

CALL FOR PROJECTS

PANCREAS 2023

Early detection of efficacy using neoadjuvant therapies in pancreatic cancers

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Call text

1. Background

Pancreatic cancer is one of the few cancers whose incidence is steadily increasing (2.5% each year since 1990), with more than 14,000 new cases diagnosed in France in 2018¹. Furthermore, with a low 5-year survival rate estimated at 11%, pancreatic cancer is considered as a poor prognosis cancer¹. It is projected that, by 2030, it will be the second leading cause of cancer-related deaths².

Currently, the only potentially curative option for pancreatic cancer is surgical resection, improving the 5-year survival to 20%³. However, only 10 to 20% of patients are diagnosed at a stage in which the tumour is still resectable. Chemotherapy, targeted therapy, and immunotherapy were so far insufficient to significantly modify the prognosis of the patients.

Increasing the proportion of patients who can be operated on, and improving the impact of medical treatment are therefore a high priority in the fight against pancreatic cancer. The latter could be explored by developing neoadjuvant therapies based on new biologically targeted approaches. Neoadjuvant therapies to identify treatment options would allow a short treatment phase, followed by a second set of diagnostic procedures to evaluate its short-term impact (response or signals of efficiency). Subsequently, such clinical trial might be expanded to make the proof of efficacy through randomized trial, if appropriate.

After funding in 2022 research projects on early diagnosis of pancreatic cancer, the Fondation ARC has chosen to pursue its support to pancreatic cancer research projects designed to improve therapy in this pathology.

Funding for the selected projects will be supported by Fonds pour Bertrand Kamal [#POURBERTRANDKAMAL](#).

¹ INCa - Panorama des cancers en France. 2022

² Rahib, Cancer Res. 2014

³ Kleef, Nat Rev Dis Primers. 2016

2. Objective

The call for projects (CFP) aims to establish **proof of therapeutic concept applied to neoadjuvant therapy in pancreatic cancer**, and to demonstrate the early efficacy of innovative drug approaches, based on biological evidence.

3. Scope of the CFP and project characteristics

A. Scope of the CFP

The projects will consist in the establishment of proof of therapeutic concept in pancreatic cancer. The demonstration of efficacy can be carried out either in a classic neoadjuvant context, or in patient with non resectable cancer, considering neoadjuvant as a medium-term objective.

The projects will consist of phase 1 (especially for drug combination) and/or 2 clinical trials demonstrating the early efficacy of neoadjuvant therapy, alone or in combination. This should be based on a strong biological hypothesis with preferentially additional or synergistic efficacy.

A project studying new innovative drug delivery techniques could be supported.

Neoadjuvant therapy encompasses, but is not restricted to:

- (Targeted) chemotherapy molecules;
- Targeted immunotherapy molecules;
- Synthetic lethality;
- Radiation therapy;
- Hormone therapy;
- Probiotics or prebiotics;
- Anti-infectives;
- Molecules targeting the microenvironment;
- Protein inhibitors;
- Gene therapy;
- Cell therapy;
- etc.

B. Characteristics of the project

- The clinical project must be relevant in the field of **pancreatic cancer research**.
- The project must be **a phase 1 and/or 2 clinical trial**.
- **A strong scientific rationale (biological evidence) that supports the hypothesis and objective of the trial is required.**
- The clinical trial endpoints must be clearly defined.

