they are used as a treatment for breast cancer in people with a BRCA mutation.

Prior to any clinical trials to test PARP inhibitors as a method of reducing the risk of second new primary cancers in cancer survivors or reducing the risk of primary cancers, there are several critical pieces of information required. Preclinical work is required to help provide some initial insight into the level of risk reduction that can be achieved with PARP inhibitors, as well as potential dose and treatment regimens. In addition, a patient preference study will help establish what level of possible risk reduction would be acceptable to a BRCAm carrier for them to consent to a clinical trial attempting to establish if PARP inhibitors can reduce the risk of cancer developing. Yorkshire Cancer Research is now calling for proposals on this topic.

Prior research

Previous research has focused on BRCAm carriers, who did not have a cancer diagnosis, to establish general preferences in relation to prevention [4,5].

Previous studies note that female BRCAm carriers:

1) Generally, prioritise the highest levels of risk reduction regardless of whether the intervention is surgical or non-surgical, with maintaining fertility being the next priority.
2) Who wished to have children in future, noted the ability to maintain fertility was the most important factor, followed by the extent of risk reduction.
3) Are less likely to have surgical intervention recommended to them if they are aged 25, compared to if they are aged 36.

The studies also noted that many more women said they would take a chemoprevention drug (30%) than had actually taken tamoxifen as a risk reducing chemopreventative agent (6%). Tamoxifen is the only NICE approved chemoprevention agent to reduce the risk of breast cancer for BRCAm carriers.

However, these studies do not elicit what information BRCA carriers would wish to know in terms of their willingness to take part in a clinical trial using a chemopreventative agent.

Call for proposals

Yorkshire Cancer Research is inviting research proposals that will establish:

1) The general health preferences of BRCAm carriers regarding the use of PARP inhibitors as a risk-reducing treatment.
2) What information BRCAm carriers would want to know to take part in a clinical trial to test the suitability of PARP inhibitors as a method of risk-reduction.
3) What information a clinical trial aiming to test PARP inhibitors as a risk-reducing treatment would need to establish to inform decision making of future BRCAm carriers.

Treatment acceptability and feasibility of recruitment (according to participant treatment preference) should be assessed in one single qualitative study.

Proposals should consider, but are not limited to, the following:

- Whether preferences vary according to family history of cancer (such as across cancer type, time, relation affected), or by BRCAm carrier age or stage of life during decision making.
- Whether this is applicable only to the context of the NHS, or whether it is applicable beyond the UK.
- The impact of learnings from previous research (such as those indicating a much higher proportion of people said they would take a chemopreventative agent than who actually took it).
- Understanding the level of risk reduction needed for BRCAm carriers to take PARP inhibitors within the setting of a risk-reducing trial, and beyond this, based on expected or known adverse events, tolerability, potential dosing regimens etc.

While other gene variants are also known to increase the risk of cancer (e.g. Lynch syndrome), the focus of this study should be BRCAm carriers. This is because it will be important to consider patient preferences in the context of risk-reducing options already available to BRCAm carriers, and these options are not consistent across gene variants.

Applicants can be based anywhere in the UK and, while recruitment to the study can take place across the UK, there must be recruitment to the study from Yorkshire.

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

Recruitment, inclusion and diversity

Applicants should ensure their study design actively explores a range of participant experiences to capture the complexity of patient perspectives on the use of PARP inhibitors for prevention. This includes, but is not limited to:

- Experiences of BRCAm carriers, including individuals:
    - who will have become aware of carrying a BRCAm via cascade testing following a family member being discovered to carry a BRCAm following a cancer diagnosis. There is also a need

to understand how the experience of family members having different cancer types may alter an individual's preferences for preventive measures.
    - who will have become aware of carrying a BRCAm via population based genetic screening. In this case it may be necessary to include people in the study who have not been tested for BRCAm status or with no family history, to assess their views or preferences should they ever be identified as carrying a BRCAm in the future via population testing.
    - with differing experiences of genetic testing and counselling.

