Improving Outcomes for Men Impacted by Cancer Award 2021

Application Guidelines

Improving Outcomes for Men Impacted by Cancer Award 2021

Application Guidelines

1. Introduction

1.1. Background

As highlighted in the National Cancer Strategy 2017-2026[1], advances in cancer treatment are greatly increasing survival rates for patients. There are now approximately 200,000 people in Ireland living with and beyond cancer. However, the consequences of cancer and its treatment can result in significant, often lifelong, effects on health and quality of life.

In line with this, and as part of its strategy[2], the Irish Cancer Society is dedicated to drive forward initiatives which seek to improve the experiences, quality of life and outcomes of all those impacted by cancer.

As part of our commitment, we have funded a number of survivorship and survivorship research programmes, including the recent Women's Health Initiative[3]. We are now seeking to develop and pilot a dedicated two-year integrated survivorship research programme aimed at better engaging with and supporting men in Ireland post cancer treatment. With approximately 13,000 men diagnosed with invasive cancer every year, men in Ireland are more likely to get cancer compared to women, and are 30% more likely to die from their malignancy. Furthermore, at a recent stakeholder workshop held to examine the unmet needs of men affected by cancer in Ireland, contributors highlighted the glaring

---

[1] The National Cancer Strategy 2017-2026: https://health.gov.ie/wp-content/uploads/2017/07/National-Cancer-Strategy-2017-2026.pdf

[2] The Irish Cancer Society Strategy 2020-2025: https://www.cancer.ie/about-us/irish-cancer-society-strategy-2020-2025

[3] The Irish Cancer Society Women's Health Initiative: https://www.cancer.ie/cancer-research/about-our-cancer-research/our-cancer-research-networks/womens-health-initiative

issues and disparities facing male cancer survivors, and particularly emphasised the challenge of supporting men to engage with cancer survivorship services to derive an optimal outcome for their illness.

As part of this new initiative, we seek to address the **key gaps** and **unmet survivorship needs** of men affected by cancer. In particular, an important aspect of this programme should involve demonstrating how to improve the survivorship supports and services for **underserved communities of men** who have not traditionally been the focus of such initiatives and are recognised as experiencing disparities in terms of cancer incidence, prognosis, outcome and/or quality of life. Unfortunately, there are many such communities but these might include, for example, members of the Travelling community, the LGBT+ community, ethnic minority and migrant communities, communities with social disadvantage and/or socio-economic challenges, or specific mental health issues likely to impact their ability to have a positive outcome from a cancer diagnosis.

The focus of this programme should be centred on provision of evidence to drive improvement in the survivorship supports and services for those cancers that yield a poorer prognosis and for which there are still considerable challenges and resources issues, these include (but are not limited to): head & neck, lung, oesophageal, bladder cancer, metastatic disease etc.

Applications from multidisciplinary teams are invited to tender a 2-year programme that can begin to drive an evidence basis as to how to practically address these key survivorship priorities and issues. The programme, which will be underpinned by a robust research infrastructure, will coordinate resources, be readily accessible and seek to develop and improve evidence-based post-treatment services for men affected by cancer among the target groups/populations articulated in the application.

1.2. Funding

It is the intention of the Irish Cancer Society to commence funding of the successful application in 2021. This will be subject to the submitted grant proposals meeting the required standard as assessed by international peer review and patient stakeholder review. Any application that does not meet this required standard will be eliminated from the application process. The Improving Outcomes for Men Impacted by Cancer Award 2021 will provide funding of approximately €300,000 towards a project of 24 months' duration.

Only proposals with the potential to deliver excellent, informative, and impactful services within the timeframe of the grant will be considered for funding.

1.3. Key Dates

Action	Date
Call Open	05 August 2021
Call deadline	22 September 2021
Notice to applicants	End of October 2021
Grant Start Date	Q1 2022

Please note: that the above dates are subject to change at the discretion of the Irish Cancer Society.

1.4. Guiding Principles/ Programme Eligibility

As a prelude to this funding call, a stakeholder workshop was organised. The workshop brought together representative stakeholders from a number of areas, such as men's health groups, healthcare professionals, men who have been impacted by cancer, and organisations representing underserved communities. All stakeholders worked together to discuss the key unmet survivorship needs of men affected by cancer and to develop a set of key guiding principles (Figure 1) which must form a core aspect to the research and learnings this initiative seeks to support.

Figure 1: Infographic highlighting the 8 principals required for developing a survivorship programme for men affected by cancer

Principal 1: **Should take a holistic and person-centred approach to improving the survivorship journey and its outcome**

The programme should approach the survivor as a person with individual needs, expectations, and experiences. Their needs may encompass any area of survivorship, from physical and practical needs, to psychosocial, spiritual, communication, financial, and intimate/interpersonal needs.

As such, the programme should focus of on researching ways to improve access to holistic and personalised supports and services that meet the unique need of each survivor in a 'wraparound' way. By way of example, this may incorporate survivorship care plans, symptom care pathways, etc.

Principal 2: **The survivorship programme must be multidisciplinary**

As noted in Principal 1, the needs of each survivor is unique and a holistic view of the person should be taken. As such, the design/running of a survivorship research programme should be multidisciplinary, incorporating specialities such as (for example) medicine, surgery, nursing, general practice, psychology, physiotherapy, occupational therapy, social work, speech and language therapy, pharmacy, and

dietetics (this list is illustrative only and it will be up to the applicants to justify the breath of expertise to be employed as they seek to examine the research challenge in a holistic and person-focussed manner).

The programme should have strong and inclusive governance, management, and oversight, and should be led by a team of individuals with the appropriate experience and capability necessary to manage a large scale initiative, backed up by clear institutional support. This may include for example clinicians, a nurses, or a health and social care professional (HSCP). At a minimum nurses and HSCPs should take an **active** role in driving forward any programme.

Principal 3:   ***The Core Location of the programme should be appropriate to the target audience***
The Core Location of any programme should be carefully considered particularly within the context of accessibility and inclusion. While positioning the service within an acute hospital setting may be helpful in allowing access to infrastructure or staff, it may simultaneously hinder engagement from particular communities or mean that geographically isolated individuals are unable to access. For example, other community-based programmes may be more accessible to certain populations. Conversely, a community-based location may hinder access to specialist expertise and co-ordination. Ultimately, it will up to the applicant team to determine and justify the most appropriate Core Location for the initiative. They must also sufficiently define their plans to expand the reach of the programme beyond the Core Location, in order to ensure that the target communities are sufficiently supported.

Consideration should be given to how best to give widest reach and impact of the initiative for example, through the use of technology, link in with other services, and institutional partnerships.

In addition, institutional and organisation support will be an important driver of success both in the short-term and long-term for this initiative, therefore a strong institutional commitment and buy-in is fundamental at the application stage.

Principal 4:   ***The programme should be actively accessible and inclusive to underserved communities, placing such communities at its heart.***
The programme should be open to all men, regardless of their ethnicity, sexuality, gender identity, age, physical or mental disability, language, social-economic status

or citizenship. Indeed, the programme should specifically focus on engaging and supporting men from underserved communities, for example, members of the Travelling community, the LGBT+ community, ethnic minority and migrant communities, communities with social disadvantage and/or socio-economic challenges or specific mental health issues likely to impact their ability to have a positive outcome from a cancer diagnosis. While the focus of this programme is on men from among the target group(s), we understand that, aside from urological cancers, and gynaecological malignancies, cancers are often not treated in a gender specific manner. Accommodations can be made to ensure that the programme does not breach ethical standards of equity and is inclusive, once it has a focus on addressing the other key principles and particularly the principle that men from underserved communities can fare worse from treatment than the general population.

Each person has an individual experience in interacting with Irish society and its healthcare system, with some experiencing overt or implicit discrimination. This past experience may inform their future interactions with any survivorship programme. Consideration of accessibility and inclusion should be incorporated from the very beginning and throughout the project.

The programme should be active in its engagement, seeking out survivors rather than waiting for survivors to seek it.

Principal 5: ***The programme should focus on building trust***

The programme should focus on building trust between itself and the communities it intends to serve. Existing trust should not be assumed. Gender, sexuality, and ethnic-minority communities may have experiences of explicit and implicit structural discrimination within health services. While General Practitioners, for example, may be well-positioned to engage with certain communities, they may be perceived by others as not being as well positioned.

The programme should emphasis to establishment of trust, for example, by aligning itself with social leaders within communities or appropriate specialist advocacy groups. Examples of such groups might include, for example, LGBT Ireland, Irish Refugee Council, Focus Ireland, The Transgender Equality Network (TENI), Pavee Point, Alone, Men's Sheds, and Cairde.

Direct involvement from men affected by cancer or their advocates must be at the core of the programme. Having such vital stakeholders involved in the co-design of the initiative as well as being included as part of the overall governance of the programme is a fundamental aspect.

Principal 6: **Integration into existing infrastructures**

While the development of an evidence-base for new supports and services will likely be an important aspect of this programme, it must not 're-invent the wheel' and should focus on drawing together both new and already existing health and oncology services, and resources into a cohesive infrastructure.

Examples of how this might be achieved include through collaboration and partnership with existing service providers/groups/experts (e.g. the national cancer control programme, the Irish Cancer Society etc.) the use of link workers, a 'social prescribing' style programme, etc.

Principal 7: **The initiative should be research active and evidence generating**

Research and generation of evidence should ultimately underpin this initiative. The programme should be evidence-based and develop its work through iterative prospective research processes. This not only includes the efficacy of the interventional programme itself, academic development among the team but also the long-term health economics of the programme.

In addition, the programme should have a long-term plan for being 'research friendly' and 'research enabling'. By research friendly, we mean creating an environment that is attractive to researchers and attractive to HSCPs interested in research/research active. By research enabling, we mean that the programme is active in encouraging and supporting research activity e.g. research governance support, training opportunities, applying for grants, mentorship, etc.

Principal 8: **Sustainability**

This investment is intended to drive the development of core capacity, knowledge, experience and critical mass in improving the care, quality of life and outcome of men affected by cancer. As such the purpose of this initiative is to create a platform on which to build a future long-term cancer survivorship programme for those in the

target population(s). Therefore, a key aspect of this award will be to provide a vision for sustainability and national scalability to ensure the continuation of the initiative beyond the 24-month duration. At a minimum, the programme should give evidence of leveraging existing resources. The ability to draw in additional tangible cash or in-kind investments from other partners, as well as a plan to get buy-in from key stakeholders in the area will be weighted into the review of all applications.

