RISING TIDE.
Foundation for Clinical Cancer Research

FUNDING GUIDELINES

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Introduction

Rising Tide Foundation for Clinical Cancer Research (RTFCCR) funds patient-centered clinical research that has the potential to significantly improve outcomes and quality of life for people affected by cancer. Our goal is to accelerate the development of more effective, accessible, and patient-relevant approaches to cancer detection, treatment, and supportive care.

We support investigator-initiated interventional clinical trials from Phase I to Phase III that fit in the following three focus areas:

- **Therapy Optimization**: improving the effectiveness, safety, accessibility, and tolerability of cancer treatments.
- **Disease and Treatment Burden**: reducing symptoms, side effects, and the overall burden of cancer and its treatment.
- **Early Detection and Early Intervention**: identifying cancer or pre-cancerous conditions earlier and enabling timely intervention.

In each focus area, applications are evaluated through one of two funding scopes: **Innovation** or **Reach**.

Innovation aims to support novel, disruptive, and first-in-class approaches that have the potential to meaningfully advance cancer care.
Criteria to be used for evaluation of proposals in the Innovation scope are:

- Patient Centricity: Patient Reported Outcomes (PROs)-based tolerability and acceptability assessment, a transparent risk–benefit rationale.
- Innovation: A first-in-class or disruptive solution that meaningfully advances beyond current care.
- Early signals: Strong scientific rationale supported by robust preclinical, biological, or clinical evidence.
- Feasibility: Accessibility of the target population, team expertise in early-phase trials.
- Development Path: Clarity of the development path to the next phase.
- Trial Design: Appropriate and patient-informed endpoints.

Reach aims to support widely accessible and scalable interventions with the potential to benefit the highest number of patients worldwide.
Criteria to be used for evaluation of proposals in the Reach scope are:

- Patient Centricity: Patient involvement plan is a requirement; Patient-centered endpoints, focus on Quality of Life (QoL) and use of PROs are highly valued.
- Scalability and access: Scalability is assessed based on the ease of implementing the proposed intervention in diverse health settings.
- Feasibility and adoptability: Feasibility of study conduct and adoptability by the medical community.
- Potential to impact SoC: Study shows strong potential to redefine treatment guidelines.
- Trial Design: Pragmatic designs as well as designs that support easy implementation in clinical setting are encouraged.

RTFCCR does not support basic laboratory research, observational studies, epidemiological studies, population screening programs, or projects primarily intended to generate commercial revenue for pharmaceutical companies or start-ups.

Who can apply

Applicants must hold a doctoral degree and have a faculty appointment (or equivalent) at an academic institution, including research institutions that are not formally affiliated with a university, at the time the award begins. Both early-career and established investigators are encouraged to apply.

Applicants must be independent investigators with demonstrated experience and training to be able to organize, manage, and implement the clinical trial to meet milestones and timelines, and to protect the rights and welfare of the human subject participant. The application must convey the institution's commitment to both the applicant and the proposed research activities.

A principal investigator may hold only one active RTFCCR grant at a time. Exceptions may be considered under special circumstances and at RTFCCR's discretion.

Project eligibility

RTFCCR does not have any geographical or cancer type restrictions. International teams are welcome.

To be eligible for funding, proposed clinical trials must meet the following mandatory requirements:

- Clinical trials must be interventional, early to late stage (Phase I, II, and III); they may include secondary non-clinical endpoints.
- Applications must include a patient partner involvement plan demonstrating meaningful patient partner engagement throughout the project lifecycle (see the section “Patient partner involvement plan” at the end of the document). Applications that do not meet this requirement should first consider applying for a Research Co-Design Grant. Please find more information here.
- The application must be submitted in English.

Pharmaceutical agents

- Pharmaceutical agents used in the study can be generic (off patent), registered for the specific cancer type/ indication, or under development by an academic institution.
- On-patent drug repurposing applications will be assessed on a case-by-case basis and considered for funding only for cancers with no treatment options.

Pediatric clinical trials
RTFCCR is interested in supporting pediatric oncology clinical trials, including:

- Clinical trials testing new drugs with potential pediatric applications
- Innovative, less toxic treatments for childhood cancers
- Phase 1 high-risk, high-reward interventional clinical trials in the pediatric cancer population

Survivorship research is not supported.

