

## 2023 PIP Grant for Postdoctoral Fellows

### NOTICE OF FUNDING OPPORTUNITY

Opportunity Launched	April 3, 2023
Information Webinar	April 17, 2023
Application Deadline	July 17, 2023
Notice of Decision to Advance to Phase 2	August 25, 2023
Online Presentation (Phase 2)	Week of September 11, 2023 (scheduled according to availability)
Responses to Phase 2 process (Phase 3)	September 25, 2023
Notice of Decision (Final)	October 16, 2023 (winner determined)
Grant Start Date	December 1, 2023
Grant End Date	November 30, 2024
Grant Total	\$15,000
Expected Number of Grant Winners	1

#### DESCRIPTION

As part of its commitment to patient engagement in cancer research, the [Canadian Cancer Research Alliance \(CCRA\)](#) is releasing its second funding opportunity as part of its Patient Involvement in Cancer Research Program ([PIP](#)). Please note that we have modified this funding opportunity in 2023 to be restricted to **postdoctoral fellows**.

Integrated with the biennial [Canadian Cancer Research Conference \(CCRC\)](#) since 2017, PIP provides patient partners with an opportunity to learn about leading-edge science from Canada's cancer researchers and trainees and to offer the scientific community an opportunity to learn from and interact with patient partners keen on building their knowledge of cancer research and demonstrating the value that engaged patients can bring to the cancer research process.

In this context, *patient* is used as an overarching term that includes individuals who have or have had cancer and informal caregivers, including family and friends, who have cared or are caring for a cancer patient. *Patient engagement* is defined in the [Strategy for Patient-Oriented Research \(SPOR\) Patient Engagement Framework](#) as meaningful and active collaboration with patients in governance, priority setting, conducting research and knowledge translation. Effective patient engagement occurs throughout the research process and improves the relevance of the research and its translation into policy and practice. A recent scoping review by researchers from across Canada has made the case for patient engagement in preclinical laboratory research (see <https://www.sciencedirect.com/science/article/pii/S2352396421002772>).

Applications to this funding opportunity will be evaluated entirely by patients participating in PIP using a four-phase process. Project proposals will initially be rated on their readability, feasibility, impact, and

patient engagement strategy (Phase 1). Top rated applicants will have an opportunity to present a brief overview of their research during an online session with a small group of PIP participants (Phase 2). Top-rated applicants will be requested to follow-up with a written response addressing questions identified during the online session (Phase 3). PIP participants will then meet to discuss and select the winning applicant (Phase 4).

The PIP Grant for Postdoctoral Fellows is **not intended to be a salary stipend**. It is designed to fund projects involving patient partners that can be used to supplement ongoing research or be used to help support future grant applications. Some examples might be:

- Conducting a needs assessment or other qualitative research to support survey development, interventions, or knowledge translation approaches.
- Bringing together patient partners and/or equity-deserving communities to identify research needs, gaps, or important outcomes. Note that applicants have an obligation to become informed about, and to respect, the relevant customs and codes of research practice that apply in the community/communities with whom they will engage. Proposed approaches must comply with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 (2018) (see [https://ethics.gc.ca/eng/policy-politique/tcps2-epc2\\_2018.html](https://ethics.gc.ca/eng/policy-politique/tcps2-epc2_2018.html)).
- Developing/evaluating competency-based educational approaches (online learning resources, etc.) designed to help patients better understand the research process and/or facets of the underlying science for future stages of engagement.
- Involving patient partners in the design and/or analysis of a synthesis review (see <https://pubmed.ncbi.nlm.nih.gov/34048618/>).
- Other innovative approaches not listed above that will directly engage patients in the research process (not just as study participants) with an aim to advancing cancer research that benefits patients.