- Demographic diversity – such as age, ethnicity, gender identity, and socio-economic background.
- Geographic and healthcare access – such as participants from rural versus urban settings, or those with limited access to specialist services.
- Psychosocial factors – including attitudes toward medication, risk perception, health literacy, and previous experiences with preventive interventions.
- Cultural and familial contexts – for example, how family history, caregiving roles, or cultural beliefs influence decision-making.

Applicants should describe how they will recruit and engage participants to reflect this diversity, and how their analysis will account for differences in acceptability, preferences, and barriers to uptake.

Patient and Public Involvement (PPI)

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 a clear PPI plan which includes strong elements of co-design with people who have BRCAm.

Applicants must involve a named lay representative in the development of the application, and design and delivery of the project. Furthermore, applicants will be asked to describe PPI plans within the project and justify the chosen approach, including how it aligns with the studies aims and target population, the roles the contributors will play and how PPI contributors reflect the diversity of the population affected.

More information is available on the UK Standards for Public Involvement website.

Equality, diversity and inclusion (EDI)

In keeping with the recommendations from the All-Party Parliamentary Group (APPG) on Medical Research [6], the Charity expects research to be inclusive and that the study populations are representative of the relevant patient population. Applicants will be required to describe how this will be achieved and reasonable costs associated with such activity will be supported.

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.

Applications with training/career development opportunities, including clinical or doctoral fellowships can be submitted with appropriate justification and details of the supervision/mentoring that will be provided. Associated fees may be 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.

Financial information

- Funding of up to £350,000 may be applied for and a maximum duration of two years. However, applications that exceed these limits may be considered with clear justification.
- A full breakdown and justification of the funding must be provided.
- The Charity will only cover the directs 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

- Project consumables
- Archive costs
- Printing/photocopying
- Computers, if used solely for the Award
- Software
- Data management
- Questionnaires and materials
- Volunteer expenses, patient involvement and community engagement
- Project specific travel and expenses
- Items with a value over £10,000 must be justified and evidence of cost provided.

Other costs

- Equipment needed for the project during the period of the Award, including purchase, delivery, installation and maintenance
- Costs for public and patient involvement (PPI), and social and ethnic diversity inclusion may be included
- Conference travel and publication costs
- Where additional support is needed to ensure delivery within and/or across Yorkshire and/or to support recruitment of a representative population within the region, 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.

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 to assess the suitability of the proposals (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 confidentially 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 Clinical Research 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 FlexiGrant 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.

Key dates for the PARPi Round

PARPi Round opens	**9 October 2025**
Application deadline	**12 noon, 18 December 2025**
Research Advisory Meeting	**25 February 2026**
Outcomes to applicants	**April 2026**

Application screening
Applications undergo an initial screening by the Charity to ensure they meet the basic eligibility criteria and applicants will be informed if their application is ineligible.

In-depth review
Expert and stakeholder (lay) members appointed to our PARPi Research Advisory Panel will review the applications. To support the panel review, applications may also be reviewed by independent, external, international experts.

Reviewers will be asked to consider the following when assessing applications:

(1) Whether the research addresses the PARPi Round aims described above.
(2) Whether the planned design and methods are appropriate.
(3) If the project includes clear and appropriate plans for PPI, including representation from Yorkshire
(4) If the project describes plans for inclusive recruitment appropriate to the study, including representation from Yorkshire.
(5) Ability of the research team to carry out the proposed work.
(6) Whether the financial support requested is justified.

PARPi Research Advisory Meeting
The PARPi Research Advisory Meeting will be attended by a minimum of five expert and stakeholder members of the PARPi Research Advisory Panel. This meeting aims to identify the highest quality application, taking into consideration the points for reviewers noted above.

Applicants will be invited to attend at a pre-specified time to present to the panel and address any questions the panel may have on their specific application.