- The goal of submitted projects will be to bring clinical proof of an innovative concept on neo-adjuvant therapies. Accordingly, this concept could be:
 - Drugs developed in other areas of medicine (drug repositioning), but which demonstrate new emerging pertinence in pancreatic cancer,
 - Drugs approved in cancer indication(s) demonstrating a scientific and medical interest in pancreatic cancer,
 - Combination of an existing drug with another form of therapy (radiotherapy, ...) whose efficacy might be increased by the combination,
 - Unexplored combination of 2 marketed drugs if the combined mechanisms of action of these 2 drugs might lead to an increase in efficacy,
 - Therapies for which criteria of tumoral responsiveness or of resistance to treatment were evidenced in preclinical studies and could be evaluated/validated in patients receiving this treatment in a clinical study.
- Drugs without marketing authorisation will only be accepted if the pharmaceutical company undertakes to make them available without charge.
- The project can be associated with the constitution of a **biological collection** (DNA, RNA, proteins, microbiota, mycobiota, tumour avatars, etc.), helping to strengthen the developed concept.
- The project must be **feasible within the grant duration**. A description of the feasibility, a timetable, and analysis within the time must be included. If needed, the timetable should include consideration of regulatory steps and negotiation with a company.
- The **experimental design** must be rigorous and based on a solid research hypothesis, a comprehensive statistical analysis plan, and a well-defined study population and providing rationale to support the initial research hypotheses. The provisional timetable of inclusions or inclusion curves must be detailed (see ANNEX 2 for "Assessment criteria").
- In addition to its scientific relevance, the project should present **the most reliable ethical guarantees** and must be conducted according to the existing legislation.

4. Project duration and funding

Funding is granted for a period of **3 to 4 years**.

The maximal amount that can be applied for is **€ 1,000,000**.

5. Eligibility criteria

Applications not in accordance with eligibility criteria will not be considered.

- The project must be in the scope of this call.
- Unless otherwise stated, **the application and all files must be written in English.**

- The application must be submitted by the project leader, who is the coordinator recognised by the associated teams. She/he will be fully engaged in setting up the project and fully invested in the project monitoring.
 - The project leader must hold a full, permanent position in a hospital, university, or research body in France (*i.e.* civil servants or permanent contract); failing that, the project leader must hold a temporary position covering the grant period.
 - The sponsor of the trial must be an academic or research party.
 - Each team involved in the application must be affiliated with a public research institution (university, public science, and technology research bodies etc.) or a non-profit organisation (association, foundation etc.) or a public health institution.
 - Foreign and industrial/commercial partners can participate as long as they provide their own funding for the project.
- To ensure the project feasibility, the project leaders should attach the following documents (see ANNEX 1 for “Mandatory files”):
- a letter of **commitment in principle by the sponsor** to run the trial if the project is selected for funding.
 - a **commitment in principle by the pharmaceutical company**, to contribute to the project, specifying the conditions of participation, and in particular the free provision of medicines without marketing authorisation.

6. Exclusion criteria of the CFP

- Projects in which the intellectual property is exclusively industrial

7. Funding procedure

A. Eligible expenses

- Operating costs, including software licenses and fees, and acquisition work in the field: investigation travel costs, etc.
- Costs of the clinical trial, in particular:
 - The academic promotion of the trial (administrative procedures for opening the trial, insurance, eCRF, monitoring, etc.), patient enrolment.
 - The purchase of drugs investigated in the trial, only if they have a marketing authorization.
 - The costs related to the biological samples (collection, storage, shipment to storage centre).
- Service provisions are allowed. However, private sector service companies (start-up, biotech, etc.) should not claim any intellectual property rights in relation to the results that may arise from the project.
- Publication fees.
- Equipment (computer hardware can be covered by the funding, only if mentioned in the provisional budget).

- Recruitment of non-permanent staff (engineers, technicians, data managers, clinicians or other staff dedicated to the clinical trial) for a period not exceeding the grant period;
- Travel expenses (attending symposiums, conferences, etc.). Except for a particular situation (evidence must be provided), travel expenses must not exceed 4% of the total requested budget.

There are no restrictions on how the budget is allocated, particularly how much is dedicated to personnel costs.

B. Non-eligible expenses

- Except for the collection and storage of the biological samples, ancillary study(ies) associated to the clinical trial will not be funded;
- **Management body expenses;**
- Salaries of PhD students;
- Traineeship grants for students;
- Salaries of clinical personnel employed as temporary employees (“vacataires”);
- Office supplies;
- Subscription to scientific societies and/or membership fees;
- Maintenance cost of equipment.