1.5. Applicant Eligibility

It is essential that the initiative has a strong leader who will ultimately be responsible for programme delivery. Given the multidisciplinary nature of the programme and the need for diverse expertise across the team, joint Lead Applicants (Co-Lead Applicants) are permitted where justified. In this instance it would be expected that the skill sets and expertise of the Co-Lead Applicants will complement each other. The division of responsibilities between the Co-Lead Applicants should be clearly outlined within the application. The Leads or Co-Leads (as relevant) must be actively involved in clinical practise, for example, they might be a clinician, a nurse or health and social care professional (HSCPs) etc. It is expected that nurses and/or relevant HSCPs should take an active role in driving forward the programme.

The Lead Applicant(s) must have plans in place to ensure the appropriate level of time and resources are available to oversee the delivery of the work programme, therefore, organisational support from the Lead Applicant(s) employer is very important for this award. A detailed and persuasive Letter of Support is required from the Lead Applicant (s) employer outlining their commitment to support the Lead-Applicant(s) in all relevant activities within the proposed body of work.

At a minimum, the Lead Applicant(s)* must fulfil the following criteria:

- Be actively engaged in clinical practice and have service innovation expertise

- Demonstrate a clear level of support from the proposed host institution and articulate who in the institution will provide sign-off on documentation, reports financial management etc.

- Have experience in the management of multidisciplinary clinical research teams

- Have a minimum of 5 first or senior authorships in cancer/health-related, peer-reviewed publications

- Have an established track record in cancer research exemplified by, for example, principal investigator roles, clinical trials, research supervision, national/international research partnerships etc.

- Currently be affiliated with a HRB approved higher education institution in the Republic of Ireland for the duration of the award. This higher education institution will act as the host institution for the duration of the award.

- Demonstrate a commitment to ensuring the highest research standard of the proposed body of work.

- Demonstrate how they will have the time to lead the programme

Please note, in the case of Co-Lead Applicants, it is not a requirement that each Co-Lead have all of the above eligibility criteria. Due to the complimentary nature of the Co-Lead structure, it is sufficient that the applicant group together fulfill all the eligible criteria listed.

1.6. Team Eligibility

While the Lead Applicant(s) will oversee the delivery of this programme, ultimately this programme will encompass a multidisciplinary team who will facilitate the day-to-day running of the award. This could be comprised of operational staff for example, a programme manager, coordinators or administrators, as well as clinical staff such as clinicians, nurses and other HSCPs.

The exact team structure will be dependent on factors such as the nature of the programme, the Core Location and the plan for expanding the reach of the programme beyond its Core Location.

Please note, the Core Location of the programme will be the main sites where the service is positioned, for example, in a clinical setting or community-based setting etc. However, the host institution of the programme i.e. the institution that the programme is administered through and governed by must be a HRB approved higher education institute in the Republic of Ireland and at least one of the Lead Applicants must be affiliated with this institute. Other members of the team may be based in different locations depending on their particular role. Support from the core site will be very important for this award. A detailed Letter of Support is required from the core site and key affiliated locations outlining the commitment to support the programme team in all relevant activities within the proposed body of work.

Co-Applicants

A maximum of 10 Co-Applicants are permitted and must have a well-defined and substantial role in the proposed programme e.g. significant input into study design, service provision and roll-out etc. If projects are co-designed with key stakeholders (e.g. PPI), you may add them as a co-applicant to the

project. You will be asked to provide a brief role description for each co-applicant. Co-applicants must confirm their participation and approve the application prior to it being finally submitted for review.

1.7. Host Institute

The host institution is the organisation that receives and administers grant funding and is responsible for compliance with all general and specific terms and conditions of awards. In order to be eligible to apply for funding, a proposed host institution must be a higher education institution in the Republic of Ireland and must be one of the HRB's approved host institutions: www.hrb.ie/funding/funding-schemes/before-you-apply/all-grant-policies/hrb-policy-on-approval-of-host-institutions. The host institute does not need to be the core programme site.

2. Application Procedure

2.1. How to Apply

Applications must be completed and submitted through the Irish Cancer Society Grant Tracker online system. In order to submit an online application, you are required to register at the following address: https://grants.cancer.ie.

When registering please fill out all the fields on the registration form.

2.2. Overview of the Application Process

When you enter your login details you will be directed to the Portal Home page. From here you can:

- Update your basic information (please make sure all fields are completed)
- Make a new grant application
- Access previous grant applications

2.3. Making an Application

When you have ensured that all your basic details are entered then you can proceed to apply for a new grant application. This can be done by returning to the Portal Home page and clicking to apply

for funding from one of our grant streams. Or alternatively through the 'My Applications' tab on the left hand side of the page, and clicking the 'New Application' button.

You will then be asked what Grant Type you would like to apply for. Click 'Apply' for the Grant Type detailed as "Improving Outcomes for Men Impacted by Cancer Award 2021".

2.4. Writing in Accessible Language

The entire application form will be reviewed by both scientific and PPI (Public and Patient Involvement) review panels, and as such the language used in the application should be reflective of this broad panel. The Society is cognisant of the fact that some sections of the application will require the provision of technical information and clinical research. However, we do ask that every effort is made where possible to ensure that the application is accessible in its language and tone. Jargon and complex concepts should be described clearly when necessary.

Guidance for writing in accessible language can be found as part of Appendix 1.

3. Application Form

There are 10 sections outlined on the left hand side of the page:

a) Introduction
b) Project Outline
c) Applicant Team
d) Programme Summary, Aims, and Objectives
e) Initiative Structure
f) Award Principles
g) Letters of Support
h) Impact Plan
i) Budget
j) Validation summary

These sections are to be viewed and completed. It is recommended that you save the information as you complete each section. This can be done by clicking 'Save' as you go along. Alternatively, the information will be saved when you click 'Save and Close'. By clicking 'Previous' you will be brought to the previous section and by clicking 'Next' you will be brought to the next section.

As you proceed through the sections you will see a small blue question mark icon next to some of the sections. By clicking on this icon you will get more information on the section to be completed.

Sections that are required to be filled out have a red circle icon next to them. You will <u>not</u> be able to submit the application if these sections are not completed.

Further details on each of the application forms sections are provided below.

a) Introduction
This section gives an overview of the Improving Outcomes for Men Impacted by Cancer Award

b) Project outline
Details of your application are entered into this section. Input and save the information as required under the following headings:

  – Proposed title
  – Proposed start date (must be Q1 2022)
  – Duration (24 months)
  – Lead Applicant details
  – Second Lead Applicant (if applicable)
  – Proposed host institution
  – Proposed Core Location
  – Cancer type
  – Research type
  – Discipline
  – Keywords

c) Applicant Team
In this section, you will be asked to provide details of the Lead Applicant(s) and Co-Applicants.

<u>Lead Applicant(s) Curriculum Vitae (CV):</u> In this section, you will be asked to complete and upload a CV for the Lead Applicant(s). The CVs should be completed using the template provided (this template is downloadable in this section on the online system or on the website) and be no more than three pages long.

<u>Co-Applicants:</u> You may add up to 10 co-applicants to the project. Co-applicants must have a well-defined and substantial role in the proposed plan e.g. significant input into study design, data collection, or analysis and interpretation. If projects are co-designed with key stakeholders (e.g. PPI), you may add them as a co-applicant to the project.

You will be asked to provide a brief role description for each co-applicant. Co-applicants must confirm their participation and approve the application prior to it being finally submitted for review.

d) Programme Summary, Aims, and Objectives

In this section, you need to provide a summary of the overall programme, as well as set out a series of strategic and logical objectives that you hope to achieve within the lifetime of the award. The objectives should be precise and concise statements, with a projected date for completion.

Please provide an outline of the following **(700 words max)**:

- Outline the aims, objectives, and outcomes of your proposal and how these correspond with the purpose of this grant
- The patient group(s) that the initiative will aim to support
- How the initiative will look/function practically (including details of the Core Location, and the plans to ensure widest reach to the appropriate target groups
- What 'success' will look like and how it will be measured
- What data/outcome measures will be collected and how the data will be handled
- How the initiative will provide the research evidence as to whether it provides a superior outcome for those it seems to help
- Overview of how patients will access/be referred to the initiative

Gantt Chart: You must upload a Gantt chart for the proposed grant (in PDF format). Please ensure that chart is legible when uploading. Illegible images may be difficult for the peer review panel to assess and could detract from your application. Please ensure the Gantt chart encompasses all aspects of the proposal, including PPI.

Flowchart: Please upload a 'model of care' flowchart image to support your application (one image, PDF format). The flowchart should include the source of access for patients, the referral pathway, and the overall service support plan. Please ensure that the image is legible when uploading. Illegible images may be difficult for the peer review panel to assess and could detract from your application.

e) Initiative Structure

In this section, you will be asked to detail how the initiative will be structured in terms of leadership, staffing, and collaborators.

<u>Leadership</u>: It is essential that the programme has strong leadership. Please provide a description of the leadership structure (200 words max). Please consider the following:

- The proposed management structure for the initiative, including service and research activities.
- What makes this leadership appropriate to this proposal
- What arrangements will be made to ensure the appropriate level of time and resources are available to oversee the delivery of the programme (will time buy-out be required/secured?)

<u>Staffing</u>**:** Please detail the proposed staffing structure for the initiative, identifying the key personnel (including any clinical, research, and support staff) required and the proposed roles and responsibilities. Co-applicants may also be staff, and should be detailed here too (200 words max).

Please also provide an organisational chart (organigram) outlining the organisational structure of the initiative, including plans for overall governance, management and oversight. Please upload the chart in PDF format.

<u>Collaborations</u>: If the proposal includes collaborations or partnerships with individuals, groups, or organisations, please detail this (200 words max). Letters of support from collaborators should be included in the Letters of Support page. Bear in mind that international reviewers may be unaware of the relevance or context of some institutions and such letter can be a strong persuader for specialists unfamiliar with the Irish health research ecosystem

<u>Stakeholder Involvement Plan</u>**:** For the initiative to have achieve impact in the areas identified it is implicit that the relevant stakeholders are genuinely involved from the beginning planning stages and throughout. Such stakeholders include (but is not limited to): patient advocates, patient-centred organisations, health service providers, community groups etc. Please note, inclusion of men affected by cancer or their advocates is a mandatory part of the stakeholder plan. Plans should be well thought out, as detailed as possible, and given as much consideration as the scientific sections in the form. Vague plans are to be avoided. When completing this section, please carefully read Appendix 1 and consider the following questions (500 words max):

- What key stakeholders will be involved and from where will they be identified/recruited?

