Anticancer Fund

RISING TIDE®
Foundation for Clinical Cancer Research

Ingenious
Call for Research Projects

Ingenious treatment strategies to improve survival

Guidelines for Applicants

PLEASE READ ALL INSTRUCTIONS CAREFULLY

For any questions, please call (+32 2 268 48 16) or e-mail us (apply@anticancerfund.org).

SCOPE

The *Ingenious* Call for Research Projects (CfRP) aims to stimulate academic-led clinical research investigating whether treatment strategies that incorporate predictive information can improve patient survival.

At multiple stages of cancer care, predictive information derived from tumour characteristics, imaging, blood-based markers, or treatment response can be leveraged to refine therapeutic strategies. For example, in various cancers, post-surgical pathological stage informs the need or type of adjuvant therapy, or molecular features guide the choice of drug treatments.

With the growing availability of effective treatment options and the increasing clinical utility of predictive information, there is a unique opportunity to optimise how existing interventions are being used.

Ingenious assumes that more effective treatment strategies may not always need new drugs or interventions, but can also be defined thanks to:

- Integrating predictive information,
- Defining clever treatment optimisation strategies,

  ➔ which, combined, may improve patients survival.

This CfRP invites proposals for clinical trials that test **treatment strategies**. The objective of the proposed treatment strategies must be to enhance survival or cure rates for the population included in the study (or at least a subset of that population). The treatment strategies must encompass the entire study population and may therefore include additional non-survival objectives, such as sparing some patients unnecessary treatment and potentially improving quality of life. However, trials whose primary objective is solely to improve quality of life fall outside the scope of this call.

Examples of past or ongoing trials of treatment strategies integrating predictive information to improve survival are presented in the table below. For several of them, other non-survival related research questions were included where appropriate. These serve as an illustration of the kind of trials *Ingenious* aims to support.

Name (cancer)	**Strategy**	**Predictive info used**
NADINA [1] (stage 3 melanoma)	Neoadjuvant ipilimumab-nivolumab followed by pathologic response guided adjuvant treatment *vs standard adjuvant*	Pathologic response
ANZadapt [2] (mCRPC)	Anti-androgen on- & off-treatment based on PSA dynamic *vs continuous*	PSA
IMPROVE [3] (mCRC)	Holding FOLFIRI-panitumumab after 8 cycles & restart upon progression *vs continuous*	Imaging
DYNAMIC-3 [4] (CRC)	Intensify adjuvant treatment in post-op ctDNA-positive patients *vs standard adjuvant*	ctDNA
STIC CTC [5] (mBC ER+)	1st line therapy defined based on CTC count *vs based on clinical risk*	CTC

Applications are welcome from investigators worldwide. Multicentre and international collaborations are encouraged.

We encourage applicants to contact apply@anticancerfund.org for any question related to the CfRP and to check eligibility of their proposal in case of doubt.

Eligibility Criteria

The eligibility criteria define what's in scope and what's not. Only projects meeting all eligibility criteria will proceed to scientific evaluation. In case of doubt on any of these criteria, we recommend contacting us before working on an application to assess eligibility.

1. **The proposal must be an interventional clinical trial evaluating a treatment strategy.** Randomisation and marker-based strategy design [6] are preferred though other designs may be justified in specific circumstances. Non-interventional studies, observational research, or prospective validation of prognostic markers alone are not eligible.

2. **The strategy must explicitly integrate predictive information.** The information integrated in the treatment strategy must:

    - Use standardised methods;
    - Be available in routine clinical practice, or provided free of charge by a third party;
    - Have strong prior evidence supporting its predictive value.

3. **The primary objective of the strategy must be to improve survival outcomes.** Surrogate endpoints for survival are accepted with appropriate justification. Patient-reported outcomes must be included. Where relevant, additional questions addressing the entire study population may be incorporated (e.g. treatment de-escalation questions in low-risk patients).

4. **All interventions included in the experimental strategy must already be approved or recommended in clinical guidelines** in any setting or treatment line for the cancer type of interest.

    - Variations in dose, schedule, duration, or timing are acceptable only if clinically realistic and implementable without additional regulatory burden.
    - For non-drug interventions (e.g. radiotherapy, surgery), procedures must be clearly standardised and reproducible across sites.

