REQUEST FOR APPLICATIONS

Rising Tide/LUNGevity Award for Early Detection of Lung Cancer in LMICs

Rising Tide Foundation for Clinical Cancer Research ("RTFCCR") and LUNGevity Foundation ("LUNGevity") are issuing a request for applications (RFA) to support **validation studies and clinical trials** aimed at improving detection of lung cancer in countries with low or middle income.

Awards totaling up to USD 300,000 (USD 150,000 from LUNGevity and USD 150,000 from Rising Tide) for will be funded for a duration of up to 3 years. We anticipate funding at least one to two awards through this mechanism.

RTFCCR and LUNGevity advise applicants to read the entire RFA, before starting an application. An applicant who is deemed ineligible for this award and/or does not follow the instructions for the application and the patient partners involvement plan will be disqualified and the application not reviewed.

This award application process will be managed through the RTFCCR online platform Smart Simple (SmartSimple | Rising Tide Foundation).

RISING TIDE FOUNDATION FOR CLINICAL CANCER RESEARCH

RTFCCR is a charitable, non-profit organization established in 2010 and located in Schaffhausen, Switzerland. RTFCCR's primary consideration in granting support is given to truly innovative, unique, patient-centered clinical research. With patients at the core of the mission, the foundation strives to support clinical trials resulting in the creation of less toxic therapeutic approaches, better disease burden management, earlier cancer detection, and innovative intervention strategies that will lead to increased survival and quality of life.
For more information about Rising Tide, please visit Clinical Cancer Research - Rising Tide Foundation (risingtide-foundation.org)

LUNGEVITY FOUNDATION

LUNGevity Foundation is a 501(c)(3) philanthropy specifically focused on funding research for early detection and effective treatment of lung cancer. LUNGevity's mission is to improve mortality rates of lung cancer patients through the development of protocols and tools for early detection of lung cancer, early intervention in the disease progression, and treatments, including targeted therapy and immunotherapy. LUNGevity focuses on translational science.
For more information about LUNGevity Foundation, please visit Home | LUNGevity Foundation.

BACKGROUND FOR GRANT

Lung cancer remains the leading cause of cancer-related mortality globally, accounting for approximately 1.8 million deaths annually worldwide and over 230,000 deaths annually in the United States alone. Despite advances in targeted therapy and immunotherapy, survival rates have stagnated for the majority of patients, particularly in low- and middle-income countries (LMICs), where five-year survival rates remain below 10% compared to 20% in high-income countries.[1] This disparity is largely attributable to late-stage diagnosis. Approximately 75% of patients in LMICs present with advanced disease, when treatment options are limited and prognosis is poor.

Early detection of lung cancer has been shown to dramatically improve outcomes. Screening programs in high-income countries using low-dose computed tomography (LDCT) have reduced lung cancer mortality by up to 20% among high-risk populations. However, LDCT and other conventional diagnostic approaches are inaccessible in most LMICs due to cost, infrastructure limitations, and lack of clinical expertise. Consequently, millions of patients in resource-limited settings continue to be diagnosed only after disease has progressed to incurable stages, perpetuating stark inequities in lung cancer outcomes.

The urgent need for innovative, affordable, and scalable early detection strategies in LMICs is amplified by tobacco use in developing nations and rising incidence of lung cancer among people without tobacco exposure, particularly women. Novel biomarker-based detection methods, including blood-based and non-invasive approaches, offer promise for overcoming traditional barriers to early detection. These methods can be implemented in diverse health settings with minimal infrastructure requirements, making them ideally suited for deployment in resource-limited regions.

The Rising Tide Foundation for Clinical Cancer Research and LUNGevity Foundation recognize that advancing early lung cancer detection in LMICs requires rigorous validation of innovative, cost-effective solutions that can be rapidly translated into clinical practice. This award mechanism seeks proposals for validation studies and clinical trials that address this critical gap and contribute to reducing the global burden of lung cancer mortality.