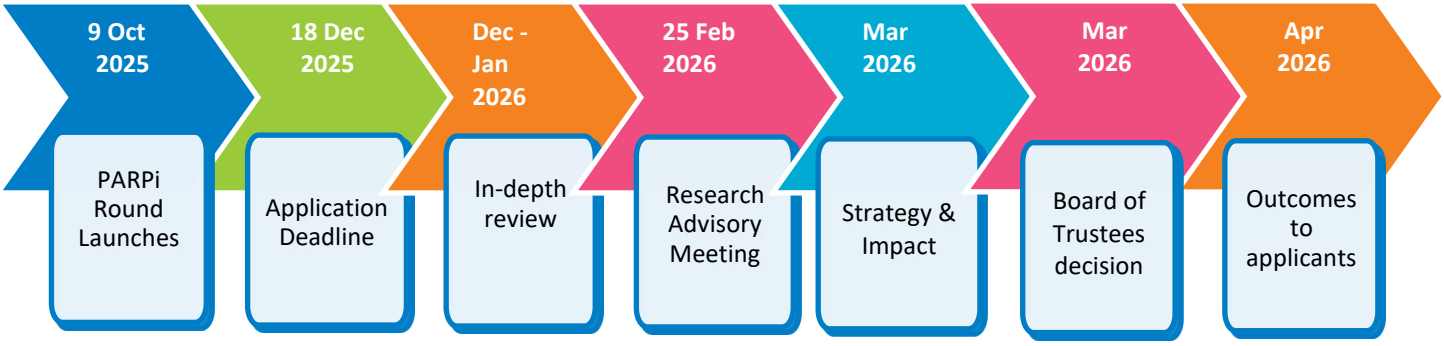
Following presentation and discussion of each application, panel members individually score the applications. The combined scores will be used to provide average overall scores for the applications which will be used to rank the applications.

Executive Proposals
All relevant information and outputs from the PARPi Research Advisory Meeting are collated and reviewed by the Executive of the Charity. Having scrutinised the scoring and feedback from the Panel and the PARPi Research Advisory Meeting discussions, the Executive will present recommendations to the Board of Trustees.

It is anticipated that a single project will be selected for funding.

Decision by the Board of Trustees
The Trustees will consider the funding recommendations and make the funding decision. The Trustees' decision is final and there is no appeal process.

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

References

[1] NHS England, National Genomics Education Programme. *BRCA1 and BRCA2.* 2023. Accessed: 13/06/2025.
[2] Sarig K et al. BRCA awareness and testing experience in the UK Jewish population: a qualitative study. *J Med Genet*. 2024;61:716-25.
[3] Geyer CE Jr et al. Overall survival in the OlympiA phase III trial of adjuvant olaparib in patients with germline pathogenic variants in BRCA1/2 and high-risk, early breast cancer. *Annals Oncology*. 2022;33:1250-68
[4] Liede A et al. Preferences for breast cancer risk reduction among BRCA1/BRCA2 mutation carriers: a discrete-choice experiment. *Breast Cancer Res Treat*. 2017;165:433-444
[5] Mansfield CA et al. Preferences for breast cancer prevention among women with a BRCA1 or BRCA2 mutation. *Hereditary Cancer in Clinical Practice*. 2020;18(20):1-14
[6] 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 via the PARPi Round. However, the study must include participants from within the region.

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 on how we store and use your data can be found in our Privacy Policy.

Are there any limits with regards to the amount of funding or duration?
Applications are not expected to exceed £350,000 and two years in duration. Any applications outside these parameters will need to be discussed before submission.

Can I copy and paste into the online application forms?
Yes, you can copy and paste into the online form 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 submit the application. If you need to amend your application, please email 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 to discuss it with us.

When will I find out if my proposal has been funded?
Final funding decisions will be made at the Board of Trustees meeting in March 2026 and applicants will be informed of the outcome soon after this date.

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 else 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 many need to revoke their invitation and reinvite 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?
Yes, costs for publication and conference attendance can be included.

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 more cost 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.