RESEARCH AWARDS

Information for Applicants

2027 Funding Round

‘Advancing Cancer Prevention, Early Detection and Treatment in Yorkshire and Beyond’

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Contents

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 2027 Funding Round launched in October 2026 (the **"Funding Round**").

About Yorkshire Cancer Research

Yorkshire is one of the regions hardest hit by cancer. Sadly, people in the region are more likely to have their lives cut short by cancer than almost anywhere else in England.

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 of Yorkshire.

Strategic aims

Our activity is summarised by our **strategic aims:**

Action Research	*Research-Backed Services*	*Research-Active Region*	*For Everyone*	*Shaped by People*
Bring **clinical research** to people in Yorkshire to reduce incidence, cancer deaths and years lost to cancer.	Deliver our own **evidence-based services** to prevent, diagnose and treat cancer.	Work with Yorkshire hospitals and universities to grow cancer research **talent and capacity** for the benefit of everyone in the region.	Reduce **health inequalities** so people in Yorkshire receive the best cancer prevention, diagnosis and treatment – whoever they are, wherever they live.	People affected by cancer shape our work.

2027 Funding Round

'Advancing Cancer Prevention, Early Detection and Treatment in Yorkshire and Beyond'

We are pleased to announce our 2027 Funding Round for research projects and clinical trials testing the latest innovations in the NHS or local communities, in the following areas:

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

For the 2027 Funding Round, Yorkshire Cancer Research particularly welcomes applications for research projects focused on:

- The role of multi-cancer early detection (MCED) tests in improving early detection and reducing health inequalities in Yorkshire
- Investigating the effects of glucagon-like peptide-1 (GLP-1) receptor agonists on cancer prevention, treatment and outcomes

We aim to grant up to £10 million in research funding through the 2027 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
Each year, 35,000 people in Yorkshire are told they have cancer. 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**
  1 in 3 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 detection and cancer screening
Where cancer cannot be prevented, the next best option is to diagnose it as early as possible and the National Cancer Plan for England highlights the importance of early detection in improving cancer outcomes. The plan sets out targets for improving and modernising the early detection pathway, aiming to increase the proportion of cancers diagnosed at the earliest stages by 20% by 2035, to reduce gaps in early diagnosis between the most and least deprived areas, and to reduce the proportion of cancers diagnosed in an emergency setting.

Projects related to 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 1 in 3 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.

Multi-cancer early detection tests (MCEDs)

This year, we welcome applications for research projects focused on the role of multi-cancer early detection tests (MCEDs) in improving early detection and reducing health inequalities (applicable to topic 2 and/or topic 4 described above).

MCEDs are an emerging technology designed to detect multiple cancer signals before symptoms appear, from a single sample, most commonly blood but also urine, stool or breath. While the UK has established screening programmes for breast, cervical and bowel cancer, and is in the process of scaling up targeted lung screening, these four cancers only account for around 40% of annual cancer deaths nationally. MCEDs therefore have the potential to complement existing screening programmes and improve earlier detection of cancers that currently lack screening options.

MCEDs may also play an important role in symptomatic pathways and primary care. Many patients present with non-specific symptoms that do not clearly indicate which diagnostic pathway should be followed, often resulting in repeated consultations, delayed referrals and later-stage diagnosis. MCEDs technologies could therefore support earlier and more accurate identification of patients requiring urgent investigation, while helping to rule out cancer in others and reduce unnecessary referrals. Cancer outcomes are strongly linked to the stage at which cancer is diagnosed, yet significant inequalities persist in access to early detection and cancer survival. Deprived communities (such as those described in topic 4 above) are more likely to be diagnosed at a later stage, less likely to participate in existing screening programmes, and more likely to experience delays within diagnostic pathways.

Despite the growing body of research and recent trial results on MCEDs, further research is needed to understand their impact on reducing health inequalities, their acceptability to underserved communities, and how they can be integrated into screening and diagnostic pathways in ways that improve access, screening participation and cancer outcomes without widening existing disparities.

Yorkshire Cancer Research is inviting research proposals that will establish:

- The feasibility and acceptability of implementing MCEDs within asymptomatic and/or symptomatic populations, particularly among underserved communities in Yorkshire.

- The effectiveness of MCEDs in reducing inequalities in cancer detection through improved access, participation in screening, earlier detection and referral into diagnostic pathways.
- The impact of MCED testing on measurable improvements in cancer outcomes, including cancer detection rates, stage shift, diagnostic intervals, emergency presentation rates, survival, and/or life years gained.