- At what stage will these stakeholders be involved in your research project? E.g. planning, design, implementation, management, evaluation, dissemination.
- What is the overall goal of involving men affected by cancer and their advocates in the programme?
- How exactly will you involve stakeholders? Give as detailed information as possible, for example numbers involved and how they will be recruited, what exactly will be required from them etc.
- What infrastructures are available within your institution for involving patients and the public and how will they be utilised?
- What supports will be in place for men affected by cancer and their advocates (should they be needed)?
- How you will ensure to disseminate knowledge to relevant stakeholders, the communities impacted and members of the public.
- Please identify any challenges that might arise from involving patient advocates in your research, and how any issues will be prevented. Please remember that PPI reviewers have an equal voice in the funding review decision.

Letters of support from key stakeholders may optionally be upload on the Letters of Support page.

f) Award Principles

In this section, you will be asked to outline how the proposed initiative meets the guiding principles:

1.	Should take a holistic and person-centred approach to improving the survivorship journey and its outcome.	Please describe how the proposal will take a holistic and person-centred approach (300 words max).
2.	The survivorship programme must be multidisciplinary.	Please outline how the proposed approach is multidisciplinary, detailing which disciplines are involved and how. Please also detail how nurses/HSCPs are actively involved in leadership capacity (300 words max).
3.	The Core Location of the programme should be appropriate to the target audience.	Please describe the Core Location(s) and justify why this location is the most appropriate for the target audience, with consideration of accessibility and inclusion (300 words max). Please also provide details of any peripheral sites that will be utilised to expand the reach of the programme, and how these sites will link in to the Core Location. A Letter of Support from the core site must be provided in the Letter of Support page. Letters of support from peripheral sites may also be included here

4.	The programme should be actively accessible and inclusive to underserved communities, placing such communities at its heart.	Please outline how the initiative will be <u>actively</u> inclusive and accessible (500 words max). Please consider: — If the proposal targets a particular community, please detail how the programme has been designed with that community in mind. — How do you intend to engage effectively with the targeted community? — What's plans have you put in place to maximise accessibility?
5.	The programme should focus on building trust.	Please detail how the initiative intends to build trust with the community it intends to reach (300 words max).
6.	Integration into existing infrastructures.	Please detail how the proposed initiative will integrate into existing infrastructures. If novel aspects are also required, how will you link new and already existing resources into a cohesive infrastructure (300 words max). Letters of support from key partners may be included on the Letters of Support page.
7.	The initiative should be research active and evidence generating.	Please describe how the initiative will be research active and evidence generating (700 words max). Please detail: — What research will take place as part of the initiative? — What type of data will be collected and how? — How will the data be used to inform the initiative? — How will the initiative be research friendly and encourage further research activity and investment?

8. Sustainability.

Please outline how the initiative is sustainable in the long term (300 words max). Please detail:

— What is the long-term plan for the initiative?

— How will the long-term sustainability of the initiative be assured?

— Please outline any additional investments leveraged to date, financial or otherwise. Please note that preference will be given to proposals that bring additional funding.

g) Letters of Support

You will be required to submit a number of support letters, based on the specifics of your proposal. Letters of support should be completed using the template provided, downloadable from this section of the form. Letters of support are a critical opportunity to persuade the review committee as to the quality and calibre of the proposed interactions within the award.

Institutional Support: All applications must provide a support letter from the host institution, the Core Location of the initiative, and the employer of the Lead Applicant(s).
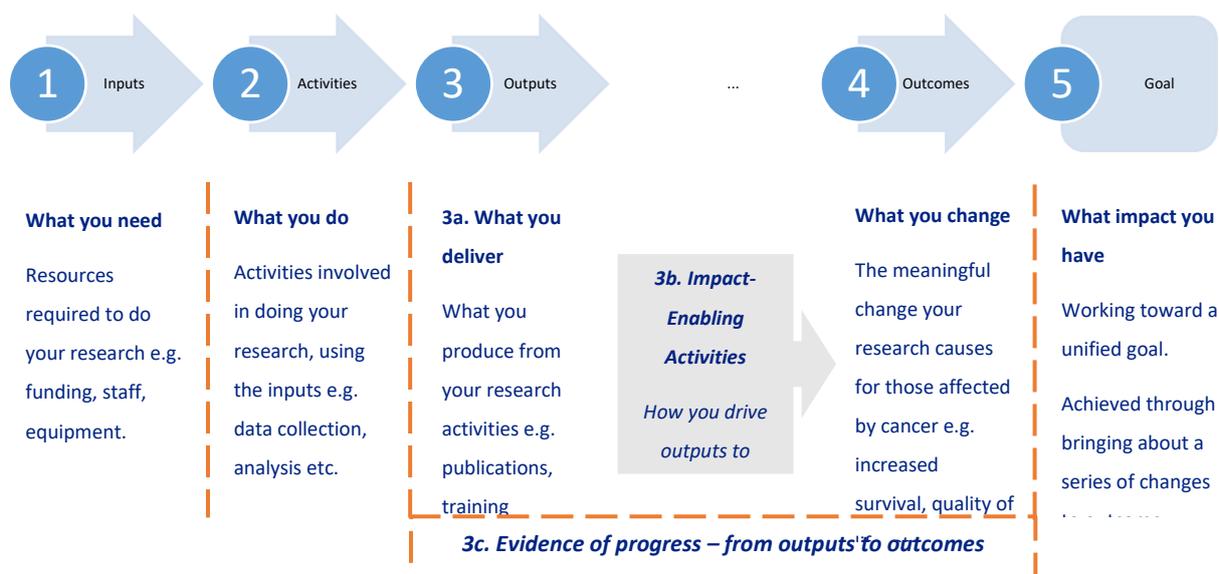
- **Host Institution:** The Head of Department or relevant senior executive should complete the host institution Letter of Support. It must include acknowledgement that the organisation is aware of the application and will act as host institution should the applicant team be successful. This letter should also include acknowledgement that they will provide the staff of the award with appropriate research space, programme-dedicated time, access to resources, and the appropriate insurance cover.

- **Core Location**: The Head of Department or relevant senior executive should similarly complete the Core Location Letter of Support. The letter should outline the organisation's support of the proposal by providing any necessary support, including access to required resources, protected time, and the appropriate insurance cover.

- **Employer**: Lead Applicant(s) must provide a strong Letter of Support from their employer.

  o Clinically-based Lead Applicants must provide a Letter of Support from an appropriate person at their clinical site (e.g. Head of Department). The letter must acknowledge that the organisation is aware of, supports the application, and will enable the applicant to fulfil research obligations. This support includes the appointment of new staff or staff to cover the time spent dedicated to the initiative. The letter should describe how this support would be accomplished in the context of providing a clinical service. In addition, the clinical site must agree to provide indemnity cover that may be required by any staff carrying out research at the clinical site

  o Academically-based Lead Applicants must provide a Letter of Support from their Head of Department. If this is the same institution as the Host Institution, as single letter will suffice.

Additional Letters of Support: Some applicants may be required to supply additional letters of support, or may wish to include optional letters of support that enhance their proposal. These include:

- **Additional sites**: If the proposal requires access to additional key sites (e.g. hospital, community service) fundamental to the success of the initiative, please provide a Letter of Support from each site.

- **Collaborators**: If the proposal includes key collaborations or partnerships with individuals, groups, or organisations, please include letters of support here. Letter(s) of support are required from funding sources/co-funders and should be included here.

- **Stakeholders**: If the proposal includes key stakeholders, as detailed in the Leadership Structure page, you may (optionally) include letters of support here.

h) Impact Plan

All Irish Cancer Society funded research requires a strategic impact plan to ensure that funding results in impact. Please consult the Research Impact Framework (RIF) (Appendix 2) when completing this section. The impact plan details how the input of research funding ultimately results in meaningful impact to people affected by cancer. This is detailed using a sequence of steps, as follows:

1 Inputs	2 Activities	3 Outputs	...	4 Outcomes	5 Goal
What you need Resources required to do your research e.g. funding, staff, equipment.	**What you do** Activities involved in doing your research, using the inputs e.g. data collection, analysis etc.	**3a. What you deliver** What you produce from your research activities e.g. publications, training	*3b. Impact-Enabling Activities* How you drive outputs to	**What you change** The meaningful change your research causes for those affected by cancer e.g. increased survival, quality of	**What impact you have** Working toward a unified goal. Achieved through bringing about a series of changes

3c. Evidence of progress – from outputs to outcomes

It is important to start thinking about the pathway to impact from the start of the project. This will provide a strong foundation when a grant gets underway. As such, plans should be as comprehensive

and considered as possible. The recommended approach is to develop the impact plan by working backwards, from goal to inputs.

As such, the impact plan consists of:

5. Goal

4. Outcomes

3a. Outputs

3b. Impact-enabling activities

3c. Evidence of progress

2. Activities

1. Inputs

Please note: Both the PPI and Scientific Review Panels will review this section. **It should be written in a manner that is accessible to both reviewer groups.** Further details on each section follows:

---

5. Goal	This is the goal of the Irish Cancer Society. It is pre-determined by the Strategy 2020-2025 and cannot be changed. This goal is that *'by 2025, 3 out of 4 Irish cancer patients will survive their diagnosis and everyone affected by the disease will have access to world-class treatment, care and support. In future, no one in Ireland will die from cancer.'* This is the goal that all research funded by the Irish Cancer Society should be working towards.

---

4. Outcome	To reach the above goal, a number of core changes or 'outcomes' must first be accomplished. These outcomes, identified through stakeholder consultation, will drive us toward our goal. You must select at least one outcome from the below list:

— Treatments and diagnostics increase survival.

— Treatments and diagnostics increase the quality of life of people affected by cancer.

— Increased numbers of patients accessing clinical trials and early access programmes.

— Screening increases survival.

— Improved care and support increase survival.

— Improved care and support increase the quality of life of people affected by cancer.

— People affected by cancer feel more empowered in their cancer journey.

You may choose 'other' if you feel strongly that none of the other outcomes covers the potential outcome of your research. If 'other' is selected, then more detail will be required on the proposed outcome.

By targeting a strategic outcome, every funded study funded is contributing to the Society's goal.