RTFCCR and LUNGevity Award:

Early Detection of Lung Cancer in LMICs

We invite proposals that address the need for low-cost, scalable solutions to improve detection of lung cancer for patients worldwide. Validation studies on human samples as well as clinical trials are eligible to apply.

The study should:

- Demonstrate clinical relevance and consideration for patient needs,
- Prioritize cost-effectiveness and scalability in diverse health systems particularly in low- and middle-income settings,
- Include strategies for rapid implementation in clinical practice
- Have, at the moment of the application, **preliminary data proving the association between the proposed detection marker/test and lung cancer**

Award Structure and Allocation:

Investigators may receive **up to** USD 300,000 per project, over up to 3 years.
Award funds may be used for the salary and fringe benefit costs of personnel other than the applicant. Fringe benefit costs may only be expended upon the stipulation that they cannot be obtained from another source. No more than 25% of the requested budget may be used for an investigator's salary and/or fringe benefits. Travel costs for investigators cannot be covered by this grant.

Please note that indirect costs, such as overheads, are not covered.

Allowable costs for clinical trials include expenses related to subject recruitment (such as participation cost reimbursement, phlebotomy charges, etc.), clinical laboratory analyses of human subjects or their samples (such as clinical laboratory assays, imaging charges, etc.).
The investigator is required to procure funding to cover the eventual remaining costs of the trial, a fundraising plan will be requested as part of the application.

Final selection will be contingent on scientific review and availability of funds.

Eligibility

- Principal investigators must be located in an **LMIC country** and must hold a doctoral degree and faculty appointment (or equivalent) with an academic institution including

research institutions that are not formally associated with a university. They should have completed a postdoctoral training fellowship.
- The application must convey the commitment of the institution to both the applicant and the proposed research activities.
- An applicant with an existing Rising Tide award or a LUNGevity award that would be concurrent with Rising Tide/LUNGevity Award is precluded from applying
- International collaborators (in the role of advisors or consultants) are welcome but not required.
- Proposals must include patient partners - they play an active governance role in the project, meaning they are responsible for specific project tasks and maintain direct communication with Rising Tide about reporting project activities, similar to the Principal Investigator (PI). Throughout the project, they take ownership of their development as co-PIs, exercising agency and leadership.
- The application must be submitted in English.

Awareness campaigns and public health interventions such as prevention campaigns are **not included** in the scope of this RFA.

Factors considered in evaluating applications:

Some of the factors considered when reviewing applications include:

- Scientific merits and feasibility of the research plan
- Impact of proposed intervention both on patients/at risk population and at a health system level
- Study design and its burden on participating patients
- Appropriateness of the requested budget to complete the proposed research project. Factors used to evaluate the budget include total costs of the trial, the amount requested and the plan to secure the remaining funds.
- Patient Partners involvement activities: How patient partners will be actively engaged in the study from the development of research questions through dissemination of study results. Specific guidance for preparing a Patient Involvement Plan can be found in this document and supplied upon request.
- **Economic support for preparing the Patient Involvement Plan and its activities can be requested between November 2nd , 2026 and December 20th 2026.**

Application process

The application process involves the following steps:

- Applicants will be allowed to request economic support for their patient partner activities between November 2nd and December 20th ,2026.
- Letters of Intent (LOI) can be submitted online through our grant management system Smart Simple (SmartSimple | Rising Tide Foundation) with deadline **March 8th, 2027**.
- Received LOIs will be assessed by internal staff and advisory board members of both foundations.
- The most promising LOIs that align with our RFA topic will be invited to submit a full grant application online.
- Grant Review Committee: full grant applications are reviewed by our grant review committee, a panel of external experts that carries out a comprehensive scientific review. Each application is independently analyzed and ranked by scientific peer reviewers, patient experts and biostatisticians on the panel.
- Recommendations made by the grant review committee are submitted to the RTFCCR's and LUNGevity's boards of directors for final funding approval. Upon approval recipients will be notified of the award, no later than a month after the board meeting. Declination letters will be sent to those who were not successful in their application.

