RESEARCH AWARDS
Information for Applicants

2026 Special COVID-19 Vaccination Funding Round

'The use of COVID-19 vaccination to improve immunotherapy response in cancer patients'

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Purpose of this document

The purpose of this document is to assist potential applicants to the 2026 Special COVID-19 Vaccination Funding Round. Throughout this document we refer to Yorkshire Cancer Research (the **"Charity"**) and the Charity's 2026 Special COVID-19 Vaccination Funding Round launched in September 2026 (the **"COVID-19 Vaccination Round**").

About Yorkshire Cancer Research

Yorkshire is big and beautiful and while we have much to celebrate, sadly the lives of too many people in our region are cut short by cancer. Yorkshire Cancer Research is dedicated to changing this.

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

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

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

Our Strategic Aims

Action Research

Bring **clinical research** to people in Yorkshire to reduce incidence, cancer deaths and years lost to cancer.

Research-Backed Services

Deliver our own **evidence-based services** to prevent, diagnose and treat cancer.

Research-Active Region

Work with Yorkshire hospitals and universities to grow cancer research **talent and capacity** for the benefit of everyone in the region.

For Everyone

Reduce **health inequalities** so people in Yorkshire receive the best cancer prevention, diagnosis and treatment – whoever they are, wherever they live.

Shaped by People

People affected by cancer shape our work.

2026 Special COVID-19 Vaccination Funding Round 'The use of COVID-19 vaccination to improve immunotherapy response in cancer patients'

We are pleased to announce our 2026 Special COVID-19 Vaccination Funding Round (The COVID-19 Vaccination Round) inviting applications for clinical trials investigating the use of COVID-19 mRNA vaccination to improve outcomes for patients receiving immunotherapy. The COVID-19 Vaccination Round seeks to address topic 3 of our Research Strategy: 'Improving Treatments'.

We are seeking applications that aim to understand if COVID-19 vaccination could be used as a safe accessible approach to sensitise tumours to immune checkpoint inhibition. Applications should focus on the impact of COVID-19 vaccination on melanoma and non-small cell lung cancer.

Our overall research aims are to establish:

- Feasibility and/or safety of administering a COVID-19 vaccine prior to initiating immunotherapy and/or chemoimmunotherapy.
- Impact of administering a COVID-19 vaccine prior to initiating immunotherapy and/or chemoimmunotherapy on patient outcomes

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 publication of early clinical data suggesting that COVID-19 mRNA vaccination may represent a broadly applicable strategy to improve responses to immune checkpoint inhibitors (ICIs). While ICIs have revolutionised the treatment of advanced cancers, durable long-term responses are achieved in only a subset of patients. Many tumours develop or maintain an immunosuppressive tumour microenvironment (TME), which can restrict the effectiveness of immunotherapy.

Despite significant advances in cancer immunotherapy, there are currently no clinically established approaches to improve responses to ICIs. Consequently, there is a substantial unmet need to identify safe, scalable and cost-effective strategies that can sensitise tumours to immunotherapy and extend the benefits of treatment to a greater proportion of patients.

Emerging evidence has indicated that receiving a COVID-19 vaccination prior to initiating immunotherapy can boost the immune system, meaning tumours respond more effectively to immune checkpoint blockade. These effects have been observed across multiple tumour types, including non-small cell lung cancer (NSCLC) and melanoma.

While these findings are highly encouraging, the evidence base remains largely retrospective. As a result, important questions remain regarding the feasibility of incorporating COVID-19 vaccination into cancer treatment pathways and whether the retrospective associations observed translate into meaningful clinical benefit. Prospective research is needed to determine whether administering a COVID-19 vaccine prior to the initiation of immunotherapy and/or chemoimmunotherapy is feasible within routine clinical practice and to evaluate the impact of this approach on patient outcomes. Yorkshire Cancer Research is now calling for proposals on this topic.

Call for Proposals

Yorkshire Cancer Research is inviting research proposals that will establish:

- Safety of administering COVID-19 vaccine prior to initiating immunotherapy and/or chemoimmunotherapy in patients with cancer.
- The feasibility of administering a COVID-19 vaccine prior to initiating immunotherapy and/or chemoimmunotherapy in patients with cancer.

- The impact of receiving a COVID-19 vaccine prior to initiating immunotherapy and/or chemoimmunotherapy on overall survival (OS). If Overall survival is not the primary endpoint, the proposed design and follow-up must still allow its assessment.