8. Project selection process

The assessment of the projects will be conducted as follows:

- An *ad hoc* committee composed of international experts will review the applications (cf ANNEX 2 for “Assessment criteria”) and will deliver recommendations. The project leader will **respond to the potential comments issued by the committee and will make the requested improvements within a period of approximately 10 days** (around the second half of September 2023);
- The Fondation ARC Scientific Board, based on the expert assessments conducted by the *ad hoc* committee, will select the applications, and make recommendations to the Board of Directors, which will then vote the funding.

The Fondation ARC guarantees that each application will be assessed under confidentiality agreements, in compliance with its procedure for preventing and managing conflicts of interests.

9. Provisional timetable of the CFP

- Launch of the CFP: March 14, 2023
- Deadline for submission: **June 13, 2023, 12h CET**
- Examination of projects by an international *ad hoc* committee: June–August 2023
- Selection by the Scientific Board of Fondation ARC: October 2023

- Decision by the Board of Directors of Fondation ARC: November 2023
- Notification of the results: end of November 2023
- Starting date of the project: January 2023



10. Submission procedure

- The **complete application** must be in accordance with this notice and submitted **online** at:

appelsaprojets.fondation-arc.org
no later than June 13, 2023 midday

- The **mandatory documents** (see ANNEX 1 “Mandatory files”) required for scientific and technical assessment of the project, has to be submitted online until September, 7th, 2023
- **Be careful:** For the application to be admissible, the project leader has to submit it online before the closing date (click on “submit my application package”).
- **Until the closing date**, the project leader can re-open/modify his/her application **as many times as desired**.
- An acknowledgement of receipt will be sent by email to the project leader, upon validation of the online application.
- **Optional supplemental information:** Until **September 7th, 2023**, the project leader can supplement the application package, in the annex tab, with the following documents:
 - Publication update: manuscripts that are in review or have been accepted for publication (please, attach letter from the publisher and acknowledgement of receipt);
 - Notification of changes in the administrative situation;
 - Notification of acceptance/use of any grant obtained from another funding organization.

11. Contact

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ANNEX 1: Mandatory files

To be admissible, the application must be submitted online at appelsaprojets.fondation-arc.org along with the mandatory files indicated in the table below:

Mandatory files	Content	Format	Deadline for online submission
<u>Sponsor's commitment in principle</u>	A letter from the legal representative of the institution agreeing in principle to act as sponsor if the project is selected to be funded. In this letter the sponsor should also agree to making the results obtained publicly available.	Free format	7th September 2023, at midday (upload online)
<u>Pharmaceutical company's commitment in principle</u>	An agreement in principle from the pharmaceutical company to supply the drug if the project is selected for funding. Drugs without marketing authorisation must be provided free of charge.	Free format	7th September 2023, at midday (upload online)
<u>Scientific signature sheet</u>	Signatures of the associated team leaders and/or persons in charge of the research facilities.	Downloadable online	7th September, 2023, at midday (upload online)

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ANNEX 2: Assessment criteria

The international *ad hoc* committee will review the applications in line with the 8 assessment criteria listed below, with a special attention to the quality of experimental design and statistical plan, studied population and feasibility of the work plan.

1. Global scientific quality of the project and impact

Overall scientific quality and innovativeness
Clarity of hypotheses and objectives
Potential scientific and medical impact

2. Relevance and originality of the project

Relevance of the project to the objective of the CFP
Originality of the project

3. Clarity of the biological hypotheses and the objectives

Clarity and appropriateness of the experimental design.
Clear definition of the studied population.

4. Quality of methodology, statistical analysis and the studied population

Appropriateness of the statistical methodologies.
Comprehensiveness and quality of statistical analysis plan.
Anticipation of potential problems, and proposal of alternative approaches
Pertinence in the selection of the patients and samples; Justification of the sample size;
Clear synopsis and/or study protocol.

5. Competence of the applicants and quality of the research collaborations

Competence and expertise of the applicant and his/her team.
Consistency and complementarity between the associated teams

6. Feasibility of the work plan

Clarity of the work plan.
Overall feasibility of the work plan.
Appropriateness of the research environment, staff, and infrastructures.
Provisional patient inclusion plan.

7. Funding sustainability

Appropriateness of the project's financial plan.

8. Ethical issues

Accordance with the legislation in force
Respect for good clinical practice