## **BENEFITS**

The grant winner will be:

- featured on the CCRA website
- profiled at the 2023 Canadian Cancer Research Conference (featured in a brief video)
- provided with paid registration, travel, and accommodation to the 2023 CCRC in Halifax (November 12-14, 2023)
- invited to attend the PIP supporter breakfast at the 2023 CCRC, a unique networking opportunity involving PIP participants and leaders of cancer research funding organizations
- invited to present their completed project to the CCRA Advisory Board
- invited to provide a webinar to PIP participants on their completed project

## **ELIGIBILITY REQUIREMENTS**

Eligible applicants will be postdoctoral fellows at the time of applying. Applicants working in any of the four pillars of research (biomedical, clinical, health services and policy, and population health) are eligible. Applications may be submitted in either English or French and subsequent phases in the application evaluation will be conducted in the applicant's choice of English or French.

There is a limit of one application per person. Multiple applications from people with the same supervisor for similar projects will be excluded. The person named in the application must remain the primary investigator for the duration of the grant.

Applicants must:

- reside in Canada
- be affiliated with: a Canadian post-secondary institution or their affiliated institutions including hospitals and research institutes; a Canadian non-governmental, not-for-profit organization (including community or charitable organizations) with an explicit health research or knowledge translation mandate; a Canadian provincial or municipal government department or agency, including regional health authorities
- conduct the proposed research in Canada
- have responsibility for the intellectual direction of the proposed work and, where not assumed by the supervisor, have administrative and financial responsibility over the grant

Applicants must not be under sanction for financial or research misconduct.

The primary supervisor is required to sign off on the application and patient partners, co-applicants, and other supervisors (where relevant) must be listed in the application.

### **ELIGIBLE EXPENSES**

Funds must cover the direct costs of the proposed work. **No overhead or indirect costs** can be covered by this grant.

The PIP Grant can be used for:

- **Administrative/technical staff and patient partner compensation:** Funds to pay personnel for specific activities involved in the project, including funds to reimburse patient partners for the time spent on providing expertise, feedback, and other direct contributions to the project.
- **Ceremonial gifts:** For Elders and other Knowledge Keepers participating in the project, in recognition of the cultures and traditions of First Nations, Métis, and Inuit.
- **Costs associated with meetings of patients that are part of the project methodology** (health guidelines permitting): Funds to reimburse patients' travel costs for attending in-person meetings; rental costs for a community space, where patients can be brought together for meetings/forums; and costs for non-alcoholic refreshments and food for patients attending meetings/forums.
- **Conference attendance:** Up to one in-person or online conference attendance (where fees are required) to further the applicant's knowledge/education on patient engagement in research. This conference costs cannot exceed \$1,500 (10% of the grant).
- **Open access journal fees:** Fees for publishing the resulting findings in an open access journal as per the Tri-Agency Open Access Policy on Publications (see <https://cihr-irsc.gc.ca/e/32005.html>). Up to one article can be supported.
- **Translation and transcription services:** As required to support necessary engagements and consultations and/or the creation of knowledge products.
- **Other expenses:** Costs associated with survey development or testing, or use of specialized research equipment; or, purchase of data sets, small equipment, software required to support the research activities, and supplies not provided by the institution, etc.

Unless noted above, the Tri-Agency Guide on Financial Administration applies (see [https://www.nserc-crsng.gc.ca/interagency-interorganismes/TAFA-AFTO/guide-guide\\_eng.asp](https://www.nserc-crsng.gc.ca/interagency-interorganismes/TAFA-AFTO/guide-guide_eng.asp)).

## CONDITIONS OF GRANT

Grant funds will be disbursed to the winning recipient's institution through an agreement with the CCRA's fiscal steward, the Canadian Partnership Against Cancer Corporation. All funds *must be used* by the end date of the grant period. Any remaining funds must be returned to the Canadian Partnership Against Cancer Corporation to be used in subsequent PIP Grant competitions.

This is a non-renewable grant. A one-time no-cost extension of up to 12 months, however, will be considered upon submission of a written justification at least three months prior to the original end date of November 30, 2024.