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

- The inequality challenge being addressed, including which underserved population, community or pathway is prioritised, why this group experiences poorer cancer outcomes, and why the proposed research is important for communities in Yorkshire and beyond.
- The rationale for the MCED test selected, including the process for test selection, evidence supporting its use, and the cancer types it is expected to detect.
- The role of community engagement and co-design in improving participation in screening and acceptability.
- The feasibility of integrating the selected MCED into existing NHS pathways, including recruitment approaches, sample collection, diagnostic follow-up, communication of results, safety-netting arrangements and support for individuals where no cancer is identified following investigation.
- The impact of MCED testing on NHS services, including diagnostic capacity, downstream investigations, workforce implications, costs and cost-effectiveness.
- If applicable, progression from feasibility to larger-scale evaluation.

Glucagon-like peptide-1 (GLP-1) receptor agonists

We also welcome applications for research projects focused on investigating the effects of GLP-1 agonists on cancer risk and progression (applicable to topics 1 and/or 3 described above).

Glucagon like peptide-1 (GLP-1) plays a key role in blood glucose regulation by initiating insulin release, inhibiting conversion of glycogen to glucose, slowing gastric emptying and supressing appetite. The use of GLP-1 receptor agonists (GLP-1RAs) has increased rapidly, due to their demonstrated benefits in the management of type 2 diabetes and obesity. In recent years, there has been significant interest in understanding the relationship between GLP-1RAs and cancer. Emerging evidence suggests that GLP1-RAs may reduce risk of developing cancer, improve treatment outcomes, and increase chance of survivorship through effects on weight, metabolism, inflammation, and immune function. Associations have been reported across multiple cancer types, in particular obesity-related cancers.

While these findings are promising, more evidence is needed to understand the impact of GLP-1RAs on cancer development, recurrence, progression, and response to treatment. Yorkshire Cancer Research is therefore inviting proposals that investigate the role of GLP-1RAs in cancer risk, treatment and outcomes, with the aim of generating evidence that could inform future clinical practice and improve patient care.

Yorkshire Cancer Research is inviting research proposals that will establish:

- How the use of GLP-1RAs impact cancer outcomes, including prevention, treatment response, recurrence and long-term survivorship.
- The safety and tolerability of GLP-1 RAs in patients with cancer and/or in remission.

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

- The cancer type(s), population(s), or pathway(s) being investigated, particularly where obesity is a significant driver of cancer incidence and poorer outcomes.
- Whether GLP-1RAs can reduce the incidence of obesity-related cancers and improve cancer prevention and/or cancer treatment strategies beyond their established effects on weight loss and metabolic health.
- The role of GLP-1RAs in improving outcomes for patients with obesity-related cancers before, during, and after cancer treatment.
- The feasibility of integrating GLP-1RAs into NHS cancer pathways, including implementation, patient safety and acceptability.

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

As part of the review process, a scoring model will be applied to all applications to assess impact against each of the strategic aims 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) will be considered. This may 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-centre 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, compared with 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, reviewers 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.

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).
- Impact research capacity in Yorkshire, for example, through developing cancer research talent, building or growing research networks or research capacity in the region.
- Demonstrate inclusive research or address health inequalities (see 'Inclusive research').
- Recruit the majority of participants from within Yorkshire and maximise the number of recruiting sites in the region (see 'Recruitment of participants').
- Demonstrate strong PPIE in development, delivery and dissemination (see 'Patient and Public Involvement and Engagement (PPIE)').

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.

Research capacity

As noted above, we want Yorkshire to be a research-active region and expect all applicants to recruit from Yorkshire (see '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.

Patient and Public Involvement and Engagement (PPIE)

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. PPIE 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.

PPIE 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 PPIE 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 from the UK Standards for Public Involvement

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 into account 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 on demographic data relating to study populations through the Charity's Annual Data Collection Form and progress towards recruitment targets will be monitored throughout the course of the project.

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, applicants must consult 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 patient and public involvement and engagement (PPIE), 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.

Use of generative artificial intelligence (AI)

Used responsibly, generative AI could provide a range of benefits for researchers and the wider research community. However, we want to protect against potential ethical, legal and integrity issues in the use of generative AI tools, to maintain the high standards of research we fund.