3a. Outputs	Planned outputs for the project e.g. publications, policy document, patents, information leaflets, and training programmes (150 words max). These are just examples and are not a comprehensive list. The appropriate outputs will vary for each type of project and what outcome has been selected.
b. Impact-enabling activities	An output is unlikely to achieve a desired outcome on its own. Impact-enabling activities bridge the gap between out*puts* and out*comes*. Please details what activities need to occur for the outputs to impact the identified outcome. When will these activities take place? Information can be provided in narrative or bullet point format (300 words max). *For example, imagine a researcher produces a report detailing how a clinical service can be improved. The report alone cannot be impactful if it is not shared with the people who make decisions about that service. An outcome-enabling activity would be to arrange a meeting with the service provider to discuss the report and how to implement its findings.*
c. Evidence of progress	Please detail how you will measure the effectiveness of impact-enabling activities? What evidence can be used to show this? Indicators may be qualitative or quantitative (300 words max). *Using the example provided in 3b, the evidence of progress could be the piloting of the service improvement or the development of a grant application to conduct an implementation study.*
2. Activities	Activities that will take place as part of the research project. A high-level breakdown of what will be done over the course of the funding period is sufficient. Bullet points may be used (150 words max).
1. Inputs	Please detail the resources needed for the project. High-level information is sufficient. Bullet points may be used (150 words max).

i) Budget

Applicants should consult the Irish Cancer Society Budget Spending Guidelines when developing their grant budget (Appendix 3). The budget should include costs associated with running the initiative and the research costs embedded within the initiative. The approval of all grant budget items is at the discretion of the Irish Cancer Society. Any budgeted costs that do not adhere to spending guidelines risk rejection.

Please note: preference may be given to applications that have leveraged additional external investment to support this research project. You will be asked to provide details of any leveraged additional funding.

Funds from the Irish Cancer Society may be requested for the following:

Salary costs	All salary costs and staff should be detailed and robustly justified, with costs calculated using the appropriate HSE or IUA scales and inclusive of employer PRSI and appropriate pension contributions.
	Buy-out time for the applicant(s)/staffing may be budgeted.
	HSE: https://www.hse.ie/eng/staff/benefitsservices/pay
	IUA: https://www.iua.ie/research-innovation/researcher-salary-scales/
Running Costs & Equipment	Please allow sufficient budget for all materials and consumables required to carry out your research proposal, including research-related travel costs. Necessary and justifiable equipment may be budgeted in excess of the limits indicated in the Budget Spending Guidelines, within reason and at the discretion of the Irish Cancer Society.
Training & education costs	Please provide details of costs involved in the staff attending training and education modules.
Dissemination costs	Please detail the costs associated with dissemination e.g. printing, posters, publication costs, engagement events, conference attendance, etc. Include any dissemination-related travel costs here.

PPI costs	Please describe costs associated with your including men affected by cancer and their advocates in the programme
	Research participation costs (e.g. participant travel) should not be included here.
	Guidelines on PPI and budgeting for PPI can be found in the appendices.

The Irish Cancer society will provide funding of up to €300,000. You must detail the total funding requested from the Irish Cancer Society on the 'Requested Irish Cancer Society Funding' page.

You must then detail the additional leveraged funding (if applicable) on the 'Leveraged Funding' page. The ability to draw in additional tangible cash or in-kind investments from other partners will be weighted into the review of all applications

The 'Total Funding' page will display the combined funding totals.

j) Validation Summary

In this section, any required fields in the application form that have not been completed will be detailed. You will not be able to submit the application until all required fields are completed.

4. Submission of the Application

The application is ready for submission once:

- It has been verified that all required questions are answered in the correct manner on the application form.
- All Lead Applicants and co-applicants have confirmed their participation. An email will be sent to each applicant requesting their participation when they are added to the application.

The application will be received by the society once:

- The application is submitted by the applicant , and
- The application is approved by all Lead Applicants

Please note that signatories have the capacity to approve or reject the application. The applicant will be notified by email if the application has been approved by signatories. Rejected applications will be returned to the applicant.

Applications that have been submitted by the Lead Applicant but not approved by the signatories before the deadline will not be considered. It is the responsibility of the applicant to ensure that each signatory approves the application before the deadline. Please ensure that the application is submitted with sufficient time allowed for each signatory to approve.

Application Checklist

- Completed application form
- Lead Applicant(s) CV
- Gantt chart
- Flowchart
- Organigram
- Host Institution Letter of Support
- Core Location Letter of Support
- Employer Letter of Support
- Any additional support letters

5. Application Assessment

Incomplete and ineligible applications and those submitted after the deadline will not be assessed.

5.1. Conflicts of Interest

We will endeavour to ensure that the reviewers chosen do not have any conflicts of interest regarding the applications they are assessing.

5.2. Assessment Procedure

Applications will be reviewed by both international academic reviewers **AND** PPI representatives. Each reviewer will provide scores and feedback on each application.

Scientific and PPI Reviewers will review and score applications, and will take into consideration aspects such as:

- The merit and feasibility of the proposed programme, including timelines.
- Rationale for the programme and its relative importance to men affected by cancer
- Is there a clear thought-out plan for the award?
- Does the programme align with the programme principals?
- Is there a clear, relevant, and strong basis for the proposed key focus areas?
- Are the services, access plans, referral plans and dissemination plans suitable to achieve the aims and objectives?
- Is the management structure and leadership realistic and feasible?
- Is the institution/consortium/team appropriately located and do they possess the required expertise to establish the programme?
- The applicants' and team's demonstrable commitment to cancer research.
- Is there a clear, relevant, and robust basis and plan for the research plans presented?
- Feasibility of the proposed interactions with participants i.e. will the programme work in practice.
- Clarity and feasibility of the stakeholder plan e.g. use of local resources, tokenism of plan, inclusion of all relevant stakeholders etc.
- A clear understanding by the applicant group of the value of involving men affected by cancer in the programme
- The strength and clarity of the impact plan to translate research funding into meaningful impact, aligned with the goal and outcomes of the Irish Cancer Society.
- Is the plan to build capacity and disseminate knowledge sufficient and relevant to stakeholders and the public?

- The strength of endorsement from the applicants' organisation and the support structures available to both Lead Applicants.
- The applicants plan for sustainability and their ability to secure additional funding/ in kind contributions

It is vital that all sections are made, where possible, accessible to non-scientific audiences. Failure to do this may result in the PPI reviewers not being able to accurately score these sections of your application.

5.3. Assessment outcome

Reviewer scores and feedback will be complied and evaluated during a review panel shortlisting meeting. Applicants will be informed of the outcome of review by email. The final funding decision will be co-decided by the scientific and PPI reviewers.

6. Contact

If you require assistance with the online application system or have any queries about the application, please contact the Irish Cancer Society:

Email: grants@irishcancer.ie

Appendix 1: Public and Patient Involvement (PPI) in Research Guidelines

Table of Contents

Appendix 1: Public and Patient Involvement (PPI) in Research Guidelines

1. Background

The Irish Cancer Society is committed to putting patients, families, survivors, carers, supporters and the public at the very heart of what we do. In keeping with this commitment, we are embedding Patient and Public Involvement (PPI) in our research processes. The majority of Irish Cancer Society grant calls will require researchers to detail their plans for including patients in their proposed research. These involvement sections will be reviewed by people affected by cancer (PPI reviewers).

This document is intended as an additional resource on PPI for researchers planning on submitting a grant application to the Irish Cancer Society.

Information specific to individual grant calls can be found in the Guidelines to Applicants document for each call.

2. What is Public and Patient Involvement in research?

Interaction with patients and the public can be contextualised in the many different ways people with cancer can interact with research, specifically by means of *participation*, *engagement*, and *involvement* outlined below.

Participation

A person with cancer may be recruited into, and take part in, a research study e.g. a clinical trial, and provide data of some form.

Engagement

Engagement is when the researcher communicates and disseminates research information, for example, at science festivals, public talks, television programmes, or radio.

Involvement is distinct from participation or engagement. Where participation and engagement are conducted '*to'*, '*about'*, and '*for'* people with cancer, involvement is conducted '*with'* or '*by'* people with cancer[1]. People with cancer can be involved at any stage of the research process, from conceptualisation to dissemination.

Involvement does not refer to researchers raising awareness of research, sharing knowledge or engaging and creating a dialogue with the public. It does also not refer to the recruitment of patients or members of the public as participants in research. However, these different activities – involvement, engagement and participation – are often linked and, although they are distinct, can complement each other[1].

3. Why is PPI important?

PPI is becoming increasingly important in research. The Irish Cancer Society is committed to expanding the involvement of those affected by cancer in the research that the Society funds, and in the funding decision-making process. This commitment is reinforced by the Irish Governments' National Cancer Strategy (2017-2026)[2], which highlighted:

> *"Patient involvement in cancer research improves the relevance of research*
> *questions, the quality, acceptability and feasibility of research conduct and*
> *the likelihood of uptake of research outputs."*

PPI creates a partnership between people affected by cancer and researchers. It is more than a tokenistic gesture to comply with policy, but can provide a real and substantial benefit to all key stakeholders. While not without its challenges, PPI can:

- Promote a sense of empowerment and value among patients[3]
- Enhance patient trust in researchers[3]
- Improve researchers' insight into their own research area[3]
- Help researchers identify barriers and come up with solutions to research[3]
- Increase trust and acceptability in the patient community of research findings[3]
- Inform the provision, access, and location of healthcare services[4]
- Improve the dialogue between healthcare professionals and patients[4]

Specific to the cancer setting, PPI may be used by patients as a resource, to make sense of living with a chronic condition[5]. People with cancer report feeling enhanced knowledge and skills from taking part in PPI, as well as feeling they contributed to research by providing a lay perspective (i.e., practical knowledge about being a patient with cancer)[6].

As such, PPI can be a valuable tool in the research process for both patients and researchers, and the Irish Cancer Society aims to continually to build on its PPI work.

4. PPI is a partnership

PPI is about creating a partnership between researchers and people affected by cancer, whereby all contribute collaboratively in varying degrees towards the research process or the research output. Each voice is of equal importance in PPI.

Involving people affected by cancer as early as possible in your planning process, and ensuring on-going clarity about their activities, roles and goals, is crucial to the success of PPI

Be clear from the outset what will be required from all involved in the patient involvement activities. A good exercise to do is to complete a role description for the role of the patient involved along with a description of what your role (the researcher) is with regards to PPI. This is beneficial as it is clear to both the researcher and the person affected by cancer what exactly is involved from both sides from the outset.

Relationship building is key for successful PPI. Having an open and respectful relationship is key to successful PPI. A number of different factors are important for a good relationship between the PPI contributor and the researcher(s), these are listed below.

- A good communicator including keeping in touch as needed
- Shows respect, empathy and understanding
- Has time for each other and the PPI activities

It is a good idea to keep in mind this relationship aspect of PPI when designing the Patient Involvement plans.