The winning grant recipient will be required to fill out a one-page report due one month after the end date of the grant. In addition, the winner must provide two brief presentations on the project's outcomes to CCRA members and to the PIP participants (virtual format). The recipient must agree to be featured on the CCRA website and related social media. CCRA support must be acknowledged on all presentations and/or publications based on the research supported with this grant.

## HOW TO APPLY

The application form is available here: [http://www.ccra-acrc.ca/wp-content/uploads/2023/03/2023\\_PIP\\_Grant\\_Application\\_EN.docx](http://www.ccra-acrc.ca/wp-content/uploads/2023/03/2023_PIP_Grant_Application_EN.docx). It is a Microsoft (MS) Word form. The completed and signed application should be submitted by July 17, 2023 (Midnight PDT) to [info@ccra-acrc.ca](mailto:info@ccra-acrc.ca). Incomplete or submissions received after the application deadline will be automatically excluded from consideration.

## THE APPLICATION FORM

The application form consists of six sections: information about the applicant and co-applicants (section 1), the research proposal (section 2), patient partner engagement (section 3), project timeline (section 4), the project budget (section 5), and applicant self-identification (section 6 - optional). See below for details.

**Section 1:** Applicant information (identifiers, role, qualifications, institutional affiliation, contact information for applicant, supervisor(s), patient partners, or co-applicant(s), where relevant). Co-applicants are defined as the individuals who contribute to the intellectual or scientific direction of the proposed work and have responsibility for the direction of the proposed activities. This list should also identify patient partners, unless the purpose of the grant is, in part, to identify patient partners. The required institutional signatures (e-signatures are accepted) must also be included.

Note that this information will not be used in Phase 1 of the adjudication to reduce implicit bias.

**Section 2:** Research Proposal. Please provide a lay summary [maximum 200 words English; 240 words French] as well as a description of the project [maximum 500 words English; 600 words French]. References are not included in word counts, but please limit to key references. You will be assessed on the readability of your proposal. Ensure that your description is clearly written and accessible. Please include (where applicable): an introduction/background, objective/purpose, research question(s), methodology, expected outcome(s), approach to data analysis, and potential applications/outcomes/benefits of the research.

**TIP** *Guidelines for Writing a Lay Summary* from the Canadian Frailty Network's Citizen Engagement Committee: <https://www.cfn-nce.ca/wp-content/uploads/2017/09/cfn-guidelines-for-lay-summaries.pdf>

**Section 3:** You will need to detail how patients have/will be engaged and complete a checklist.

**TIP** There is a burgeoning literature base on patient engagement in research. Below are links to a few articles that may be helpful. The SPOR Support Unit in your jurisdiction is also a great resource.

- Hamilton CB, Hoens AM, McKinnon AM, McQuitty S, English K, Hawke LD, Li LC. Shortening and validation of the Patient Engagement In Research Scale (PEIRS) for measuring meaningful patient and family caregiver engagement. *Health Expect*. 2021 Jun;24(3):863-879. <https://onlinelibrary.wiley.com/doi/10.1111/hex.13227>
- Natafagi N, Tafari AT, Chauhan C, Bekelman JE, Mullins D. Patients' early engagement in research proposal development (PEER-PD): patients guiding the proposal writing. *J Comp Eff Res*. 2019 Apr;8(6):441-3. <https://www.futuremedicine.com/doi/10.2217/cer-2018-0129>
- Roche P, Shimmin C, Hickes S, Khan M et al. Valuing All Voices: refining a trauma-informed, intersectional and critical reflexive framework for patient engagement in health research using a qualitative descriptive approach. *Res Involv Engagem*. 2020 Jul 19;6:42. <https://researchinvolvement.biomedcentral.com/articles/10.1186/s40900-020-00217-2>
- Spears PA. Patient engagement in cancer research from the patient's perspective. *Future Oncol*. 2021 Oct;17(28):3717-28. <https://www.futuremedicine.com/doi/full/10.2217/fon-2020-1198>
- Stoop PL, Duran L. Motivations, experiences, and aspirations in patient engagement of people living with metastatic cancer. *Patient Exp J*. 2021;8(3):136-42. <https://pxjournal.org/cgi/viewcontent.cgi?article=1574&context=journal>

**Section 4:** Project timeline. A timeline for the key steps in the proposal should be provided. This is a one-year grant. The start date will be December 1, 2023 and end date will be November 30, 2024.

