

COVID-Cancer Rapid Response Award 2021

- Applicant Guidelines -

1. Introduction	2
1.1. General Information	2
1.2. Aim and funding	2
1.3. Important Dates	3
1.4. Patient and Stakeholder Involvement	3
1.5. Research Impact	3
2. Eligibility	4
2.1. Project Eligibility	4
2.2. Applicant Eligibility	4
2.3. Mentorship	5
2.4 Host institution	5
3. Application Procedure	6
3.1. How to apply	6
3.2. Overview of the application process	6
3.3. Making an application	6
4. The Application Form	6
5. Submission of the Application	16
6. Application Assessment	17
6.1. Conflicts of Interest	17
6.2. Assessment Procedure	17
6.3. Assessment outcome	18
7. Contact	18

Irish Cancer Society COVID-Cancer Rapid Response Award 2021

- Applicant Guidelines -

1. Introduction

1.1. General Information

During and after treatment, people with cancer can experience physical, psychological, and social concerns that can negatively affect quality of life. Unfortunately, the COVID-19 pandemic has not only exacerbated existing challenges for patient care and outcomes, but also created new ones. While there is optimism that public health measures and vaccination will reduce the burden for wider society, it is anticipated that COVID will affect these aspects of cancer care for several years to come.

To address the urgent needs of people affected by cancer against the backdrop of COVID-related challenges, the Irish Cancer Society in collaboration with the National Cancer Control Programme (NCCP) will shortly be launching the COVID-Cancer Rapid Response Award.

1.2. Aim and funding

The aim of this award is to help identify evidence-based mitigations for the burdens brought about by COVID on people living with or beyond cancer.

Funding of €75,000 has been allocated to each of three priority areas:

1. Mitigating the impact of COVID-19 on the **psycho-social** needs of people affected by cancer (non-palliative).
2. Mitigating the impact of COVID-19 on people with cancer receiving **palliative care**, those with **metastatic/advanced disease**, or their family/caregivers.
3. Mitigate the impact of COVID-19 on the **general survivorship** needs of people affected cancer (other than the palliative and psycho-social needs addressed in priority areas 1 and 2).

Applicants may submit proposals that address one (max funding €75,000), two (max funding €150,000), or three (max funding €225,000) priority areas.

Funding is available for awards of six to 18 months duration. While not a requirement, preference will be given to applications that leverage co-investments from other health agencies, companies, or funding agencies to increase the speed and/or scope of the research.

1.3. Important Dates

Applications open	11 June 2021
Application deadline	11 August 2021 - 3pm
Review	August-September 2021
Outcome announced	September 2021
Award start	Q4 2021

Please note that dates are subject to change.

1.4. Patient and Stakeholder Involvement

The Irish Cancer Society and the NCCP are committed to ensuring representation from key stakeholders in guiding and shaping continued improvements in patient care and outcomes. In particular, the funders are dedicated to putting patients, families, carers, survivors, supporters, and the public at the very heart of what we do.

Due to the nature and immediate need of this research, it is expected that projects will be guided by multi- and/or interdisciplinary groups, with representation from clinical professionals, academic researchers, patient advocates, and any other relevant stakeholders. Such a group may be consulted throughout the duration of the proposed project to inform on key decisions and methodologies such as study design, interpretation of results, and dissemination plans.

Patient Involvement should heavily inform applications and preferably be co-developed in partnership with people affected by cancer. It is expected that research proposals will include significant *involvement* (in addition to participation or engagement) throughout the lifetime of the award.

Please see Appendix 1 for guidance on PPI in research.

1.5. Research Impact

In line with the new Irish Cancer Society strategy 2020-2025, the Society will place a greater focus on maximising the impact of the research it funds. Applicants will now be required to complete an impact plan as part of the application process. The Research Impact Framework (RIF) describes the Society's approach to impact and acts as a guide for grant applicants. It is recommended that you familiarise yourself with the RIF (Appendix 2) when completing the impact plan (see Section 4). The specific impact goals of this award will work in conjunction with the Society's RIF.