Early detection and intervention
This focus area supports projects utilizing new or improved technologies aimed at detecting cancer earlier than the standard available options, improving stratification criteria and definitions for the "at risk" patient populations or intercepting pre-cancerous stages to slow or prevent cancer development and lethality.
While RTFCCR generally funds interventional clinical trials, an exception may be made within the Early Detection and Intervention focus area for pre-clinical validation studies that directly support clinical translation of a novel early detection or intervention approach.

The following criteria must be met for the proposed validation study/clinical trial:

- The study should improve existing or validate newly identified tests, test methods, technologies (i.e. imaging technologies, AI), or devices.
- The study needs to have, at the moment of the application, preliminary data proving the association between the proposed detection marker and the cancer of interest
- The application should target populations at high risk of developing cancer or progressing from a pre-cancerous condition to cancer.
- The applying investigator or institute should own the new detection/intervention method (no start up or company should be involved).
- Applications with clinical intervention and clinical endpoint will be prioritized.
- RTFCCR does not support population screening nor companion diagnostics studies.

Budget

Applicants must submit a realistic and appropriately justified budget that reflects the actual needs, scope, and timeline of the proposed study.

RTFCCR funding is intended to support key components of a clinical trial and is not expected to cover the full cost of the study. **Applicants must demonstrate secured or anticipated co-funding equal to at least the amount requested from RTFCCR.**

The RTFCCR Board of Directors reserves the right to award an amount lower than the funding requested.
The table below provides indicative funding ranges for projects typically supported by RTFCCR. These ranges are intended as guidance only. The requested budget should be clearly justified and proportionate to the complexity, scale, and objectives of the proposed clinical trial.

Phase / award type	Award amount	Expected evidence and use of funds	Typical sample size
Phase I / Ib	$500,000	Dose finding and safety assessment, with early evidence of target engagement or biological activity and preliminary efficacy signals in a defined patient cohort.	20–45 patients
Phase II (single-arm)	$500,000	Assessment of efficacy and safety against a prespecified endpoint in a defined patient population, using a clinically applicable treatment regimen.	40 patients
Phase II (randomized)	$700,000	Randomized comparison providing a robust estimate of treatment effect and evidence to justify a definitive, practice-changing trial.	120 patients
Phase III / practice-changing	$1,000,000	Definitive evidence intended to change clinical practice.	200+ patients

Eligible Costs
RTFCCR funds may be used to support:

- Study-related patient care costs
- Patient participation costs (e.g., travel, accommodation, parking)
- Project-specific consumables and study supplies
- Non-reimbursable approved treatments
- A proportion of salary costs for the Principal Investigator, patient partners, study coordinators, and other key personnel contributing directly to the conduct of the study.

Non-Eligible Costs
RTFCCR funds may not be used to support:

- Institutional overhead, indirect costs
- General administrative charges that are not directly attributable to the project
- Equipment purchases
- Travel and conference attendance costs
- Publication costs.

Budget Justification
Applicants must provide clear justification for all major budget items and explain how the requested costs are directly linked to the study objectives, activities, and deliverables. Budget requests should demonstrate value for money and reflect efficient use of resources.

Application process

The application process involves the following steps:

1. **Letter of Intent (LOI):** LOIs are accepted on a rolling basis with three deadlines per year. They are submitted through our online grant management system, SmartSimple (SmartSimple | Rising Tide Foundation), and assessed by internal staff and advisory board members.
2. **Full Application:** Following LOI review, selected applicants will be invited to submit a full application. Invitation rates vary by cycle and depend on scientific merit, patient impact potential, and strategic alignment with RTFCCR priorities.

Full application requirements

Full applications should include the following information as requested in the SmartSimple platform:

- The curriculum vitae (CV) of the principal investigator and co-investigators (max 2 pages each; please upload all CVs as PDF files to SmartSimple platform)
- A draft of the clinical protocol (organized in a manner similar to that required by the US National Institutes of Health [PHS 398]), including:
  - Specific aims
  - Background and significance
  - Preliminary studies explaining the significance and potential success of the project
  - Experimental design and methods
  - Statement of objectives regarding how the study can change or how it will create evidence to improve the current standard-of-care
  - Description of criteria used in determining positive results and how quality-of-life improvements will be quantified
  - Thorough Statistical plan outlining how the sample size has been calculated and the approach that will be used to ensure scientific validity of the study
  - Expected timeline from funding approval to study activation
  - Statement of the next steps for research upon achieving positive or negative results
  - Description of proposed project milestones and the criteria that will be used to assess achievement of each milestone
- Completed Patient Partner Involvement Plan
- Current, active Institutional Review Board (IRB) or Ethical Committee (EC) approval letter for the study (if the IRB/EC has not been obtained at the time of proposal submission, please indicate the expected timeline for obtaining the approval)
- Letter from department head stating institutional commitment to the project, no competing studies, and verification to accrue a valid patient population
- Breakdown of costs of the trial, detailing the amount of the total costs, the amount requested from RTFCCR (including expenses related to patient partner involvement), and the plan for acquiring the remaining funds (fundraising plan)
- List of other sources of financial support for the project (include all sources applied – pending and/or active with dates of start and expected end)