If using generative AI, applicants must apply caution and do so in accordance with relevant legal and ethical standards, and it is still their responsibility to ensure their application is original, accurate and abides by funder guidelines or policies. Applicants must disclose the use of generative AI tools in funding applications and this information will be used to monitor the impact of AI on application quality and our research portfolio.

Maintaining confidentiality is essential for safeguarding the exchange of scientific opinions and assessments. Given concerns regarding confidentiality and intellectual property in the sharing, viewing and use of data inputted into generative AI tools, reviewers must not input content from confidential funding applications into such tools, nor use them to develop review reports.

For more information, see Policy on the Use of Generative Artificial Intelligence (AI)

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

2027 Funding Round launches	**8 October 2026**
Preliminary applications deadline	**12 noon, 3 December 2026**
Invitations to submit full applications	**Late January 2027**
Full applications deadline	**12 noon, 25 March 2027**
Applicant rebuttal period	**18-28 June 2027**
Outcomes to applicants	**October 2027**

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 Charity's strategic aims in the Strategic Fit Test. This assessment is conducted by the stakeholder (lay) expert members of our Research Advisory Panel (RAP) who are people with lived experience of cancer, including cancer patients, their family, friends and carers, and other interested members of the public. 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 RAP members will be asked to assess and score the applications taking into account the following:

(1) **Action research** - Does it bring clinical research to Yorkshire to reduce cancer incidence and deaths, with the potential to gain life years for people in the region?

(2) **Research-active region** - Will it help Yorkshire hospitals and universities to grow cancer research talent and capacity, while maximising the involvement of sites across the region?

(3) **For everyone** - For topics 1,2 or 3, will it reach underserved or high-need groups, so that the people taking part truly reflect those affected by the condition? Or, for topic 4, does it tackle an important health inequality in the region?

(4) **Shaped by people** - Are people affected by cancer meaningfully involved in project planning and delivery, and sharing of findings?

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 in the Excellence Test:

- Background and rationale
- Study design and methods
- Timeline and milestones
- Research team
- Ethics and governance
- Dissemination and impact
- Costs justification

Applicant rebuttal phase
Reviews submitted as part of the Excellence Test are forwarded to applicants, who are then given 10 days to respond. The reviewers' scores and comments, together with the applicants' responses 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 stakeholder expert and scientific expert members of the RAP.

A scoring system will be applied which aims to:

- Assess the applications according to the Charity's strategic aims and scientific quality,
- Incorporate the views of both stakeholder experts and scientific experts appropriately.

The full applications, reviews and rebuttal responses are made available to the attendees of the Research Advisory Meeting.

All RAP members score questions (1), (2) and (3) listed under 'Strategic Fit Test'. Stakeholder expert RAP members score question (4), 'Shaped by people', drawing on their lived experience of cancer and expertise in assessing the people-centred aspects of applications. Scientific expert RAP members score 'Research excellence', considering whether the proposed research is methodologically sound, innovative and addresses a gap in cancer knowledge or practice.

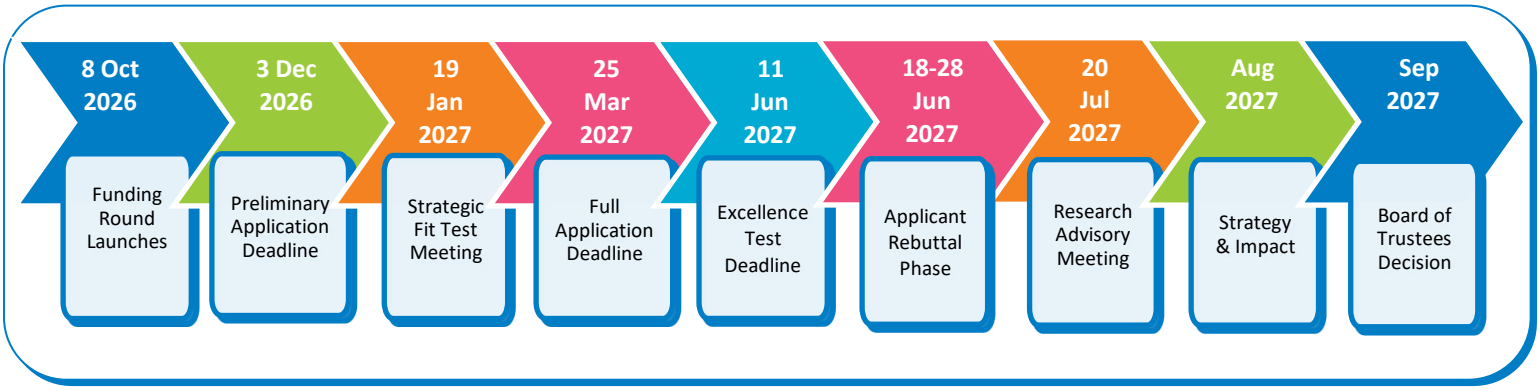
An overall 'RAM alignment' score is calculated for impact against the four strategic aims and plotted against the average 'Research excellence' score to determine which proposals are within scope for funding and which are not.