2. Eligibility

2.1. Project Eligibility

Proposals must be *patient-focused*, seek to take *direct action*, *innovate*, and drive *immediate improvements* in cancer care, services, and outcomes across the grant priority areas.

We welcome applications proposing any methodology that will result in direct and immediate impact, for example, late-stage intervention development/implementation, service change/innovation, etc.

Applications are ineligible if the research is exploratory; seeks to quantify rather than address the problem; primarily synthesises literature; or is an early-stage intervention development study. Basic and translational biomedical research is not eligible.

If considering an intervention-based research study, please ensure that the stage of development of the intervention is appropriate and that previous development phases are complete. If considering a complex intervention, please refer to the Medical Research Council Guidelines¹ or similar for guidance.

Regardless of the specific methodological approach, proposals should consider how research outcomes will be adopted and implementation into the wider health and social care system in Ireland.

Proposals may focus on a specific cancer type or be more general in focus e.g. children's, adult, or geriatric cancers etc. Additionally, proposals may focus on various public service settings e.g. hospital, community services, acute oncology services, etc.

2.2. Applicant Eligibility

Applications that do not meet the eligibility criteria will not be assessed. We therefore strongly recommend you read the following requirements carefully. If you are unsure of your eligibility, please contact grants@irishcancer.ie.

Academic and clinical applicants are eligible to apply.

Academic researchers must:

- have a doctoral degree by research (or equivalent*) in a field relevant to the proposed research programme e.g. medicine, social science, nursing, allied health.
- have a minimum of 5 years post-doctoral research experience (time since date of pre-viva thesis submission). Applicants with fewer than 5 years post-doctoral experience (i.e. between 2-5 years) may still apply but must have the support of an academic mentor within their chosen host institution.
- have a track record in cancer research.
- hold an academic appointment in an eligible higher education institution in the Republic of Ireland for the duration of the proposed study.

¹ <https://mrc.ukri.org/documents/pdf/complex-interventions-guidance/>

Clinical professionals must:

- have a clinical qualification in a field relevant to the proposed research programme e.g. allied health, nursing, medicine (MD).
- have a doctoral degree by research (or equivalent*) in a field relevant to the proposed research programme e.g. social science, nursing, allied health.
- have a minimum of 2 years post-PhD* research experience (time since date of pre-viva thesis submission). Applicants with fewer than 5 years post-PhD* experience (i.e. between 2-5 years) may still apply but must have the support of an academic mentor within their chosen host institution
- have a track record in cancer research.

**PhD equivalent is defined as three or more senior (first, joint-first, or last) author publications in peer-reviewed academic journals or 4 years full time research experience. Alternative research outputs may be considered eligible e.g. monographs. In such instances, candidates should contact grants@irishcancer.ie before applying.*

2.3. Mentorship

Applicants with 2-5 years of post-PhD research experience and who fulfil all other eligibility criteria are eligible, but are **required** to nominate at least one academic mentor who is located within an eligible academic host institution.

The mentor should be an established senior researcher who will provide guidance and support. Mentors must hold a permanent or contract-based post at the proposed host institute that covers the entire duration of the research project. Upon receipt of successful funding, the dedicated research account within the host institution should be registered under the name and school of the mentor. The applicant will be co-named on the account, and it will be the responsibility of both to ensure spending does not exceed the budgetary allocation.

2.4 Host institution

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:**

<https://www.hrb.ie/funding/funding-schemes/before-you-apply/all-grant-policies/hrb-policy-on-approval-of-host-institutions>.

Lead applicants are required to possess a formal affiliation with a HRB-approved host institution. This is not a requirement for co-applicants.

3. Application Procedure

Prior to applying, you **must** read this document through to completion. You must identify a suitable mentor before completing the application form.

3.1. 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.

3.2. 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; and
- Access previous grant applications

3.3. Making an application

A new application can be created from the Portal Home page, by clicking the link beneath 'New Grant Application.' Alternatively, a new application can be created through the 'My Applications' tab on the left hand side of the page, and clicking the 'New Application' button.

You will then be presented with all currently available grant calls. Click 'Apply' for the Grant Type detailed as 'COVID-Cancer Rapid Response.'