**Note on projects requiring ethics approval:** If ethics approval is needed, the applicant may wish to prepare the REB/IRB application *at the time of grant submission*. The REB/IRB approval process can take 6-8 weeks, so to maximize the active period of this grant, it may be advisable to be ready to submit the REB/IRB application immediately upon receiving notification of their success in the competition. See [https://ethics.gc.ca/eng/policy-politique\\_tcps2-eptc2\\_2018.html](https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2018.html).

**TIP** The article below may be helpful.

- Gilchrist K, Iqbal S, Vindrola-Padros C. The role of patient and public involvement in rapid qualitative studies: Can we carry out meaningful PPIE with time pressures? *Res Involv Engagem*. 2022 Nov 30;8(1):67. <https://researchinvolvement.biomedcentral.com/articles/10.1186/s40900-022-00402-5>

**Section 5:** Project budget. A budget breakdown with justification for each requested item must be provided and fall within the Eligible Expenses listed above, explaining how the funds will be used and why they are needed. If the budget required for the project is above the maximum amount available through this grant, explain how additional funds will be obtained.

**TIP** Among the useful tools and resources from the University of Manitoba's Centre for Healthcare Innovation is the "CHI patient and public engagement budget builder" (downloadable Excel file). This and other helpful information can be accessed at: <https://umanitoba.ca/centre-for-healthcare-innovation/tools-and-resources>

**Section 6:** Applicant self-identification (optional). CCRA recognizes that systemic bias exists in the grant adjudication process. Identifiers will be stripped from your applications before being reviewed by PIP participants. To further support an equitable, diverse, and inclusive research enterprise, up to two additional two points (based on responses to the self-identifications questions) will be added in advance of the selection of top-rated applicants for the second review phase. Completion of these questions is voluntary.

## EVALUATION & ADJUDICATION PROCESS

Grant adjudication will consist of a four-phase selection process and will be undertaken entirely by PIP participants. The rating scheme is provided in the appendix.

**Phase 1:** Applications will be reviewed and rated by PIP participants on five-point scales for each criterion as follows:

- **Readability of Proposal:** Clearly written and accessible description of the *whys* and *hows* of the proposed project
- **Proposed Impact of Research:** Outcomes/impacts are clearly stated as well as how it is/will be related to patient benefit in the short and long term.
- **Patient Engagement Approach:** Patient engagement approach is well described, based on best practice, and tailored to the proposed project.
- **Feasibility of Work Plan:** Activities are deemed feasible given the timeline provided and the expertise of the applicant. Requested budget is appropriate and well-justified. There is a demonstration that the applicant has the tools and resources to conduct the research.

Patient partners will work in dyads to complete the ratings and the ratings from multiple dyads will be combined to derive the final Phase 1 rating.

To further support an equitable, diverse, and inclusive research enterprise, applicants may complete self-identification questions. This information will not be shared with patient partner adjudicators but applied after the first-phase ratings have been submitted. Up to two additional points will be added based on responses. Completion of these questions is voluntary. Non-completion will not affect the first-phase ratings.

**Phase 2:** This session will entail a half-hour online meeting with a small group of PIP participants. It will consist of a 10-minute presentation by the applicant and a discussion/question-and-answer period. Applicants proceeding to this online presentation will be evaluated on five-point scales for two criteria as follows:

- **Clarity of Presentation:** The project is presented clearly and concisely, building on the submitted application.
- **Applicant's Receptiveness:** Applicant addresses questions from patients and is receptive to feedback. The applicant may use this opportunity to seek input from patients to help refine the

proposed project.