- Industry letter stating permission for the use of the investigational agent, who is supplying that agent for the study, and the in-kind amount of that contributed agent [if applicable]
- List of literature cited.

Decision and Approval

1. **Grant Review Committee:** Full grant applications are reviewed by an independent grant review committee consisting of two scientific experts, one biostatistician, and one patient partner. Applications will receive a priority score based on a 9-point rating scale (9=most meritorious; 1=least meritorious) based on scientific merit and patient relevance.
2. **RTFCCR Board of Directors Meeting:** Recommendations made by the grant review committee and RTFCCR advisory board are submitted to the RTFCCR Board of Directors for final decision based on alignment of the proposed project with the foundation funding scope and strategy. The Board will also consider the reputation and track record of the team. Board meetings take place three times a year.

Grant Award and Progress Monitoring

Upon approval for funding, RTFCCR team will initiate the contracting phase and define with the principal investigator milestones and payment deliverables. These, together with RTFCCR Terms and Conditions T(&Cs) will be part of the grant agreement and will be used for monitoring the project progress.

Royalties and Intellectual Property (IP)

Please note that the RTFCCR grant award terms and conditions foresee the sharing of royalties and intellectual property revenue when relevant. Please refer to our Terms and Conditions (link).

Conditions of continued funding upon approval

- Demonstration of satisfactory progress as defined in grant award documentation (milestones met as officially agreed, approved, and expected proof and explanation of each patient's status and response).
- Agreement to and compliance with RTFCCR's Research Funding Terms & Conditions.
- Regular communication with RTFCCR staff regarding the funded clinical study.
- Notification of any modifications to the approved study, its Patient Partner Involvement Plan, protocol, timeline, expectations, funding sources, patient status, and exact reason for any patient's discontinuation of study participation, etc. (including copies of documents supplied to IRB/EC, the FDA, and/or any other funding sources for the study).

Patient partner involvement plan

We adopt the definition of patient partner provided by the Patient-Centered Outcomes Research Institute (PCORI). PCORI's definition includes patients (those with lived experience), family members, caregivers, and organizations representative of the population of interest in a particular study.
Patient partners should not be confused with trial participants. Patient partners are members of the research team involved in planning, conducting, and disseminating research, whereas trial participants are individuals enrolled in the study.
Meaningful patient partner involvement is a mandatory requirement for all applications submitted to RTFCCR and forms part of both the scientific and strategic evaluation process.
We require the submission of a Patient Partner Involvement Plan as part of the Full Application. The plan should describe how patient partners contributed to the development of the proposal and how they will be meaningfully involved throughout the project lifecycle.
The plan should include:

- The patient partner involvement model selected for the project.
- Planned activities and responsibilities of patient partners.
- Stages of the research process where patient partners will contribute.
- Resources, compensation, and budget allocated to support patient partner involvement.

Applicants should ensure that adequate and realistic resources for patient partner involvement are reflected in both the Patient Partner Involvement Plan and the overall project budget.

Guidance for planning patient partner involvement in research

Patient partners should be engaged as early as possible and, where appropriate, throughout the project lifecycle.
Key considerations:
Before the project starts

- Engage patient partners in shaping the research questions, study design, and patient-relevant outcomes.
- Select an appropriate patient involvement model.
- Include a realistic budget for patient partner activities and compensation.

During the project

- Assess participant needs and burden.
- Adapt study procedures where appropriate based on patient feedback.
- Evaluate the impact of patient partner involvement during the project.

Dissemination and Beyond

- Involve patient partners in communicating study results.
- Collaborate with patient communities to maximize awareness and uptake of findings.

Please find more information here.

Application Assistance

For answers to questions regarding programs, eligibility, terms and conditions, or instructions for the letter of intent or full application, please contact the Rising Tide Foundation for Clinical Cancer Research Team at rtfccrteam@risingtide.ch