4. The Application Form

There are 9 sections outlined on the left hand side of the page:

- a) Introduction
- b) Project Outline
- c) Applicant Team
- d) Scientific Research Programme
- e) Impact Plan*
- f) Declarations of Support
- g) PPI Summary*
- h) Budget
- i) Validation Summary

Each section will request certain information from you. Please save the information as you progress through each section by clicking the 'Save' button. Progress will also 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.

A red circle symbol indicated a required (mandatory) section. You will not be able to submit the application if required sections are not complete.

**Note: External non-scientific representatives (PPI reviewers) will appraise those sections marked with an asterisk. It is very important that these sections are written in plain English and are accessible to a non-scientific audience. Please see information from the Irish Cancer Society on Public and Patient Involvement (PPI) in Research Guidelines (Appendix 1) for more information.*

a) Introduction

This section provides overview information about the 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
- Priority Area Chosen
- Proposed start date (commencing in Q4 of 2021)
- Duration (6-18 months)
- Lead Applicant details
- Proposed host institution
- Cancer type
- Keywords
- Research type
- Discipline

You will be asked to identify which priority areas your proposal will target. You may select more than one priority area. Applicants who select more than one priority area will be granted additional word limits throughout the application form e.g. applicants addressing one priority area will have 1,000 words allocated to describe their *basis for research*, two priority areas will allow 1,500 words, and three priority areas will allow 2,000 words (presented as '*Words limits: 1,000, 1,500, 2000*').

Please ensure you select the correct Priority Area number on this page from the beginning. If you decide to change the number of priority areas at a later date, data entered into the form will need to be re-entered.

c) Applicant Team

Applicant Curriculum Vitae

You must upload your CV, completed using the standard CV template. The standard CV template is downloadable from this section of the application form. Please upload your CV in PDF format and ensure that it is fewer than three pages in length.

*Mentor**

If you have between 2 and 5 years post-PhD research experience, you must add a mentor to the application form. The mentor should be an established senior researcher in a field appropriate to the proposed body of work.

You can search for your mentor on the online system using their email address. Please ensure you have their correct email address. If the Mentor has already created an account, then they will appear on the list. If your Mentor does not already have an account you can click 'Add a New Contact' and enter their name and email address. Please note that on saving, the contact will be added to the application as a mentor. They will receive a notification of this via email.

You must upload a CV from your mentor (3-page maximum) in PDF format. CVs must be completed using the standard CV template provided, downloadable from this page of application form. To upload a CV click 'Attach' then locate the file to be attached, then click 'Attach'.

*Co-Applicants**

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, or be a member of the steering/working group.

Please provide a role description for each co-applicant. If patient representatives and other stakeholders were involved in the planning and drafting of this research application, please also provide details of their contribution.

Collaborators

If your application includes collaborations with individuals or organisations, please describe the collaboration here.

*Please note: Mentors and co-applicants will have to confirm their participation in the application **and** approve the application after the lead applicant has submitted. Your application will not be received by the Society until your mentor and co-applicants have approved it.

d) Scientific Research Programme

Please provide a scientific summary of your proposed research, using the following sections. Word counts will be dictated by the number of priority areas chosen on the Project Outline page.

Basis for research
Words limits: 500, 750, 1000

Please clearly state the relevant background information for this research proposal, including any theoretical frameworks that underpin the proposal. Please also highlight how your proposal addresses a particular and immediate need resulting from the COVID-19 pandemic.

Hypothesis, aims and objectives
Words limits: 200, 300, 400

Please outline the hypothesis and the aims of your research proposal. If addressing multiple priority areas, please provide distinct hypotheses/aims where possible.

Methods of Research
Words limits: 1,000, 1,500, 2000

Please describe and justify the methods, procedures, and experimental design you will use to conduct your research. If more than one priority area is selected, you must clearly describe how each area will be addressed.

For quantitative methods, please provide statistical analysis for each part of your experimental plan; power calculations, numbers of samples, number of matched controls, and strategy of different controls to be used should all be discussed. Additionally, please discuss the feasibility of obtaining/accessing sufficient numbers of patient participants and controls that will result in statistically meaningful results.