Exclusions - The following list present the main studies that are out of scope and will not be reviewed. It is not exhaustive and we recommend contacting us in case of doubt.

- Precision oncology trials matching molecular alterations to drugs that are not approved or not widely used in the cancer of interest.
- Trials primarily designed to optimise toxicity, tolerability, convenience, or cost without a survival improvement hypothesis.
- Prospective validation of prognostic biomarkers.
- Observational, registry-based, or non-interventional studies.
- Trials that only test non-inferiority hypotheses, even if survival endpoints are included.

EVALUATION CRITERIA

Eligible applications will be evaluated according to the following criteria:

1. **Quality of the scientific and clinical rationale**
   - Strength of the biological and clinical rationale supporting the proposed strategy.
   - Quality of the evidence supporting the predictive value of the information integrated in the strategy.
   - Ease of collecting and integrating the information in the strategy.

2. **Quality of the trial design and methodology**
   - Appropriateness of the trial design (randomised preferred).
   - Suitability of the primary and secondary endpoints.
   - Statistical considerations, including assumptions and power.
   - Feasibility of recruitment and execution.

3. **Level of patient involvement**
   - Input from patients in study design.
   - Integration of patient-relevant outcomes.
   - Strength of patient engagement throughout the project where appropriate.

4. **Impact potential**
   - Potential magnitude of clinical benefit.
   - Relevance to unmet patient needs.
   - Likelihood of implementation into clinical practice if positive.

5. **Efficiency of investigator and team**
   - Track record of the investigators and team.
   - Multidisciplinary expertise within the team.
   - Readiness to initiate and execute the trial.

BUDGET

- The budget requested must be realistic and limited to the core activity of conducting the clinical trial.
- Proposals should include a clear budget breakdown.
- Indirect costs or institutional overhead costs are not eligible.
- The initial budget for this CfRP is 2 million €. All requests within that initial budget are accepted with no minimum nor maximum.
- We expect an institutional co-funding of at least 20% on the project, which should be indicated within the budget request presented to us. An official letter of the institution should be added to the full application.
- Co-funding is allowed and must be fully disclosed.
- Budget request will be carefully reviewed.

SUBMISSION AND SELECTION PROCESS

This is a **2-step Call for Research Projects**

Step 1: Letter of Intent (LOI)

We ask all applicants to complete and send the LOI application form to apply@anticancerfund.org before the deadline.

----- ----- Deadline for submission of the LOI is Wednesday 15 July 2026, 23:59 CET ----- -----

The LOI template can be downloaded from the ACF website.

Evaluation of the LOIs will include

- Checking the eligibility criteria
- Evaluating the scientific rationale and the quality of the trial proposal
- Performing horizon scanning to assess overlap and competition with other projects

Applicants will be notified whether their proposals have been selected for step 2 by **Mid Aug 2026.**

Step 2: Full Application

Step 2 starts with an online meeting with the applicant. The goal of this meeting is to explain the process, go through the feedback on the LOI, perform a preliminary evaluation of the feasibility for running the trial, and assess whether any circumstances have changed since receipt of the LOI.

After the meeting, the applicants will be asked to submit a full application containing:

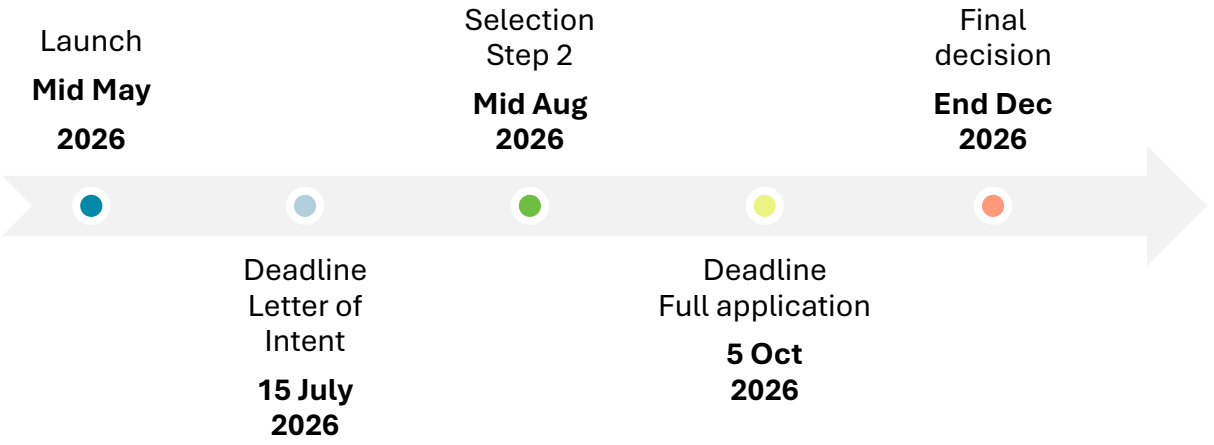
- **Full application form:** This form contains the rebuttal on the feedback of the LOI and a feasibility questionnaire to be completed by the applicant.
- **Protocol**: The applicants are asked to submit a protocol ready (or almost ready) to be submitted to the competent authorities and to the IRB/EC.
- **Budget**: The applicants are asked to submit a detailed breakdown of the requested budget.