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

- The feasibility of integrating COVID-19 vaccination into existing cancer treatment pathways, including vaccine uptake, timing of administration, and any impact on treatment initiation.
- Factors influencing patient willingness to receive a COVID-19 vaccine prior to treatment, and whether acceptability varies according to age, tumour type, disease stage, previous vaccination history, or socio-demographic factors.
- Whether any observed association between COVID-19 vaccination and improved outcomes is consistent across different cancer types and treatment regimens.

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, rural and deprived communities.

Applicants are expected to involve people affected by cancer throughout the design, delivery and dissemination of the research.

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.

Clinical trials

Trials with multiple phases or stages should have clearly defined review points and progression criteria. Stand-alone Phase II or feasibility studies will be considered if they have a clear path to patient benefit demonstrated.

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 [1, 2]. We therefore want to maximise research activity in Yorkshire and projects should aim to recruit the majority of participants from within Yorkshire where possible, especially where data suggest there are sufficient numbers of eligible participants in Yorkshire. However, we appreciate this may not be possible and certain multi-site studies will need to recruit participants from outside of the region. In such circumstances applications must:

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

Applicants should carefully consider other research activity within the region which may overlap with their own project and how this would be addressed.

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 item of the items listed above.

When assessing impact against life years lost to cancer, the proportion of people from Yorkshire participating in the study and the estimated future number of life years gained for those people taking part in the study and beyond (if the intervention was successful and implemented into standard practice). This could be driven by lives saved (defined as survival beyond 5 years that would not have happened without the intervention) or lives extended (up to 5 years). For multi-site studies recruiting outside of the region, impact in Yorkshire will still be considered based on projected recruitment figures in the region.

When considering health-inequalities, assessors are asked to consider inclusivity of the research, and the practical steps to be taken to engage and recruit the target populations.

The external review and Research Advisory Panel assessment will also consider scientific quality and merit, (including deliverability). External reviewers are also asked to comment on value for money.

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

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

Life Years Gained

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

There are many ways to calculate life years gained from an avoided cancer death, ranging from complex to simplistic methodologies. The methodology chosen by the Charity converts the number of estimated lives saved (defined as surviving 5 years or more due to the intervention) into life years gained. The estimated number of additional years left to live are taken from the National Life Tables, UK [3], 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 current survival with usual care and how the intervention improves the number of lives saved (>5 years survival) and/or lives extended (<5 years survival).

Research capacity

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

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) [4], the Charity expects research to be inclusive, and 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.

Further guidance on providing better healthcare through more inclusive research can be found in the NIHR-INCLUDE guidance.

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

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.
- 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.
- We do not fund translational or other experimental research.
- 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
- 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
- Project specific travel and expenses
- Conference and publication costs
- Costs for public and patient involvement (PPI), and to support social and ethnic diversity in the recruitment population
- 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.

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.
- The 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 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 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) in Research Funding Applications.

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.

Key dates for the Funding Round

2026 COVID-19 Vaccination Round opens	**15 September 2026**
Application deadline	**12 noon, 15 October 2026**
Research Advisory Meeting	**3 December 2026**
Outcomes to applicants	**17 December 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
Applications will undergo review by independent, external, international experts and Expert members appointed to the COVID-19 Vaccination Round Research Advisory Panel.
Reviewers will be asked to consider the following when assessing applications:

- Whether the research addresses the funding call
- Background and rationale
- Study design and methods
- Timeline and milestones
- Research team
- Ethics and governance
- Dissemination and impact
- Costs justification

The COVID-19 Vaccination Round Research Advisory Meeting
The Covid-19 Vaccination Round Research Advisory Meeting will be attended by equal numbers of stakeholder expert and scientific expert members of the Research Advisory Panel.

This meeting aims to identify the highest quality application, taking into consideration the points for reviewers noted above. In advance of the meeting, applicants will be provided with feedback from the in-depth review.

Applicants will be invited to attend at a pre-specified time to present to the panel, addressing any questions raised by the in-depth review and any further questions the panel may have on their specific application.

A scoring system is used to assess fit with the strategic aims and the scientific quality of the applications.

Fit with strategic aims is scored against the following criteria:

(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?

All RAP members attending score questions (1), (2) and (3). 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.