For qualitative methods, please describe the planned sample size and rationale, data collection methodologies (e.g. interviews, focus groups, and transcription procedures), analytic framework(s), and sources of bias. Additionally, please discuss the methodology and feasibility of recruiting the planned sample size.

Addressing the grant priority areas
Words limits: 300, 450, 600

Please describe how the proposed project will lead to direct action, innovate, and drive immediate improvements in cancer care, services, and outcomes.

References

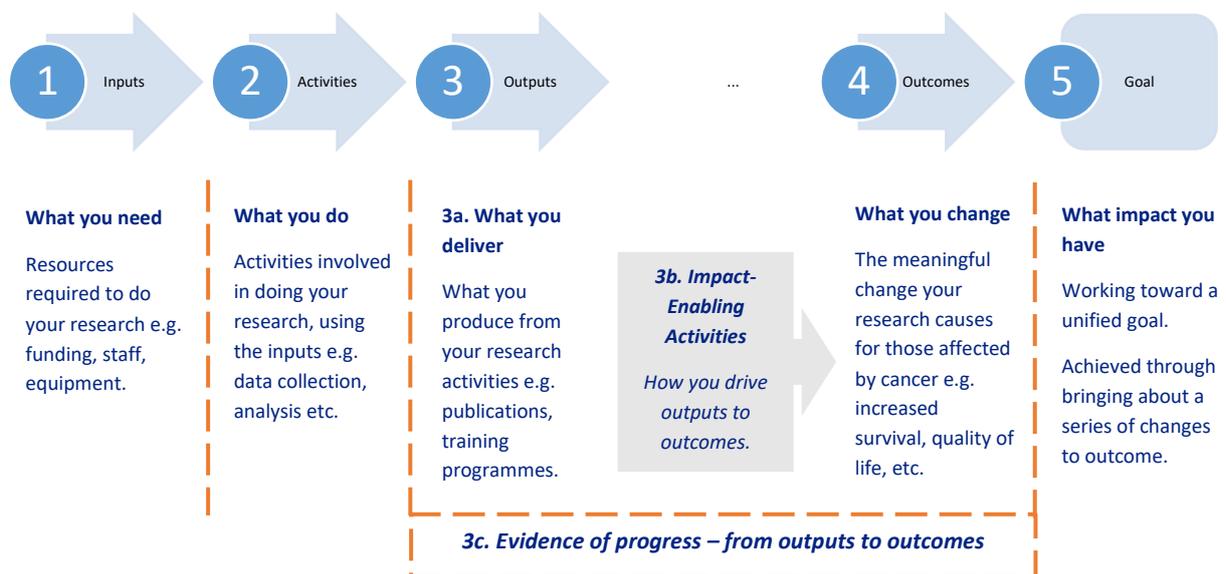
Please cite any literature referenced in the sections above.

Gantt Chart and Research Images

You must upload a Gantt chart for the proposed research study (Excel or PDF format). If addressing more than one priority area, you must upload a single Gantt chart. You may upload up to four additional research images. Research images must be in PDF format. Please ensure that figures are legible when uploading. Illegible figures may be difficult for the peer review panel to assess and could detract from your application.

e) Impact Plan

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:



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	<p>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 <i>'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.'</i></p> <p>This is the goal that all research funded by the Irish Cancer Society should be working towards.</p>		
<hr/>			
4. Outcome	<p>To reach the above goal, a number of core changes or 'outcomes' must first be accomplished. There are two categories of outcomes for this award: primary outcomes are specific to this award and strategy outcomes, which are dictated by the Irish Cancer Society Strategy 2020-2025.</p> <table border="0"><tr><td data-bbox="604 782 1254 1316"><p><u>Primary Outcomes:</u> these will be dictated by the priority areas chosen on the Project Outline page.</p><ul style="list-style-type: none">— Mitigating the impact of COVID-19 on the psycho-social needs of people affected by cancer (non-palliative).— Mitigating the impact of COVID-19 on people with cancer receiving palliative care, those with metastatic/advanced disease, or their family/caregivers.— Mitigate the impact of COVID-19 on the general survivorship needs of people affected cancer (other than the palliative and psycho-social needs addressed in priority areas 1 and 2).</td><td data-bbox="1288 782 2027 1332"><p><u>Strategy Outcomes:</u> You must select at least one outcome from the below list:</p><ul style="list-style-type: none">— 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.</td></tr></table>	<p><u>Primary Outcomes:</u> these will be dictated by the priority areas chosen on the Project Outline page.</p> <ul style="list-style-type: none">— Mitigating the impact of COVID-19 on the psycho-social needs of people affected by cancer (non-palliative).— Mitigating the impact of COVID-19 on people with cancer receiving palliative care, those with metastatic/advanced disease, or their family/caregivers.— Mitigate the impact of COVID-19 on the general survivorship needs of people affected cancer (other than the palliative and psycho-social needs addressed in priority areas 1 and 2).	<p><u>Strategy Outcomes:</u> You must select at least one outcome from the below list:</p> <ul style="list-style-type: none">— 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.
<p><u>Primary Outcomes:</u> these will be dictated by the priority areas chosen on the Project Outline page.</p> <ul style="list-style-type: none">— Mitigating the impact of COVID-19 on the psycho-social needs of people affected by cancer (non-palliative).— Mitigating the impact of COVID-19 on people with cancer receiving palliative care, those with metastatic/advanced disease, or their family/caregivers.— Mitigate the impact of COVID-19 on the general survivorship needs of people affected cancer (other than the palliative and psycho-social needs addressed in priority areas 1 and 2).	<p><u>Strategy Outcomes:</u> You must select at least one outcome from the below list:</p> <ul style="list-style-type: none">— 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.		

<p>3a. Outputs</p> <p>Words limits: 150, 200, 250</p>	<p>Planned outputs for the project e.g. publications, policy document, patents, information leaflets, and training programmes.</p> <p>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.</p>
<p>3b. Impact-enabling activities</p> <p>Words limits: 300, 400, 500</p>	<p>An output is unlikely to achieve a desired outcome on its own. Impact-enabling activities bridge the gap between <i>outputs</i> and <i>outcomes</i>.</p> <p>Please detail what activities need to occur for the outputs to impact the primary outcome(s). When will these activities take place? Information can be provided in narrative or bullet point format. Remember that the purpose of this award is to drive direct and immediate changes in patient care and outcomes in response to COVID-19.</p> <p><i>For example, imagine a researcher produces a report detailing how a clinical service improvement was implemented into practice. 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 nationally.</i></p>
<p>3c. Evidence of progress</p> <p>Words limits: 300, 400, 500</p>	<p>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.</p> <p><i>Using the example provided in 3b, the evidence of progress could be implementing the service improvement into additional clinical sites.</i></p>

<p>2. Activities</p> <p>Words limits: 150, 200, 250</p>	<p>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.</p>
--	---

<p>1. Inputs</p> <p>Words limits: 150, 200, 250</p>	<p>Please detail the resources needed for the project. High-level information is sufficient. Bullet points may be used.</p>
--	---

f) Declarations of Support

Declarations of support (in PDF format) are required from:

- the head of department at the host institution
- the mentor (if applicable)

These are basic letters stating that the Head of Department/Mentor is aware of, and supports, the application.

Clinical applicants must also upload a letter of support from the 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 for any time spent away from clinical duties. The letter should describe how this support will 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.

g) PPI Summary

The sections consists of three sections: Project Summary, Patient and Stakeholder Involvement Plan, and Sharing of Findings. Details on each sections can be found below. Please note that PPI reviewers will appraise these sections **and it is very important that these sections are written in plain English and are understandable to a non-technical audience.**

Project Summary
Words limits: 400, 550, 700

Please provide a detailed and structured lay abstract. The language used should be understandable and not scientific. If scientific terms are used, they must be explained. Please detail the following:

- Briefly outline the background of your research proposal i.e. how and why your research came about, context;
 - Describe the specific problem, issue, or question that you are asking in your research proposal and describe how you are addressing it (including the variables being measured and why you have chosen these specific variables);
 - Outline who will take part in your research, how you intend to recruit them into your study, and what they will be expected to do if they take part.
-