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.

References

[1] Cancer risk statistics | Cancer Research UK
[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] National life tables: UK - Office for National Statistics
[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. PPIE 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 form.

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 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

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?
You will be notified in January 2027 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 2027 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	2026
Percentage of applications funded	22%	32%	13%	17%	20%	9%	27%	39%	20%	11%

Preliminary Applications

Who reviews the preliminary applications?
Stakeholder expert Research Advisory Panel members assess the preliminary applications for the degree of fit with the Charity's strategic aims. 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 and Engagement (PPIE)?
PPIE 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 researchers 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 responsibility for 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 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?
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 PPIE representatives?
Yes, you should include reasonable costs for your PPIE 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 with engaging and recruiting 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 PPIE is crucial in producing high-quality research that has meaningful outcomes. The Charity expects applicants to include PPIE in project design and delivery, and dissemination of findings. You may have local cancer support groups, institutional or other local PPIE 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 (2024)[1, 2]		Incidence (2022)[3]		Mortality (2024)[1]		Percentage attributed to preventable factors[4]	Percentage diagnosed at early stage (2022)[5]	1-year survival (to 2023)[6]	5-year survival (to 2023)[6]
	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	39,841	2	4,916	1	2,994	78.8%	35.8%	46.9%	21.9%
Bowel	2	19,850	4	3,865	2	1,481	54.1%	47.2%	79.6%	60.3%
Breast	3	16,531	3	4,771	4	988	22.9%	86.1%	96.0%	85.6%
Pancreas	4	12,139	10	1,022	5	891	31.2%	28.8%	28.2%	9%*
Oesophagus	5	9,829	13	830	6	705	58.7%	16.9%	46.9%	18.3%
Liver	6	9,478	14	818	7	704	2.5%	n/a	40.1%	15%*
Prostate	7	9,225	1	5,380	3	1,054	n/a	45.7%	97.0%	89.0%
Brain	8	8,754	6	1,670	9	450	48.3%	n/a	44.5%	16%*
Head and neck	9	6,111	8	1,217	11	431	n/a	44.2%	n/a	n/a
Ovary	10	5,949	16	784	13	372	48.6%	38.0%	67.3%	32.2%
Leukaemia	11	5,684	12	917	10	441	53.1%	n/a	n/a	n/a
Non-Hodgkin lymphoma	12	5,345	11	1,014	12	430	12.0%	n/a	n/a	n/a
Bladder	13	5,116	5	1,931	8	515	33.5%	68.0%	71.3%	53%*
Kidney	14	4,712	9	1,151	14	334	3.4%	60.4%	83.2%	69.1%
Stomach	15	4,238	18	468	15	313	11.1%	n/a	50.4%	30%*
Malignant melanoma	16	3,226	7	1,649	17	221	34.4%	n/a	97.8%	92.0%
Multiple myeloma	17	2,971	17	508	16	260	86.8%	n/a	83.3%	56.6%
Uterus	18	2,918	15	807	18	198	13.6%	77.8%	88.6%	75%*
Cervical	19	1,903	19	269	19	80	99.8%	64.2%	80.7%	53.0%

* England data as Yorkshire data unavailable

[1] Mortality statistics - underlying cause, sex and age, Nomis **(Yorkshire data)**
[2] National life tables – life expectancy in the UK: 2022 to 2024, ONS **(UK data)**
[3] Cancer registration statistics, NDRS **(Yorkshire data)**
[4] 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).**
[5] Case-mix Adjusted Percentage of Cancers Diagnosed at Stages 1 and 2 in England, NHS England **(Yorkshire data)**
[6] Cancer Survival in England, cancers diagnosed 2018 to 2022, followed up to 2023 **(Yorkshire data where possible, * indicates that England data has been used where Yorkshire data is unavailable, n/a indicates that this cancer grouping or time period is not available)**