5. PPI and the funding process

The majority of Irish Cancer Society application forms contain sections relating to patient involvement. These sections will be reviewed by PPI reviewers and in most instances PPI reviewers will contribute to funding decisions along with scientific reviewers. As such, the review of applications is undertaken by scientific and PPI reviewers. In doing this, we ensure that the research we fund is of the highest scientific quality, while being relevant and important to people affected by cancer.

PPI reviewers are people effected by cancer including patients, survivors, family members and carers who have all received appropriate reviewer training.

6. PPI Sections in the Application

The following sections give information on PPI sections in application forms. Please note that not all sections outlined below may be in all application forms.

These sections will be reviewed by PPI reviewers. For some grant calls the PPI reviewers will score the sections and provide feedback and for other grant calls the PPI reviewers will give feedback only. This information will be given in the call guidelines.

6.1. Project Summary

A project summary should provide an overview of the research proposal, written in a format appropriate and understandable to your audience. A good summary should describe what you intend to do, why you intend to do it, and establish context. A clear understanding of the research project will allow the PPI panel to effectively evaluate other sections, such as the Patient Involvement Plan and Sharing of Research Findings sections.

For some awards, particularly those that include human participants, the PPI panel will review the practicalities and feasibility of the project and its relevance to people affected by cancer. Therefore, it is important to be clear and detailed.

Remember, your audience, who will be people affected by cancer, **may not** have a scientific background. Therefore, ensure the project summary is written in plain English (please see Section 6). However, an important consideration when writing the project summary is to determine the right balance between pitching it to the correct lay audience and oversimplifying it too much. As such, the summary should be written in clear plain English, but also adequately conveys the details on the

research question, research plan and what makes that particular research project important. The abstract may still have some "jargon" or scientific names when necessary, once they are clearly defined in understandable terms.

6.2. Patient involvement plan

The patient involvement plan should detail how patients will be involved in the research project.

It should be well thought out and as detailed as possible. Vague plans are to be avoided. The patient involvement plan should be given as much consideration as the scientific sections in the application.

It is strongly recommended that plans include specific details such as how many patients will be involved, how these patients will be recruited, what exactly the patients will be doing etc.

As with any project we acknowledge that patient involvement plans may change over the course of an award but detailed plans are still sought at the application stage.

Please note that activities outlined in the Patient Involvement plan are required to be included in the Gantt chart (when a Gantt chart is required as part of the application).

Information on types of involvement:

Involvement can be incorporated into almost any stage of the research process, which should be planned from the very beginning of study design. Some examples of how patient involvement can be incorporated into research includes (but is not limited to):

- as members of a patient advisory group for the project-
    o advising on the direction of the research; *
    o commenting on and developing patient information leaflets, consent forms, questionnaires or other research materials;
    o commenting on and developing dissemination materials (e.g., conference abstracts, posters, presentations);
- user and/or carer researchers carrying out the research e.g. conducting interviews, co-facilitating focus groups, assisting in the interpretation of results.
- Involvement in organising and running public and patient engagement activities;
- Input into grant applications

Any post-award significant alterations to study design or protocol suggested by the patient advisory group would need to be approved in advance by the Irish Cancer Society throughout the duration of the research project

Challenges

- When planning how you will involve people, it is important to think about what might go wrong and how you might handle any challenges that arise.
    - A PPI Ready: Researcher Planning Canvas was developed by MacCarthy et al [7], which researchers may find useful when considering potential challenges and how to address them.
- In some instances, patients may need additional support (emotional), it is a good idea to identify supports that could be offered to patients should they need it.
- Patients may also need practical supports to be involved. For example not all patients will have easy access to a computer. Offer to post printed copies of information and allow for additional time for people to read information and paperwork. Some people may need to use the phone as opposed to a computer to join meetings. These practical needs should be assessed at the start.

Additional things to consider-

- A number of universities within the Republic of Ireland already have dedicated individuals, infrastructure, training, or programmes in place dedicated to PPI. We strongly recommend that you engage with these local resources when planning how patient involvement will be integrated into your project.

- Engagement can sometimes be mistaken for involvement (more information on both in section 2). While engagement activities are important and can often lead to involvement opportunities, it is predominantly involvement that should be outlined in this section - *Involvement is conducted 'with' or 'by' people affected by cancer.*

- For translational biomedical laboratory based research it can be difficult to initially envision the practicalities of how patients can be involved in a research project in a meaningful way. However there are a lot of valuable opportunities to involve patients in this type of research. Further guidance on PPI in lab-based research can be found here- https://sites.google.com/parkinsons.org.uk/ppi-in-lab-based-research/home

6.3. Sharing of research findings

The Irish Cancer Society is the largest voluntary funder of cancer research in Ireland. Research is conducted primarily for the benefit of patients, therefore, a key priority of the Irish Cancer Society is to ensure that the public (including people affected by cancer) are kept up to date on research that is funded by the Society. In line with this, it is a requirement that all applicants produce a sharing of research findings plan to include communication of their research to **all** relevant audiences including the public and patients. As part of this section of the grant application, researchers are encouraged to carefully consider the different stakeholders that may be interested in their research, and develop a plan for communicating which each of these stakeholder groups.

It is important to note that while peer-reviewed journals are an important means of communicating research findings to academic researchers, members of the public are less likely to access academic journals.

Some examples of research dissemination and knowledge exchange includes but is not limited to:

- Peer-reviewed journals (open-access is encouraged).
- Dissemination at conferences and meetings
- Non-peer reviewed professional periodicals e.g., The Irish Psychologist, World of Irish Nursing;
- Public engagement talks or events e.g., Irish Cancer Society 'Decoding Cancer', Pint of Science, Science Week events, public university talks, etc.
- Newspapers/media e.g., The Irish Times, thejournal.ie, Newstalk;
- Blog posts e.g., professional blog, Irish Cancer Society website;
- Newsletters
- Online videos and website content

6.4. Budgeting for PPI

The cost of PPI is dependent on how you plan to embed it into your study i.e., your Patient Involvement Plan. As such, it is difficult to prescribe guidelines on how to budget for PPI. However, at a minimum, it is expected that the out of pocket expenses of PPI members associated with involvement are covered by the research grant

Before beginning to budget we recommend that you check that the host institute has appropriate systems in place for the payment of PPI costs and expenses. The host institute may also have specific

guidelines in place around budget costs and allowable expenses, we recommend that you check this with your institute before completing the budget.

The steps to PPI budgeting are described below:

Step	Activity
Step 1: Framework selection	Select a framework for mapping involvement costs. This might be the research project cycle (i.e., the step-by-step research process/procedure) or a project timeline (e.g., Gantt chart).
Step 2: Planning your involvement	Make a plan of the involvement activities you intend to incorporate into your research.
Step 3: What are the costs?	For each activity, identify the specific costs for which you will need to budget.
Step 4: How much will it cost?	Estimate the cost or range of costs against each involvement activity. To work out the budget for your study, go to the online cost calculator: https://www.invo.org.uk/resource-centre/payment-and-recognition-for-public-involvement/involvement-cost-calculator/. Please note the online calculator is in Pound Sterling.
Step 5: Mapping	Map the involvement activities onto your selected project framework so that you know exactly when in the project timeline costs are allocated.
Adapted from the UK National Institute for Health Research, Budgeting for Involvement (2013)	

An online calculator is available on the NIHR Involve website: https://www.invo.org.uk/resource-centre/payment-and-recognition-for-public-involvement/involvement-cost-calculator/ . Please note the online calculator is in pound sterling (£), euro conversion rates will apply. **The online calculator is**

a guiding tool, all costs must be appropriate to costing in the Republic of Ireland and all researchers must verify the costs associated with their PPI plan.

Costings from all categories of the online calculator will be eligible (see below). However, please note that final approval of all costs is at the discretion of the Irish Cancer Society.

Justification must also be given for a costs. Please note this is not an opportunity to elaborate on details of your patient involvement plan or sharing of research findings plan, all relevant information on these plans must be in the relevant sections.

PPI budgeting costs:

Costing category	Related costs
Payments and rewards	Fees to individuals
	Vouchers/tokens for individuals
	Prize draw awards
	Fee/donation to a group
	Funding for additional training and learning
	Honorary appointment e.g., lay fellow or research partner
Expenses	Travel
	Subsistence
	Childcare
	Carer costs
	Personal assistants
	Overnight accommodation
	Home office costs
Involvement activity	Finding people/advertising
	Training and learning costs
	Venues and catering
	Equipment and books
	Access to university facilities
	Conference fees

Involvement staffing	Administrative support
	Involvement coordinator
	Independent facilitator
	Peer researchers/interviewers
Other costs	Disclosure and barring service
	Language translation and interpretation costs
	Support for people with impairments

Adapted from the UK National Institute for Health Research, Involvement Cost Calculator

Working examples:

Please see the worked costing examples below for guidance on creating and budgeting for the PPI plan.

Worked costing example for virtual advisory group:

A researcher wishes to set up a patient advisory group to advise on dissemination of the research results and assist with writing lay summaries for grant applications.

The researcher is looking for three patient representatives to form the advisory group. The group will meet for 3 half day virtual workshops over 2 years.

The estimated costs associated with the advisory group are as follows:

Category	Detail	Quantity	Cost	Total
Virtual Meetings	Online meeting platform used by institution for example Zoom. No cost as institute pays for the licence.	1	€0	€0
Advisory group honorarium	Honorarium for attending virtual advisory group/workshops	3 x 3= 9 (3 representatives x 3 meetings)	€100	€900
TOTAL COST (€1000 from PPI budget)				€ 900

All costs were calculated in the Republic of Ireland as of January 2021.

Worked costing example for in-person advisory group:

A researcher wishes to set up a patient advisory group to advise on dissemination of the research results and assist with writing lay summaries for grant applications.

The researcher is looking for three patient representatives to form the advisory group. The group will meet for 2 half day in-person meetings and 1 virtual meeting over 2 years.

The estimated costs associated with the advisory group are as follows:

Category	Detail	Quantity	UnitCost	Total
Travel	Local travel in Dublin (1 representative x 2 meetings)	1 x 2= 2	€8	€16
	Travel from outside of Dublin	2 x 2= 4 (2 representatives x 2 meetings)	€30	€120
Advisory group payment x 2	Honorarium for attending advisory group meetings)	3 x 3= 9 (3 representatives X 3 meetings	€100	€900
Virtual Meetings	Online meeting platform used by institution for example Zoom. No costs as institute pays for licence.	1	€0	€0
Venue costs	University meeting room cost No cost as at host institute.	1	€0	€0
Catering costs	Lunch for attendees (€10 per person/per meal	3 x 2= 6 (3 representatives x 2 meetings)	€10	€60
TOTAL COST (€1000 from PPI budget and €96 from consumables budget)				**€1,096**

All costs were calculated using estimated costs for train tickets, hotels, and so on in the Republic of Ireland as of January 2021.