Patient and Stakeholder Involvement Plan
Words limits: 400, 550, 700

The patient involvement plan should detail how patients will be involved in the research project. It 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 consider the following questions:

- What key patients and stakeholders will be involved and from where will they be identified/recruited?
- At what stage will patients be involved in your research project? E.g. planning, design, implementation, management, evaluation, dissemination.
- What is the overall goal of involving patients?
- How exactly will you involve patients? Give as detailed information as possible, for example numbers of patients involved and how they will be recruited, what exactly will be required from them etc.
- What PPI infrastructure are available within your institution and how will it be utilised?
- What supports will be in place for patients involved (should they be needed)?
- Please identify any challenges that might arise from involving patients in your research, and how any issues will be prevented.

Please note: while patient participation and engagement activities are permitted and encouraged as part of an application and can be detailed as part of the patient involvement plan, the Society will only fund applicants who predominately include “involvement” activities as part of their plan. Please see Appendix 1 for further details and examples. The successful recipient of this award will be expected to attend a public and patient involvement development workshop upon commencement of the award.

Sharing of Findings
Words limits: 200, 300, 400

As the largest voluntary funder of cancer research in Ireland, the Irish Cancer Society relies on the generous donations from the public in order to fund cancer research. A key priority is, therefore, 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 dissemination plan to include communication of their research to all relevant audiences, in particular the public and people affected by cancer. Please describe your plan for sharing your findings. This may include printed or electronic articles, presentations, public engagement events, social media content, etc.

As research outputs are covered in the impact plan, please focus here on how you will share your research with all stakeholders

h) Budget

The total maximum budget is €225,000 and is dependent on the number of priority areas addressed. Applicants may submit proposals that address one (max funding €75,000), two (max funding €150,000), or three (max funding €225,000) priority areas. Funding and resources should be distributed appropriately among the selected priority areas. Failure to do so will result in your application being rejected.

A full detailed breakdown of costs and justification for all costs must be provided in your application. **Applicants should consult the Irish Cancer Society Budget Spending Guidelines when developing their grant budget (Appendix 3).** 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.

Funds may be requested for:

- Salary costs (including any clinical buy-out time)
- Running costs and equipment
- Dissemination and impact enabling
- Patient and stakeholder involvement (PPI) costs

Please refer to the Irish Cancer Society budget guidelines (Appendix 2) when developing your budget. Please note that a mandatory minimum provision of €1,000 has been allocated to support Patient and Stakeholder Involvement.

Salary

Applicants may cover their own salary costs or hire staff for this award. The Irish University Association (IUA) salary scales should be used when budgeting for academic positions.

Buy-out time is allowable for clinical applicants and should be budgeted using the appropriate HSE pay scale. You must state and justify the level and point on the scale used.

All salaries should be inclusive of PRSI, pension and increases, which should be detailed in the budget justification.

Running Costs and equipment

These are costs associated with conducting your research e.g. materials and consumables, survey costs, travel for participants, transcription costs, etc.

Only equipment absolutely necessary for the completion of your proposed research will be considered. Requests for large pieces of equipment will be rejected. Please see budget guidelines for further details.

Dissemination and outcome-enabling activities

Please detail the costs associated with disseminating your findings e.g. printing, posters, publication costs, engagement events, conference attendance, etc. Include any dissemination-related travel costs here.

Please also detail the costs associated with your outcome-enabling activities, detailed in your research impact plan.

PPI costs

Please describe costs associated with your PPI plan (a minimum of €1,000 should be budgeted for PPI activities).

Research participation costs (e.g. participant travel) should not be included here as this would be part of the Running Costs budget.

Please see Public and Patient Involvement (PPI) in Research Guidelines.

i) 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.

5. 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.
- Both mentor(s) have confirmed their participation. An email will be sent to each mentor 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
- The application is approved by both mentor(s). Mentor(s) will be notified by email once the applicant has submitted the application. Mentor(s) will have access to the full application in PDF format.