----- ----- Deadline for full application is Monday 5 October 2026, 23:59 CET ----- -----

The evaluation of the full applications will be done by a grant review committee (GRC). The grant review committee will include patient experts, biostatisticians, and disease experts.

The final selection is expected to be communicated by **End Dec 2026**.

KEY DATES



JOINT CALL AND FUNDING STRUCTURE

This call is a joint initiative of the Anticancer Fund (ACF) and Rising Tide Foundation for Clinical Cancer Research (RTFCCR), which have committed to co-fund selected project(s) together.

Applications will undergo a single, centralized evaluation process managed by ACF. Full applications will be assessed by an independent Grant Review Committee in accordance with predefined evaluation criteria listed above. Funding recommendations will be based exclusively on scientific merit, feasibility, and potential patient impact. Only proposals that meet the established fundable threshold will be eligible for funding.

For proposals meeting the threshold, additional co-funding partners may be invited to consider co-funding without any further submission from the applicant. Potential co-funding partners have no influence over the scientific evaluation. Co-funders may elect to financially support proposals meeting the fundable threshold, subject to their budget availability, specific geographic eligibility conditions and internal approval procedures.

This structure is designed to maximize funding leverage, streamline review procedures, and reduce administrative burden while maintaining a rigorous, independent scientific assessment process, and the funding integrity of each funder.

REFERENCES

[1] Blank CU, Lucas MW, Scolyer RA, Van De Wiel BA, Menzies AM, Lopez-Yurda M, et al. Neoadjuvant Nivolumab and Ipilimumab in Resectable Stage III Melanoma. N Engl J Med 2024:NEJMoa2402604. https://doi.org/10.1056/NEJMoa2402604.

[2] Phase II Randomised Controlled Trial of Patient-specific Adaptive vs. Continuous Abiraterone or eNZalutamide in mCRPC (ANZadapt) n.d. https://clinicaltrials.gov/study/NCT05393791 (accessed March 19, 2026).

[3] Avallone A, Giuliani F, De Stefano A, Santabarbara G, Nasti G, Montesarchio V, et al. Intermittent or Continuous Panitumumab Plus Fluorouracil, Leucovorin, and Irinotecan for First-Line Treatment of *RAS* and *BRAF* Wild-Type Metastatic Colorectal Cancer: The IMPROVE Trial. JCO 2025;43:829–39. https://doi.org/10.1200/JCO.24.00979.

[4] Tie J, Wang Y, Loree JM, Cohen JD, Wong R, Price T, et al. Circulating tumor DNA-guided adjuvant therapy in locally advanced colon cancer: the randomized phase 2/3 DYNAMIC-III trial. Nat Med 2025;31:4291–300. https://doi.org/10.1038/s41591-025-04030-w.

[5] Bidard F-C, Kiavue N, Jacot W, Bachelot T, Dureau S, Bourgeois H, et al. Overall Survival With Circulating Tumor Cell Count–Driven Choice of Therapy in Advanced Breast Cancer: A Randomized Trial. JCO 2024;42:383–9. https://doi.org/10.1200/JCO.23.00456.

[6] Sargent DJ, Conley BA, Allegra C, Collette L. Clinical Trial Designs for Predictive Marker Validation in Cancer Treatment Trials. JCO 2005;23:2020–7. https://doi.org/10.1200/JCO.2005.01.112.