Application requirements

Please note, all applications should include the following information as requested in the ProposalCentral platform:

- The curriculum vitae (CV) of the principal investigator and co-investigators (max 2 pages each; please upload all CVs to SmartSimple | Rising Tide Foundation).
- A description of the proposed research project (organized in a manner similar to that required by the US National Institute of Health [PHS 398]), including:
    - Specific aims
    - Background and significance
    - Preliminary results and studies explaining the significance and potential for success
    - Experimental design and methods
    - Statement of objectives regarding how the study can improve early detection of lung cancer
    - Detailed schedule of activities for a patient participating in the study
    - Explanation of why the new early detection strategy may be helpful to patient participants
    - Description of criteria used in determining success of the project (including quality-of-life measurements)
    - Statistical analysis section outlining approach taken to make study

scientifically valid

- Statement of next steps for research upon achieving positive or negative results
- Amount of time before the opening of the study upon approval for funding
- Completed Patient Partners Involvement Plan (for more information please refer to the paragraph in this document).
- 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 [if applicable].
- Letter from department head stating institutional commitment to the project, no competing studies, and verification to accrue a valid patient participant population.
- Break-down of costs of the study, detailing the amount of the total costs, the amount requested (including costs related to patient partners involvement) and the plan for acquiring the eventual remaining funds (fundraising-plan).
- List of other sources of financial support for the project (include all sources applied – pending and/or active).
- 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.

RFA Timeline

Tasks	Dates
Launch of Call	November 2nd 2026
Support for Patient Involvement requests (Optional)	November 2nd – December 20th 2026
Deadline for LOIs	March 8th, 2027
Selected LOIs invited to submit Full Proposals	March 22nd 2027
Deadline Full Applications	May 3rd 2027
Approval / rejection	August 25th 2027

Grant agreements and conditions of continued funding upon approval

- Once an award selection is made, LUNGevity Foundation and RTFCCR will each issue a separate funding award agreement that would cover 50% of the total awarded budget.
- The milestone table in the agreement will be agreed upon by the foundations and the grantee institution and will be used for demonstration of progress provided by progress reports twice/year.
- An audit report from the university will be required annually as funding condition
- The payments are made twice a year upon demonstration of progress, as defined in grant award documentation
- Any modifications to the approved study, its Patient Involvement Plan, protocol, timeline, expectations, funding sources, patient participants status, and exact reason for any patient's discontinuation of study participation, etc. should be notified to the 2 foundations promptly
- RTFCCR and LUNGevity may require their grantees to talk to and meet staff, board members, or anyone else pertinent to the continued funding of the study (i.e. at the annual LUNGevity science meeting).

Royalties and Intellectual Property (IP)

The processes and approaches may differ between LUNGevity and RTFCCR, and as such, LUNGevity and RTFCCR will conclude separate grant agreements with the grantee, each using its own terms and conditions.

Application Assistance

For answers to questions regarding programs, eligibility, policies, terms and conditions, or instructions for the letter of intent or full application, please contact:

Upal Basu Roy
Executive Director of Research
ubasuroy@LUNGevity.org

Zoraide Granchi
Senior Scientific Program Manager
zoraide.granchi@risingtide.ch

For enquiries about economic support for preparing the Patient Involvement Plan and its activities please contact:

Zoraide Granchi
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zoraide.granchi@risingtide.ch

Guidance for Planning your Patient Partner Involvement in Research

Throughout this document, we adopt the definition of Patient Partner provided by Patient-Centered Outcomes Research Institute (PCORI). PCORI's definition of patient partners includes patients (those with lived experience), family members, caregivers, and organizations that are representative of the population of interest in a particular study.
Early involvement of Patient Partners, based on co-design principles allows a better formulation of relevant research questions, more credibility of the knowledge produced, identifying, and solving potential challenges faced during the project, and better application of outcomes to specific contexts.
Here is a checklist to help you plan Patient Partner Involvement and complete our Patient Partner Involvement Plan table required to be submitted as part of the LOI. It encompasses points that should be considered for the application phase, during the implementation of the project, and beyond the project.