Individual patient partners complete this rating.

**Phase 3:** Applicants will have an opportunity to strengthen their proposal based on this feedback by providing a written addendum addressing questions and concerns identified during the online session. Patient partners will rate these submissions on:

- **Patient Engagement Approach:** Patient engagement approach is well described. Applicant demonstrates an understanding of how patient engagement is important to the success of the project.
- **Proposed Impact of Research:** Outcomes/impacts are clearly stated and related to patient benefit in the short and long term.

Individual patient partners complete this rating. The submitted ratings from each patient partner will be combined.

**Phase 4:** Patient partners will convene to discuss the ratings and feedback from Phase 3 and will select a grant winner via group consensus.

Based on feedback received from applicants of our 2021 PIP grant competition, aggregated ratings and comments (with names and identifiers of PIP participants removed) will be returned to all applicants in a spirit of transparency and to inform future grant applications.

## **QUESTIONS?**

Please contact:

Kim Badovinac, Program Manager, CCRA  
[Kimberly.badovinac@partnershipagainstcancer.ca](mailto:Kimberly.badovinac@partnershipagainstcancer.ca)  
[info@ccra-acrc.ca](mailto:info@ccra-acrc.ca)  
(416) 619-6265

**APPENDIX. GRANT ADJUDICATION RATING FORM**



PHASE 1 AREAS		HIGHEST RATING					LOWEST RATING					Rating	Feedback for Applicant <i>(Please ensure your comments are respectful, constructive and informative.)</i>
		5	4	3	2	1	1	2	3	4	5		
1. Readability of proposal	<p><b>CONSIDERATIONS</b></p> <ul style="list-style-type: none"> <li>Did you understand the proposal in its entirety?</li> <li>Was the proposal written clearly?</li> <li>Was it logically organized?</li> <li>Were technical terms and abbreviations defined?</li> </ul>	Clearly written and accessible description of the whys and hows of the proposed project.	Reasonably well written and accessible description of the whys and hows of the proposed project.	Description of the proposed project could have been written in a more accessible way.	It was challenging to understand some parts of the proposed project. Technical terms were not well defined.	The proposal was not written in an accessible way and was very difficult to understand.							
2. Proposed impact of the proposed project	<p><b>CONSIDERATIONS</b></p> <ul style="list-style-type: none"> <li>Did you have a clear sense of what the applicant hopes to accomplish?</li> <li>Do the potential applications/outcomes/benefits match the proposed approach?</li> <li>Do you feel the completion of the proposed work has the potential to benefit cancer patients in the long or short term?</li> </ul>	Outcomes/impacts are clearly stated. The relationship to patient benefit in the short and/or long term is well described and well aligned with the proposed project.	Outcomes/impacts are stated and connected to patient benefit. The stated benefit(s) align with the proposed project.	Outcomes/impacts are stated but could be clearer; how the research relates to patient benefit could be better described.	Outcomes/impacts and the relationship to patient benefit is not well described.	Outcomes/impacts are not stated or unclear. No relationship to patient benefit is apparent.							
3. Patient engagement approach	<p><b>CONSIDERATIONS</b></p> <ul style="list-style-type: none"> <li>Is the patient engagement approach aligned with the stated outcomes of the proposed project?</li> <li>Do you feel there are additional opportunities for patient engagement beyond those identified by the applicant?</li> <li>Is there a plan for compensating and acknowledging the contribution of patient partners?</li> </ul>	The patient engagement approach is well described, based on best practice, and tailored to the proposed project.	The patient engagement approach is fairly well described, based on best practice, and tailored to the proposed project.	The patient engagement approach is described but could be better connected to the proposed outcomes for the project.	The patient engagement approach is described but not tailored to the proposed outcomes for the project.	The patient engagement approach is poorly described and there appears to be a lack of understanding of how patient partners could contribute to this project.							
4. Feasibility of work plan	<p><b>CONSIDERATIONS</b></p> <ul style="list-style-type: none"> <li>Does the proposed timeline seem doable within one year?</li> <li>Is there sufficient time and financial resources allocated to patient engagement?</li> <li>Are there critical activities or budget items missing from the proposal? Are other sources of support identified for this project?</li> </ul>	Milestones/deliverables are well-aligned with the timeline and proposal. The budget seems appropriate and well justified. Patient partner support is indicated.	Milestones/deliverables are feasible given the 12-month timeline and the budget seems appropriate and justified.	There is some vagueness in the timeline and the budget could be better justified.	Many activities and budget items are not well justified. Important details seem to be missing.	Timelines are not well synced with the proposal and the budget is not aligned with the milestones/deliverables.							