Please note: This budget is for specific costs associated with involvement only. If part of your PPI plan is that patients will organise an event or dissemination materials, the budget for these must be incorporated into the dissemination category of the main grant budget.

7. Writing in plain English

As outlined in Section 6 the project summary should be written in plain English. There are many online resources available to guide you in writing an effective plain English summary. Some of these resources are listed in Section 9 of this document.

Here are some general notes on how to write in plain English:

- People affected by cancer are not scientists (usually) and knowledge should not be assumed. Avoid using technical language or scientific terminology. Use everyday words to communicate your point and explain the science.
- While language should be understandable, it should not be dumbed down - It may be necessary to use scientific words and jargon in order to convey why your research is special, but be sure to explain it thoroughly and be consistent in its use.
- Use short clear sentences.
- Use paragraphs
- Make sure grammar, punctuation, and spelling are accurate.
- Bullet points (like these ones) can make it easy to digest a lot of information

8. Contact

If you have any questions relating to PPI please contact grants@irishcancer.ie.

9. Additional Resources

General resources

- INVOLVE – UK National Institute of Health Research (NIHR) initiative to support PPI. *http://www.invo.org.uk*
- National Standards for Public Involvement. *https://www.invo.org.uk/posttypepublication/national-standards-for-public-involvement/*
- NALA (National Adult Literacy Agency) *https://www.nala.ie*
- Access to Understanding: Promoting public understanding of biomedical and health research *http://www.access2understanding.org*
- Versus Arthritis: Patient & Public Involvement, A researcher's guide *https://www.versusarthritis.org/media/1373/patient-and-public-involvement-booklet.pdf*

Writing a Lay Summary

- Duke, M. (2012). How to write a lay summary. *http://www.dcc.ac.uk/sites/default/files/documents/publications/HowToLaySummariesDec2012.pdf*

Communicating to patients

- NHS England. Language Matters: Language and Diabetes. *https://www.england.nhs.uk/wp-content/uploads/2018/06/language-matters.pdf*

Writing in plain English

- NALA (National Adult Literacy Agency). *Writing and Design Tips. https://www.nala.ie/wp-content/uploads/2019/08/Writing-and-design-tips.pdf*

Budgeting for PPI

- INVOLVE PPI Involvement Cost Calculator

  https://www.invo.org.uk/resource-centre/payment-and-recognition-for-public-involvement/involvement-cost-calculator/

10. References

1) INVOLVE. (2018). *What is public involvement in research*? Retrieved from http://www.invo.org.uk/find-out-more/what-is-public-involvement-in-research-2 /. Accessed 07/01/21.

2) Department of Health. (2017). National Cancer Strategy (2017-2016). Retrieved from https://health.gov.ie/wp-content/uploads/2017/07/National-Cancer-Strategy-2017-2026.pdf. Accessed 07/01/21.

3) Brett, J., Staniszewska, S., Mockford, C., Herron-Marx, S., Hughes, J., Tysall, C., & Suleman, R. (2014a). A systematic review of the impact of patient and public involvement on service users, researchers and communities*. The Patient-Patient-Centered Outcomes Research, 7*(4), 387-395.

4) Mockford, C., Staniszewska, S., Griffiths, F., & Herron-Marx, S. (2011). The impact of patient and public involvement on UK NHS health care: a systematic review. *International Journal for Quality in Health Care, 24*(1), 28-38.

5) Thompson, J., Bissell, P., Cooper, C. L., Armitage, C. J., & Barber, R. (2014). Exploring the impact of patient and public involvement in a cancer research setting. Qualitative Health Research, 24(1), 46-54.

6) Froggatt, K., Preston, N., Turner, M., & Kerr, C. (2014). Patient and public involvement in research and the Cancer Experiences Collaborative: benefits and challenges. BMJ Supportive & P Care, 5, 518–521.

7) MacCarthy, J., Guerin, S., Wilson., A and Dorris, E. (2019). Facilitating public and patient involvement in basic and preclinical health research. PLoS One, 12(5).

Irish Cancer Society Research

Appendix 2: Research Impact Framework (RIF)

Table of Contents

1. Introduction

1.1. Purpose

The Research Impact Framework (RIF) is a guide on impact for those applying for funding from the Irish Cancer Society and for grant holders who are successful in securing a grant.

Its purpose is to **help maximise the impact of the research that the Irish Cancer Society funds through our grant schemes.**

Creating impact from the research that we fund has always been of great importance to the Irish Cancer Society. This RIF pulls together previous information and guidance on impact into a single document.

The RIF is the central Irish Cancer Society guidance document on research impact.

It is intended to support researchers to understand, plan for, deliver, and demonstrate research impact and to enable the Irish Cancer Society to facilitate, understand, and communicate on that impact.

It should act as an important reference point for grant applicants, grant holders, and the Irish Cancer Society to ensure that impact remains a focus before, during, and after a funded research project is completed.

Please note that each successful award will have terms and conditions (T&Cs) specific to that award. These T&Cs will cover many of the same areas as this document but the specific terms may be slightly different. Precedence is given to the T&Cs specific to each award.

1.2. What is research impact?

Broadly speaking, research impact is the demonstrable contribution that research makes to society.

For the Irish Cancer Society, research impact is defined as 'research being **used to bring about a positive change to the lives of people affected by cancer.'**

We recognise that the impact is specific to each project and can be varied; impact can occur over different timescales, from the short- to the long-term. However, all forms of impact are important to the Irish Cancer Society and we must work in partnership with researchers to not only achieve impact, but also to measure, and communicate it.

1.3. Why is impact important?

The Irish Cancer Society receives the vast majority of its income from donations. **People donate to us because they want to make a difference to the lives of those affected by cancer.**

Therefore, it is our duty to our donors to ensure that the research we fund does just that - makes a difference.

It is very important that the research we fund is always working towards making an impact on the lives of those affected by cancer. It is equally important that we can communicate this impact to our donors to let them know how their donations have made a difference.

The Irish Cancer Society's vision or goal is:

'By 2025, 3 out of 4 Irish cancer patients will survive their diagnosis and everyone affected by the disease will have access to world-class treatment, care and support. In future, no one in Ireland will die from cancer.'

To achieve this goal, we must strongly focus on maximising the impact of our funded research, in particular putting an emphasis on achieving outcomes that will ultimately contribute to realising this goal.

2. Research Impact Framework

2.1. Framework overview

The RIF describes how the Irish Cancer Society approaches research impact in four sections:

- **Framework Principles** - How the Irish Cancer Society and researchers will work together: a set of principles which underpin how the charity will work in partnership with grant holders to maximise research impact.
- **Theory of Change** - What the Irish Cancer Society is aiming to achieve: the Goal, and the Outcomes (or changes that need to happen in order for that goal to be achieved), to which all research projects funded through the grants scheme should aim to make a contribution; this is articulated in the 'Theory of Change'.
- **Impact Plan** - How impact should be planned by researchers at the application stage.
- **Impact Reporting** - How the progress of achieving impact will be monitored by the Irish Cancer Society.

2.2. Framework principles

These research impact principles frame the relationship the Irish Cancer Society wants to have with all of its grant holders.

By having these principles, it allows us all to work from the same page from the very start. They are designed to ensure the best levels of support, partnership and mutual understanding, with the ultimate aim of maximising research impact.

Principle	Principle in practice
Working in partnership	Partnership is the best way to ensure maximum impact and this is a two-way relationship. The Irish Cancer Society will contribute internal expertise and networks to support and promote the research. Grant holders will work with the Irish Cancer Society to maximise the potential of the research to benefit people affected by cancer.
Involving the public and people affected by cancer	Grant holders will need to carefully consider how the public and people affected by cancer can be meaningfully involved in their research. The Irish Cancer Society requires that public and patient involvement (PPI) is included in the research projects that we fund. The Irish Cancer Society can provide guidance and training on including PPI in grant applications and projects.
Regular communication	Grant holders will maintain an ongoing dialogue with the Irish Cancer Society through regular reporting. Reporting schedules will be determined for each grant and will be detailed in the T&Cs. Outside of these reports we encourage regular communication with our grant holders. The Irish Cancer Society will provide a named contact for each grant and will respond promptly to queries, issues or updates.
Dissemination and engagement	Grant holders will inform the Irish Cancer Society of any dissemination or engagement activities planned as soon as they can. The Irish Cancer Society Research and Communication teams will support grant holders to deliver communications in accessible ways, especially for people affected by cancer, donors and the general public. Grant holders will work closely with the Irish Cancer Society teams (including Communications and Fundraising) to plan and undertake communications and attend engagement events run by the Irish Cancer Society to raise awareness of their research and its findings.
Open access	Open access to research outputs is an important way of maximising the impact of research. Grant holders are encouraged to share their research outputs (not just publications, but also datasets and other outputs) with the wider research community, and with the public and other audiences as appropriate. The Irish Cancer Society will support open access publication costs.

| Long-term impact monitoring	Impact can take a long time to emerge, often beyond the timescales of a research project. The Irish Cancer Society will want to work with grant holders to monitor impact both during and beyond the grant funding period. Grant holders are encouraged to maintain longer term contact with the Society through its research community.

2.3. Theory of Change

A Theory of Change, in simple terms, is an illustrated diagram showing how activities create outcomes (or change).

The Theory of Change provides a clear structure for the progression of research towards achieving impact (or goal). It defines long-term goals and then maps backward to identify necessary outcomes, outcome-enabling activities, outputs, activities and inputs.

Applicants to the Irish Cancer Society grant schemes will be required to provide an impact plan at application stage. The key factors to be considered in the impact plan are mapped off the structure of the Theory of Change.

The Theory of Change is set out in diagrammatic form in Figure 1.