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, including the upload of:

- Completed application form
- Applicant CV
- Mentor CV (if relevant)
- Gantt chart
- Research images (if relevant)
- Letter of support from the head of department at the host institution
- Letter of support from relevant head of department at clinical site (for clinical applicants only)

6. Application Assessment

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

6.1. 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.

6.2. Assessment Procedure

Applications will be reviewed by both international academic reviewers **AND** PPI representatives. Each reviewer will provide scores and feedback on each application. Sections of the application will be assessed in the following way:

	PPI Panel	Scientific Panel
Full application	<ul style="list-style-type: none"> • PPI Summary: • Gantt Chart • Research Impact Plan • Budget* 	<ul style="list-style-type: none"> • Applicant Team • Scientific Research Programme • Impact Plan • Budget*

* The review panel will be asked to provide feedback on the budget. However, this will not formally be scored.

Scientific reviewers will score applications based on:

- The strength and suitability of the lead applicant and the broader applicant team
- The scientific merit of the proposed research, including feasibility of timelines
- The likelihood that the proposed project can deliver immediate and direct impact to the selected priority areas
- The strength and clarity of the impact plan to translate research funding into meaningful impact, aligned with the priorities of the funding call and the Irish Cancer Society

PPI reviewers will score each application based on:

- Rationale for research and its relative importance to people affected by cancer
- Feasibility of the proposed interactions with participants i.e. will the research work in practice.
- Clarity and feasibility of the PPI plan e.g. use of local resources, tokenism of plan, inclusion of all relevant stakeholders, timelines etc.
- A clear understanding by the researcher of the value of involving patients in their research project
- Whether the PPI activities constitute true involvement and not participation/engagement
- Whether the applicant's dissemination plan is feasible and includes all relevant stakeholders
- 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.

Please note that the scientific reviewers will not be assessing any of the PPI review sections, and vice versa. As such, it is vital that the sections reviewed by the PPI Panel are written in accessible **plain English**. Failure to do this may result in the PPI representatives not being able to accurately score these sections of your application.

6.3. Assessment outcome

Reviewer scores will be compiled and evaluated during a review panel shortlisting meeting. Applicants will be informed of the outcome of review by email. Applicants may be required to submit a revised project plan based on feedback from the review panel.

7. Contact

If you require assistance with the online application system or have any queries about the application, please contact us at grants@irishcancer.ie



Irish Cancer Society Research

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

Table of Contents

1. Background	2
2. What is Public and Patient Involvement in research?	2
3. Why is PPI important?	3
4. PPI is a partnership	4
5. PPI and the funding process	5
6. PPI Sections in the Application	5
6.1. <i>Project Summary</i>	5
6.2. <i>Patient involvement plan</i>	6
6.3. <i>Sharing of research findings</i>	8
6.4. <i>Budgeting for PPI</i>	8
7. Writing in plain English	13
8. Contact	13
9. Additional Resources	14
10. References	15



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

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 cancer¹. 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 other¹.

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 patients³
- Enhance patient trust in researchers³
- Improve researchers’ insight into their own research area³
- Help researchers identify barriers and come up with solutions to research³
- Increase trust and acceptability in the patient community of research findings³
- Inform the provision, access, and location of healthcare services⁴
- Improve the dialogue between healthcare professionals and patients⁴

Specific to the cancer setting, PPI may be used by patients as a resource, to make sense of living with a chronic condition⁵. 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-
 - advising on the direction of the research; *
 - commenting on and developing patient information leaflets, consent forms, questionnaires or other research materials;
 - 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 al⁷, 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?	<p>Estimate the cost or range of costs against each involvement activity.</p> <p>To work out the budget for your study, go to the online cost calculator:</p> <p>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.</p>
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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Travel Subsistence Childcare Carer costs Personal assistants Overnight accommodation Home office costs
Involvement activity	<ul style="list-style-type: none"> 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).



Appendix 2: Research Impact Framework (RIF)

Table of Contents

1. Introduction	2
1.1. Purpose	2
1.2. What is research impact?	2
1.3. Why is impact important?.....	2
2. Research Impact Framework	3
2.1. Framework overview	3
2.2. Framework principles	3
2.3. Theory of Change	5
2.4. Impact plan	6
2.5. Format of Impact plan at application stage.....	11
3. Reporting to the ICS on Impact.....	12
4. More information	13

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.