REVIEWER:

APPLICATION ID:

PHASE 2 AREAS		HIGHEST RATING					LOWEST RATING		Rating	Feedback for Applicant <i>(Please ensure your comments are respectful, constructive and informative)</i>
1.	Clarity of presentation	<ul style="list-style-type: none"> <li>Do you have a better understanding of the proposed project based on the applicant's presentation?</li> </ul>	The project was presented clearly and concisely and built on the application. I have a better understanding of the proposal.	The project was well described, and I have a good understanding of it.	The presentation reflected the application but could have been more fully described.	The presentation could have been made clearer to improve my understanding of the proposed project.	The presentation did not deepen my understanding of the proposed project.			
2.	Applicant's receptiveness	<ul style="list-style-type: none"> <li>Was the applicant open to questions?</li> <li>Were questions answered well?</li> <li>Was the applicant receptive to feedback from <u>all</u> patient partners?</li> </ul>	Applicant addressed questions well and was very receptive to feedback. Responses deepened my understanding of the proposed project.	Applicant addressed questions and was receptive to feedback.	Applicant addressed questions adequately.	Applicant answered some but not all questions adequately.	Applicant did not answer questions well or fully. Feedback from patient partners did not seem to be appreciated.			

REVIEWER:

APPLICATION ID:

PHASE 3 AREAS		HIGHEST RATING					LOWEST RATING		Rating	Feedback for Applicant <i>(Please ensure your comments are respectful, constructive and informative)</i>
1.	Proposed impact of the research	<ul style="list-style-type: none"> <li>Do you have a better sense of what the applicant hopes to accomplish with the additional information provided during the presentation and post-presentation submission?</li> <li>Do you feel that this project will feed into the applicant's larger research plans with prospective outcomes that will benefit patients?</li> </ul>	Outcomes/impacts were clearly articulated. The relationship to patient benefit in the short and/or long term was well described and well aligned with the methodology.	Outcomes/impacts were stated and connected to patient benefit. The stated benefit(s) aligned with the proposed methodology.	Outcomes/impacts were stated but could have been made clearer; how the research relates to patient benefit could have been better described.	Outcomes/impacts and the relationship to patient benefit was not well described.	Outcomes/impacts were not stated or unclear. No relationship to patient benefit was articulated.			
2.	Patient engagement approach	<ul style="list-style-type: none"> <li>Do you have a better sense of how the applicant plans to engage patients with the additional information provided during the presentation and post-presentation submission?</li> <li>Do you feel that the strategies proposed for patient engagement will involve patients in a meaningful way?</li> </ul>	5 Patient engagement approach was very well described. Applicant demonstrated an understanding of how patient engagement is important to the success of the project.	4 Patient engagement approach was fairly well described and the applicant seems to understand the value of patient partners.	3 Patient engagement approach was described but not elaborated.	2 Patient engagement approach was described but left me with questions about the details of how patient partners will contribute.	1 Information about the patient engagement approach is lacking and I feel its importance is not understood.			