The goal and outcomes for all impact plans submitted to the Irish Cancer Society are pre-determined based on the Irish Cancer Society strategy. These are detailed in Figure 1 and explained in more detail in Section 2.4.
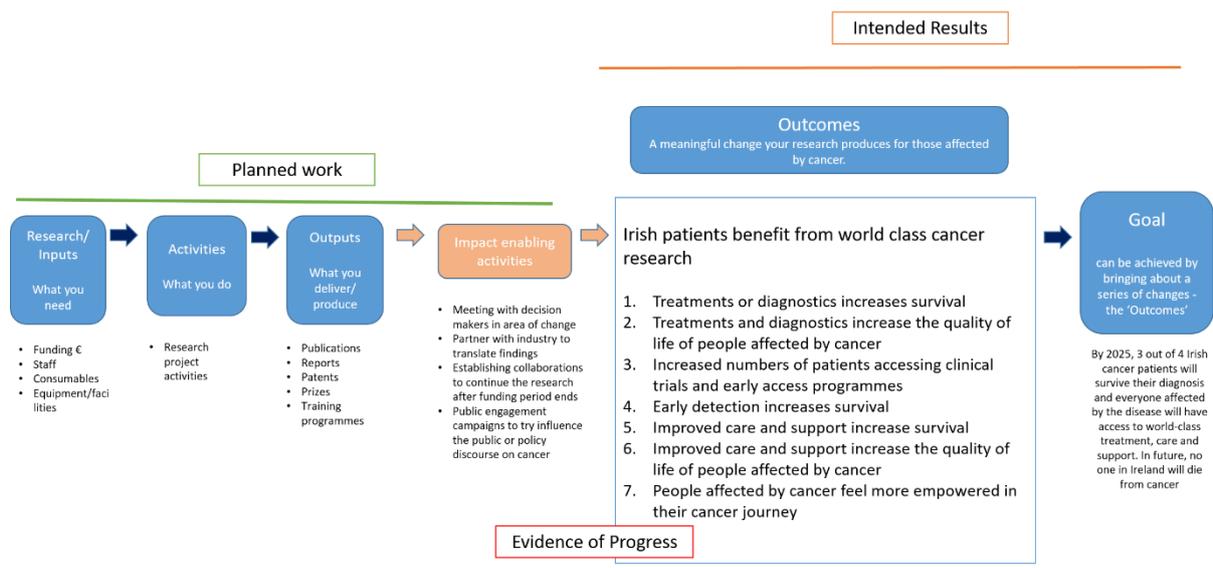
Figure 1. *Theory of Change shown in diagrammatic form. The examples of each key factor are only for illustrative purposes and are not comprehensive.*

2.4. Impact plan

As mentioned in Section 4, at the application stage for the majority of the Irish Cancer Society awards, applicants will be required to complete an impact plan based on the Theory of Change model outlined in Section 4.

The purpose of including an impact plan at the application stage is to focus all projects on working towards achieving impact from the outset.

The impact plan information provided by researchers at the application stage may be somewhat limited as the project has not yet started and it can be difficult to predict research results or how a research landscape may change over time.

However, it is still important to start thinking about the key factors on the pathway to achieving long-term impact from the start of the project as it will provide a strong foundation for maximising progress towards impact when a grant gets underway.

There are a number of key factors to consider when developing an impact plan, these are illustrated in Figure 1 and explained in more detail below (Section 5.1).

Of particular importance in the impact plan at the application stage are the 'Outcomes', 'Impact enabling activities', 'Evidence of progress', and 'Outputs', sections.

For the 'Inputs', and 'Activities', sections of the impact plan, high level information is adequate as information on these sections will be detailed in other sections of the application such as aims and objectives and budget sections.

Please note for funded projects, the level of information required as part of the impact plan will become more detailed as the project progresses (for more information see Section 6).

The impact plan must consider the following key factors:

- ↓ Goal
- ↓ Outcomes
- ↓ Impact enabling activities
- ↓ Evidence of progress
- ↓ Outputs
- ↓ Activities
- ↓ Inputs

Each of these sections are described in more detail over the next few pages:

↓ **Goal**

A goal is an idea of the future or desired result that a group of people or organisation envision. It is the ultimate impact that an organisation wants to achieve.

For impact plans required by the Irish Cancer Society the goal is the Society's vision-

'By 2025, 3 out of 4 Irish cancer patients will survive their diagnosis and everyone affected by the disease will have access to world-class treatment, care and support. In future, no one in Ireland will die from cancer.'

For the Irish Cancer Society investing in research and *ensuring the Irish patients benefit from world class research* is a way of contributing to achieving this goal. Therefore, all Irish Cancer Society grant holders should be working towards achieving the predetermined goal of the Society.

↓ **Outcomes**

Achieving impact or a goal can be complex, take time and involve change in a number of different factors. **Outcomes are factors that need to change in order for that goal to be achieved.**

Demonstrating that impact has been achieved can be difficult and it is often inferred by looking at changes in outcomes.

There are **7** key outcomes that the Irish Cancer Society work towards in order to ensure that Irish patients benefit from world class research.

These outcomes tie into the Irish Cancer Society strategy and are outcomes that we have identified that will help us achieve our ultimate goal. Like the goal these outcomes are pre-determined for all applicants. Applicants should select one or more of these specific outcomes for their research project.

It is important to start thinking about the pathway to impact from the start of the project. This will provide a strong foundation when a grant gets underway. As such, plans should be as comprehensive and considered as possible. The recommended approach is to develop the impact plan by work backwards, from goal to inputs

While the direction of the research may change over time, or may not succeed in its original objectives, linking the research to (at least) one of the framework's outcomes sets the direction of the research in the context of what is important to the Irish Cancer Society.

The outcomes as identified by the Irish Cancer Society are listed in Table 1. There is no particular hierarchy to the order of these outcomes, all of them contribute to the goal.

Applicants will also be asked to detail why they have selected the outcome(s).

1. Treatments and diagnostics increase survival

---

2. Treatments and diagnostics increase the quality of life of people affected by cancer

---

3. Increased numbers of patients accessing clinical trials and early access programmes

---

4. Screening increases survival

---

5. Improved care and support increase survival

---

6. Improved care and support increase the quality of life of people affected by cancer

---

7. People affected by cancer feel more empowered in their cancer journey

---

Other

'Other' should only be selected by the researcher if they feel strongly that none of the other outcomes covers the potential outcome of the research. If other is selected, then more detail will be required on the proposed outcome.

↓ **Impact enabling activities**

Impact enabling activities are activities that drive outputs to outcomes. These impact enabling activities are very important as they support the progression of the research along the pathway to impact.

Outputs are quantitative results which are achieved after implementing an activity. Many times an output alone will not contribute to achieving an outcome. What is important is what is done with that output.

For example, if a report is published detailing how a service can be improved, the report alone cannot be impactful if it is not shared with the people who make decisions on that service.

Therefore, an activity to drive the report (output) to potentially contribute to achieving an outcome would be to organise a meeting with the decision makers to discuss the report.

Other examples of impact enabling activities include:

— Partnering with industry to translate findings
— Establishing collaborations to continue the research after funding period ends

— Public engagement campaigns to try contribute and influence the public or policy discourse on cancer

These are just examples and are not a comprehensive list. The appropriate activities will vary for each type of project and what outcome has been selected.

For many projects the impact-enabling activities will not directly contribute towards achieving the outcome. But may be a step on the pathway to achieving the outcome.

This does not mean that the impact plan should not be ambitious but constraints of the project should be kept in mind. A well-thought out, ambitious but achievable impact plan is recommended.

Please note the difference between 'Impact enabling activities and 'Activities' (Section 5.2).

↓   **Evidence of progress**

An impact enabling activity can occur but what is important is what is achieved through the activity.

Evidence of progress is evidence that the impact enabling activities are progressing the research on the impact pathway towards contributing to an outcome.

The type of evidence a grant holder will collect will depend on the impact enabling activities and the outcome that has been selected.

Progress evidence can be both quantitative and qualitative. However, quantitative evidence can be difficult to show when it comes to progress towards impact, therefore, in the majority of cases the evidence will be qualitative.

For example, an impact enabling activity may be organising a meeting with other groups to discuss collaboration to bring the research further. The evidence that the meeting (the impact enabling activity) progressing the research on the impact pathway would be that the meeting went positively and the groups agreed to collaborate on funding applications to bring the research forward.

This is an example of short-term qualitative evidence- the meeting went positively and the groups agreed to collaborate. An example of longer-term quantitative evidence would be that a grant application was applied for.

Applicants will be asked to consider both short-term and medium-term evidence. Medium-term evidence may only occur after the grant end date.

It can be difficult to envisage what evidence will be needed at the start of a project as plans may change over the course of the project for a number of different reasons. The reason for asking for this information at the application stage is for researcher to identify and plan the appropriate methods for gathering evidence so that relevant evidence is gathered in real-time and that no evidence is lost.

For some projects evidence gathering may start earlier in a project or it may start later, either way it is important to be prepared.

↓ **Outputs**

Outputs are quantitative results which are achieved after implementing an activity. Examples of outputs include papers, publications, blog posts, newsletters, patents, information leaflets and training programmes.

These are just examples and are not a comprehensive list. The appropriate outputs will vary for each type of project and what outcome has been selected.

The Society recognises that outputs are important for a researcher's career and are encouraged. However, as outlined above, the plan for driving outputs to outcomes is more important in terms of achieving impact from a research project.

↓ **Activities**

These are the activities that will be undertaken by the researcher as part of doing the research project. These activities will generate an output.

For the impact plan the information on the activities can be high level and in most cases articulating the project objectives with a breakdown of what will be done under each objective will be adequate.

Examples of activities in a translational research project include- completing in-vitro and in-vivo testing of a drug compound in a cancer model. The output of these activities could be a publication on the results of the research.

Examples of activities in a social, nursing and allied health project would be trialling an intervention to increase treatment compliance in cancer patients. The output of these activities could be the publication in a scientific journal or a report.

↓ **Inputs**

The inputs of research include the funding needed and resources required to deliver the research. Resources can include personnel, equipment, consumables etc. The inputs allow the activities to take place.

2.5. Format of Impact plan at application stage

Key Factor	Additional guidance
Goal	This is pre-determined and will be standard for all the research that we fund.
Outcome	There are 7 pre-determined outcomes based on our strategy. It is recommended that you start the impact plan by selecting one of the seven outcomes most relevant to your research. Once this has been selected you can then work backwards from this to complete the other sections. You can select more than one outcome if relevant.
Impact enabling activities	Impact enabling activities are activities that drive outputs to outcomes- i.e. progress the research along the impact pathway. What activities need to happen to drive outputs to outcomes? When will these activities take place? The information provided can be a mixture of bullet point and narrative in style.
Evidence of progress	How will you know that the impact enabling activities have progressed the research on the path to impact? What evidence can be used to show this? Indicators may be qualitative or quantitative.
Outputs	Planned outputs for the project.
Activities	Activities that will take place as part of the research project. A high-level breakdown of what will be done under each objective will be adequate. Bullet points can be used.
Inputs	Resources needed for the project- high level information is adequate and can be in bullet points.

3. Reporting to the ICS on Impact

An impact plan will be required as part of the application for the majority of the Irish Cancer Society funding awards from early 2021 onwards.