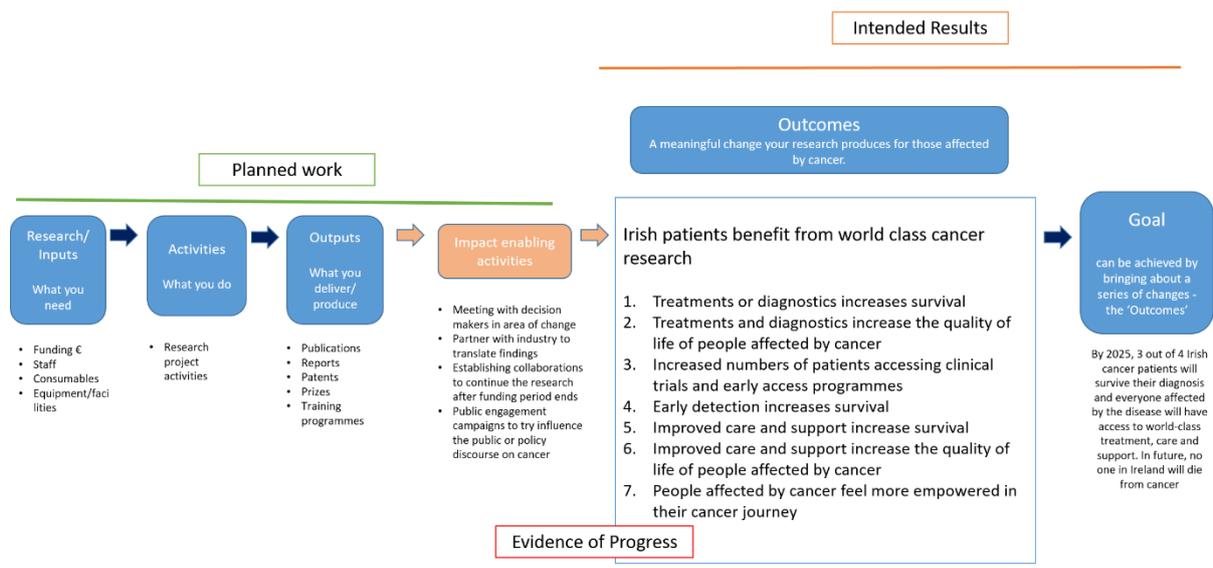


Figure 1. Theory of Change shown in diagrammatic form. The examples of each key factor are only for illustrative purposes and are not comprehensive.

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).

7 Key Outcomes: "Irish patients benefit from world class cancer research"

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	<p>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.</p> <p>You can select more than one outcome if relevant.</p>
Impact enabling activities	<p>Impact enabling activities are activities that drive outputs to outcomes- i.e. progress the research along the impact pathway.</p> <p>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.</p>
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 sections 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	<p><i>Academic Research Staff</i></p> <p>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.</p> <p><i>Postdoctoral Fellow</i></p> <p>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.</p> <p><i>*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.</i></p> <p><i>Research Fellow</i></p> <p>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</p>

	<p>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.</p> <p><i>Nursing and Allied Health Clinical Professionals</i></p> <p>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.</p> <p>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.</p>
Running Costs	<p>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</p> <p><i>Small Equipment items</i></p> <p>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.</p> <p><i>Computer/Laptop Equipment:</i></p> <p>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.</p>
Training	<p>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</p>

	<p>professional development training etc. providing it relates to their future research career aspirations.</p> <p>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 where travel is required, please detail the travel costs as part of the Travel and Dissemination budget</p>
<p>Travel and Dissemination</p>	<p><i>Travel</i></p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p><i>Dissemination</i></p> <p>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.</p> <p>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.</p> <p><u>Open Access Publication</u>: 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.</p>

PPI	<p>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.</p> <p>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.</p> <p>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.</p>
Mobility	<p>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.</p> <p>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.</p> <p>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</p>