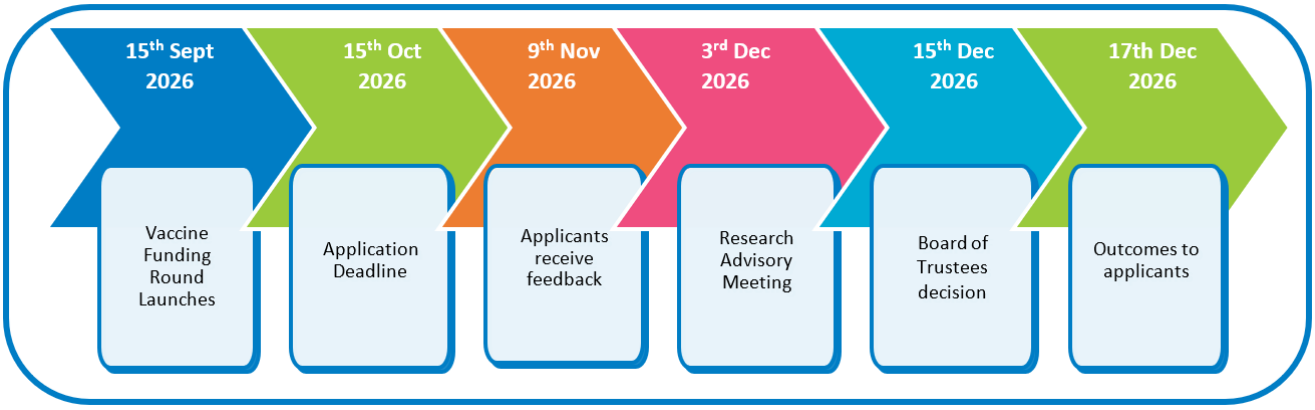
Scientific expert RAP members are asked to score 'Research excellence', considering whether the proposed research is methodologically sound and scientifically/clinically relevant.

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 COVID-19 Vaccination Round Research Advisory Meeting are collated and reviewed by the Executive of the Charity. Having scrutinised the scoring and feedback from the Panel and the COVID-19 Vaccination Round Research Advisory Meeting discussions, the Executive will present recommendations to the Board of Trustees.

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] Downing A et al. High hospital research participation and improved colorectal cancer survival outcomes: a population-based study. *Gut* 2017;66:89-96
[2] 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
[3] Office for National Statistics. National life tables: UK. Release date 11 January 2024
[4] 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 COVID-19 Vaccination Round. However, applications must demonstrate direct benefit to patients and/or the public in Yorkshire and recruitment of participants within Yorkshire should be prioritised. PPI input must also involve people from Yorkshire.

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.

Are there any limits with regards to the amount of funding or duration?
There are no set limits for the amount of funding or duration of the study, however applicants must justify the amount and duration in their application.

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?
Final funding decisions will be made at the Board of Trustees meeting in December 2026 and you will be informed of the outcome soon after this meeting.

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.

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

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

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

Can I cost in my time, as a Principal Applicant or Co-applicant, on the project?
Salary costs for applicants or additional staff may only be included if they are a directly incurred cost. Applicants or staff whose salary is already paid from other sources (e.g. by the University, NHS Trust or another grant) must not be included.

Why do you ask if I will be employed beyond the proposed end date of the Award?
We need to know that staff will be in post for the duration of the Award to ensure completion of the project. Should personnel changes be anticipated within the timeframe of the Award, we need to know who will be taking over on the project.

I have asked my co-applicants to participate but they cannot access the system
If you have invited a colleague to collaborate on the project using the participation tab but the link is not working, you 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 costs associated to engage and recruit from underrepresented populations. These costs should be included and highlighted to demonstrate the extra measures you will undertake.

Why do I need patient/lay input into the application? Who should I ask to be my patient or lay representative? What will they need to do?
It is recognised that Patient and Public Involvement (PPI) is crucial in producing high quality research that has meaningful outcomes, and the Charity expects applicants to include PPI in project design and delivery, and dissemination of findings. You may have local cancer support groups, institutional or other local PPI panels to draw on.

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

In 'Section 7: Project Impact and Benefit', what numbers do you want?
We ask that you provide estimated numbers and reference any related data or publications to support the numbers provided. Most questions require you to estimate numbers within the study and if the intervention was to be rolled out across Yorkshire. When providing numbers, you will also be asked to consider current standard care outcomes and therefore the additional benefit your study might add. This can include the number of people at reduced risk of cancer or the number of people that have their survival directly impacted.

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

Appendix 1: Cancer type ranked by life years lost

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

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[1] https://www.nomisweb.co.uk/datasets/mortsa
[2] https://digital.nhs.uk/data-and-information/publications/statistical/cancer-registration-statistics/england-2021---summary-counts-only
[3] 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).**
[4] https://digital.nhs.uk/data-and-information/publications/statistical/case-mix-adjusted-percentage-of-cancers-diagnosed-at-stages-1-and-2-in-england/2021
[5] Cancer Survival in England, cancers diagnosed 2016 to 2020, followed up to 2021 - NHS Digital **(England data)**.
*Incidence for brain cancer is 2019 data.