It is important both for the Irish Cancer Society and for grant holders to be able to demonstrate evidence of progress in their impact plans.

Therefore, grant holders funded by the Society from 2021 onwards will be required to provide an update on the progress of their impact plan in their reports to the Irish Cancer Society. The schedule of reporting will be determined by the T&Cs of the award. Generally, reports are required annually, for shorter awards a 6-month report may also be requested.

More detailed information may be required as the project progresses and the impact of research projects become clearer. The impact plan may therefore change during the grant period in response to both the research findings and changes in the wider research landscape. Any changes in the impact plan must be detailed and explained in the progress reports.

Two additional section will be part of impact reporting in the progress reports:

- Progress on path to impact
- Plans for next reporting period

Progress on the path to impact

Grant holders will be asked to update on the progress of the research on the path to impact.

Grant holders must update on the contribution that the enabling activities have had to an outcome. This will be done by detailing the evidence that the outcome enabling activities have contributed to an outcome.

This evidence will have been gathered through-out the project. The method and type of evidence gathered will be identified in the impact plan at application stage. Both quantitative and qualitative evidence may be given. However, as it is often difficult to quantify 'contribution' it is more likely that the evidence will be qualitative and the information in this section will be narrative in style.

In addition, impact enabling activities may not have directly contributed to an outcome. In these cases, what we are looking for in this section is evidence that the research is progressing towards contributing to an outcome.

Plans for next reporting period

Grant holders will be asked to detail the impact enabling activities for the next reporting period and how evidence of progress will be gathered.

As detailed in the Framework Principles (Section 2.2) it is encouraged that grant holders work in partnership with the Irish Cancer Society to maximise the potential of the research to benefit people

affected by cancer. Therefore, a member of the research team will be available to work with you on your impact plans through-out the duration of your project. Regular communication is strongly encouraged.

Impact can take a long time to emerge, often beyond the timescales of a research project. The Irish Cancer Society will also want to work with grant holders to monitor impact both beyond the grant funding period. Grant holders are encouraged to maintain longer term contact with the Society through its research community.

4. More Information

This RIF should act as a guide for researchers making applications to the Irish Cancer Society awards and also to grant holders. However, impact is a broad and varied topic and therefore not all aspects of impact may be covered in the RIF.

All queries and questions should be sent to grants@irishcancer.ie.

Appendix 3: Irish Cancer Society Research Budget Guidelines

Category	Details
Personnel Costs	***Academic Research Staff*** The Irish Cancer Society will fund the direct salaries of academic research members according to the [IUA Researcher Salary Scale](#). The scale, point and full salary (including employers PRSI and pension contribution) must be included within all salary budgets. Please note the IUA scales are continually updated, therefore, it is important to utilise the most up to date scale according to the time period in which the anticipated staff member is due to commence employment. The IUA scales are continually changing, therefore if the IUA scale does not cover the funding period in question, a salary contingency of 2.5% per annum should be applied. *Postdoctoral Fellow* The Irish Cancer Society will fund the salary of a Postdoctoral Researcher starting at the minimum point of Level 2, Point 1 of the IUA Scale. It would be expected at this level that the postdoctoral fellow would hold a minimum of PhD or equivalent* research experience. For higher points on the scale, the individual would be expected to hold a number of years (depending on the point) postdoctoral and/or industry experience. Higher points on the scale would need to be thoroughly justified in grant applications. **Please note that PhD equivalency is only permitted for certain grant calls, and will be specifically outlined in the grant call guidelines. The Irish Cancer Society defines PhD equivalence as three or more senior (first, joint-first, or last) author publications in peer-reviewed academic journals or 4 years' full-time research experience post-primary degree. Alternative research outputs may be considered eligible e.g. monographs. In such instances, candidates should contact grants@irishcancer.ie before applying.* *Research Fellow* The Irish Cancer Society will only fund the salary of a Research Fellow if it is expressly stated in the call guidance document. A Research Fellow will be required to hold at least 4 years post-doctoral and/or industrial research experience and must have a significant track record of high-quality peer reviewed publication and/ or other equivalent outputs based on the norms of their discipline. In addition, it will be expected that the Research Fellow has previously obtained independent competitive peer-reviewed research grants, and is capable of leading and managing independent research projects. Research

	Fellows should be appointed at Level 3, point 1 of the IUA scale, and a strong justification will be required to appoint at other points on the scale. ***Nursing and Allied Health Clinical Professionals*** The Irish Cancer Society will fund the direct salaries of nurses and allied health professionals (AHPs) either via the IUA Researcher Salary Scale or via buy-out time on the HSE salary scale, whichever is the most appropriate for the call and/ or applicant. For appointments on the IUA Researcher salary scale, applicants should follow the guidelines outlined above. For applicants seeking buy-out using the HSE salary scales, a maximum of 0.5 FTE buy-out time will be permitted for applicants who will hold a concurrent clinical post in their professional field. Only applicants that are permanently employed by the HSE may use this salary scale. Applicants should use the scale and salary point most relevant for their role and experience within the HSE. A strong justification will be required as to why specific salary points were chosen.
Running Costs	These are the day to day costs associated with the running of the research project. The Irish Cancer Society will allow the purchase of reasonable running costs relevant to the specific project. Such costs may include but are not limited to: materials and consumables, animal research costs, access costs, survey costs, costs associated with research participants, transcription costs, data management costs, bench fees etc. All costs must be inclusive of VAT, where applicable. All running costs should be itemised within the application budget section and suitably justified *Small Equipment items* The Irish Cancer Society will allow researchers to purchase small equipment items up to a maximum total value of €3,000. A strong justification must be provided for each equipment item, and a rationale must be given as to why this item is not already available to the researcher at their host institution. Only equipment items that are specific to the applicant's research project will be allowed. All costs must be inclusive of VAT, where applicable. *Computer/Laptop Equipment:* The purchase of computer equipment as part of an Irish Cancer Society funding award will be considered for any grant of over 24 months' duration, provided a strong rationale is given at the time of grant application. The maximum allowed budget for the purchase of a computer or laptop is €1,500. For funding awards of less than 24 months' duration, the purchase of computer equipment will only be permitted in exceptional circumstances. Any computer or laptop purchased as part of an Irish Cancer Society award is the property of the host institution, and any use of such equipment by the researcher or research team beyond the end date of the Irish Cancer Society grant is at their discretion.
Training	These are the costs associated with the education and training of the grant applicant and/or other Irish Cancer Society team members. These include costs relating to technical skills training specific to the research project e.g. animal handling, statistical analysis etc. In addition, costs relating to the long-term career development of the researchers will also be permitted e.g. personal and

	professional development training etc. providing it relates to their future research career aspirations.
	All costs relating to training must be outlined and justified as part of the researcher's application budget. When justifying these costs, it is important to provide details on the training type, location and rationale. Please note, for any training elements were travel is required, please detail the travel costs as part of the Travel and Dissemination budget
Travel and Dissemination	***Travel***
	These are the costs relating to the travel of the grant applicant and/or other Irish Cancer Society funded team members. Such costs must be directly related to events as part of the research programme and only funded researchers will be eligible to claim these expenses. As a charitable organisation, we would expect that all costs in relation to travel be reasonable, and must be clearly justified. Please note that the Irish Cancer Society will fund Economy-Class flights only.
	An example of permitted travel includes but is not limited to: costs associated with attendance at meetings, conferences, patient engagement events, workshops, fostering collaborations etc.
	Reimbursement for costs associated with conference attendance will only be provided if the recipient is presenting their specific Society-funded research project in poster and/or oral format. Exceptions may apply for post-graduate students in the first year of study, whom would benefit from attendance at a national conference.
	The applicant should provide as much detail as possible at the application stage. For example, if planning to attend a conference: the name, location and dates (where possible) of the conference should be detailed, in addition to the reason for attendance.
	Dissemination
	These are the costs associated with the communication and reporting of your research results. A key priority of the Society is to ensure that research findings are communicated to all relevant stakeholders. In particular, we are committed to ensuring that the public (particularly people affected by cancer) are kept up to date on our research that is funded. In line with this, we require that all applicants produce a dissemination plan that includes communication of their research not only to the academic community but to all relevant audiences.
	Dissemination costs should be clearly planned and articulated as part of your research budget. Such costs may include printing, posters, generation of leaflets, publication costs, costs associated and hosting of public awareness events etc. All costs must be inclusive of VAT, where applicable.
	Open Access Publication: The Irish Cancer Society encourage publication in open-access journals and will provide a contribution of up to €2,000 towards open-access publication costs. Please note, the Irish Cancer Society will not fund any research published in so called "predatory journals". We therefore ask that all researchers be aware of predatory publishers and exercise caution in this regard when publishing their research.

PPI	The Irish Cancer Society is dedicated to putting patients, families, survivors, supporters, and the public at the very heart of what we do. Public and Patient Involvement (PPI) in the research process ensures that research is meaningful and of benefit to those affected by cancer and other relevant stakeholders. PPI can be involved at any stage of a research project, from development and design to interpretation and dissemination.
	In line with this commitment, it is encouraged that all applicants include PPI within their application where relevant and guidelines on this will be outlined within the guidance documentation specific to each call. The Irish Cancer Society have specific documentation in place for developing a PPI Budget and these can be found in Appendix 1 of all call document guidelines.
	A mandatory provision for specifically costing PPI activities into grant applications is included in the majority of Irish Cancer Society funding calls, and will be outlined in the specific call documentation. At the very minimum it is expected that that all costs to patient members associated with involvement are covered by the research grant e.g. bus/train fares, mileage, parking charges, and subsistence. These costs should be outlined as part of the PPI section of your grant application.
Mobility	As part of our Scholarship and Fellowship Research Awards, applicants are given the opportunity to request mobility funding for travel to a national or (preferably) international research institution in furtherance of advancement of their research project aims. This is considered separate to the general travel and dissemination budget outlined in the main project application. The specific details, amount and duration of mobility funding will be outlined in the specific grant call documentation.
	Details of mobility funding is requested at the application stage. However, please note that this funding is separate to the funding amount requested as part of the main application. In recognition that mobility plans can often change through-out the course of the research project, all successful applicants must reapply for this funding closer to the period of travel (at least three months in advance of travelling). Applicants therefore have the opportunity to change the details of the mobility element during the research award. However, final approval of all changes is at the discretion of the Irish Cancer Society.
	Allowable mobility costs include travel, accommodation, and running costs. Mobility payments will only be made by the Irish Cancer Society upon approval of a successful mobility application. Further guidance on expenses permitted as part of the mobility award can be sought by contacting grants@irishcancer.ie