Patient Partner Involvement in Research

The checklist below is to help you plan Patient Partner Involvement and complete our Patient Partner Involvement Plan template required to be submitted with your Letter of Intent.
Before the project starts ☐ Patient Partner Involvement is planned across the entire project lifecycle ☐ The most appropriate Patient Partner Involvement model is selected ☐ The appropriate Patient Partners are involved early in formulating the concept, hypothesis ☐ Appropriate budget for patient partners involvement activities and compensation of Patient Partners is reflected in the Patient Partners Involvement Plan and the overall grant budget request During the project ☐ Assessment of needs of trial participants by Patient Partners is included ☐ Adaptation of trial and procedures where necessary to meet trial participants' needs ☐ Assessment of the impact of patient partners involvement in your project at mid-term and at the end of the project is considered Beyond the project ☐ Communication and dissemination activities involving patient / public partners is planned after project ends ☐ Collaboration with patient community on trial outcomes is planned

For more information, please refer to: http://synapse.pfmd.org/resources/considerations-guide-to-implementing-patient-centric-initiatives-in-health-care-product-development/download

Note: Please consider the choice of patient advocates that you engage in order to select the ones who can best add value to this project

Choice of Model of Patient Partner Involvement in Research Projects

Research teams should think carefully about the activities across the whole project lifecycle that the Patient Partners could undertake. Short term activities are easy to define upfront, but it is more challenging to think about sustained involvement across the entire project. Therefore, depending on the research project, it is important to think about the most applicable role of a Patient Partner for contributing in a clinical research project:

Patient role	Examples	Involvement level
Team Member role	• Patient Partners provide a priori and continuous consultation on outcomes of importance, study design, etc. • Patient Partners are paid investigators or consultants • Patient Partners have a governance role – "a seat at the table"	High
Advisor role	• Patient Partners serve as advisory committee members or provide a priori consultation on outcomes of importance and study design, but have no leadership role or governance authority	Moderate
Reactor role	• Patient Partners input is collected distally through surveys, focus groups or interviews, but patients are not consulted directly or a priori on such things as study design and outcomes of importance • Patient Partners are asked to react to what has been put before them rather than being the origin of the concepts of interest	Low

Patient Partner Involvement Plan

We require you to submit a "Patient Partner Involvement Plan" as part of your LOI and Full Application. The plan should describe Patient Partner Involvement processes during the generation of the project application as well as during the implementation of your project. It describes Involvement e.g., how you engaged with the patient partner(s) when your research question was defined, while the proposal is written, when it is being submitted and resubmitted, and which patient partner involvement model you chose for the implementation of your project.

When developing your project budget, please make sure that adequate and realistic resources for Patient Partner Involvement are reflected in the Patient Partner Involvement Plan and the overall grant budget request. This could include e.g. appropriate budget for work time (staff or contractors in patient organizations) as well as project-related pass-through costs (e.g. travel expenses and meeting venue costs).

Different phases of research will need different activities to ensure patient partner involvement is implemented in the way defined in this document.
For the LOI and full application, please submit your Patient Partner Involvement Plan through the online submission platform.
Each Patient Partner Involvement Plan should have:

- Activities proposed listed and properly described
- Activities proposed designed for patient partners and with patient partners
- The results of these activities are implementable in the clinical trial design or execution to ensure patient needs are met

Please be very clear at the outset about what you expect to achieve and what metrics – both quantitative and qualitative – you will use to measure progress against and achievement of both overall research goals and specific patient-centricity goals.