CALL FOR PROJECTS

Cancers in Adolescents and Young Adults 2026

-

Call text

1. Background

Worldwide, approximately 1.2 million new cancer cases are diagnosed in adolescents and young adults (AYAs) each year[1], with incidence rates rising steadily, particularly in high-income countries. In Europe, more than 67,000 new cancer cases are diagnosed annually in AYAs aged 15 to 39 years old. Despite this growing burden, survival improvements in this population have lagged behind those seen in pediatric and older adult patients. According to data from the EUROCARE-6 study, the overall 5-year relative survival rate for AYAs (age group 15–39) diagnosed between 2010 and 2014 was 84%, with significant variation across cancer types and countries. While survival exceeded 70% for

[1] GBD 2019 AYA Cancer Collaborators. Lancet Oncol. 2022;23(1):27–52.

most of the 12 most common AYA cancers, outcomes remained poorer for acute lymphoblastic leukemia (59%), acute myeloid leukemia (61%), and central nervous system tumors (62%). Although survival has generally improved over time, particularly for hematologic malignancies, gains have been more limited in adolescents and young adults aged 20–29[2].

This discrepancy highlights the urgent need for dedicated research into the unique biological, clinical, and psychosocial characteristics of cancers affecting AYAs. Although the definition of the AYA age group may vary across countries and institutions, it typically spans from 15 to 29 years. These individuals occupy a transitional phase between pediatric and adult medicine and are often underserved by current healthcare systems. They remain underrepresented in cancer research and clinical trials and continue to face a lack of tailored treatment protocols, age-appropriate care structures, and support systems adapted to their developmental and psychosocial needs[3].

Cancers affecting AYAs comprise a heterogeneous and biologically diverse spectrum of malignancies, reflecting the transitional nature of this age group between childhood and full adulthood. This includes both late pediatric-type cancers, such as acute lymphoblastic leukemia, sarcomas (e.g., osteosarcoma, Ewing sarcoma), and certain lymphomas and early-onset adult-type epithelial cancers, such as breast, colorectal, cervical, thyroid cancers, and melanomas, which arise unusually early in life. Several of these adult-type cancers are increasingly diagnosed in individuals under 40, with rising incidence trends particularly evident for colorectal, breast, and gastric cancers[4,5].

This dual burden underscores the uniqueness and complexity of AYA oncology:

- Late pediatric cancers occurring in adolescence and early adulthood often differ biologically from those diagnosed in younger children and may respond differently to treatment[6];
- Early-onset adult cancers, when they emerge prematurely, frequently present more aggressive histological features, distinct molecular profiles, and poorer prognoses compared to typical-onset cases[7].

Between these ends of the age spectrum, certain malignancies, such as testicular germ cell tumors or specific thyroid carcinoma subtypes, predominate in AYAs and exhibit unique biological behaviors not observed in other age groups. This highlights the critical need for diagnostic, therapeutic, and survivorship approaches tailored specifically to this population. A comprehensive understanding of these distinct clinical presentations

[2] Trama A, Geerdes EE, Demuru E, et al. EUROCARE-6 Working Group. Eur J Cancer. 2025 Jun;222:115336. doi:10.1016/j.ejca.2024.115336.

[3] Ferrari, A., Stark, D., Peccatori, F.A., et al. (2023). Adolescents and young adults (AYA) with cancer: a position paper from the AYA Working Group of ESMO and SIOPE. ESMO Open, 8(2), 100529.

[4] Sung H, Siegel RL, Rosenberg PS, Jemal A. Emerging cancer trends among young adults in the USA: analysis of a population-based cancer registry. Lancet Public Health. 2019 Mar;4(3):e137–e147. doi:10.1016/S2468-2667(18)30267-6.

[5] Patel SG, Ahnen DJ. Colorectal Cancer in the Young. Curr Gastroenterol Rep. 2018;20(4):15.

[6] Bleyer A, Budd T, Montello M. The distinctive biology of cancer in adolescents and young adults. Nat Rev Cancer. 2008 Apr;8(4):288-98. doi: 10.1038/nrc2349.

[7] REACCT Collaborative, Zaborowski AM, Abdile A, et al. Characteristics of Early-Onset vs Late-Onset Colorectal Cancer: A Review. JAMA Surg. 2021 Sep 1;156(9):865–874. doi:10.1001/jamasurg.2021.2380.

necessitates further investigation into the underlying biological mechanisms driving tumorigenesis in AYAs.

Emerging evidence suggests that AYAs exhibit distinct molecular and genomic profiles compared to children and older adults. Moreover, the peak incidence of certain cancers, such as osteosarcoma and Hodgkin lymphoma, during adolescence and young adulthood points to possible developmental or immunological predispositions[8]. A growing area of investigation is **epigenetics**, which provides insight into how environmental exposures, lifestyle factors, and inherited predispositions interact to influence cancer development in AYAs. Epigenetic modifications, including DNA methylation and histone alterations, are now recognized as key regulators of gene expression and have been implicated in tumorigenesis across several AYA cancer types[9]. Deciphering these epigenetic landscapes may lead to the identification of novel biomarkers and the development of innovative therapeutic strategies.

Beyond the genome, the **tumor microenvironment** plays a central role in cancer progression, metastasis, and treatment response. In AYAs, its composition and behavior may differ from that observed in other age groups, influenced by developmental biology, hormonal shifts, and immune system remodeling. Recent studies indicate that the stromal, vascular, and immune components of the AYA tumor niche may uniquely influence tumor behavior and treatment outcomes[10]. Importantly, the neuronal component of the microenvironment, including tumor-associated innervation and neuro-immune interactions, is increasingly recognized as a key modulator of cancer dynamics. Given the neurodevelopmental transitions occurring during adolescence and young adulthood, further exploration of neurogenic signaling in AYA tumors could reveal age-specific mechanisms of tumor progression, pain modulation, and therapy resistance[11].

In parallel, the **immune system** undergoes significant maturation during adolescence and early adulthood. This transition involves complex shifts in immune surveillance, cytokine signaling, and inflammatory response, which may modulate cancer initiation and progression. These age-specific immune dynamics can influence not only the vulnerability to certain tumor types but also the efficacy of immune-based therapies. Emerging research suggests that tumors arising in AYAs may exploit transient immunological windows to escape immune detection and destruction.

Given the rarity and biological diversity of AYA cancers, **data sharing and collaborative research efforts** are essential. The fragmentation of clinical and molecular data across institutions and cohorts remains a major barrier to progress. Multi-center collaborations, harmonized biobanking efforts, and interoperable data platforms are critical to enabling

[8] Desandes, E., et al. (2004). Cancer incidence among adolescents in France. Pediatric Blood & Cancer, 43(2), 130–137.

[9] Wang, X., Langevin, A.-M., Houghton, P. J., & Zheng, S. (2022). Genomic disparities between cancers in adolescent and young adults and in older adults. Nature Communications, 13, 7223.

[10] Aoki, T., Wierzbicki, K., Sun, S., Steidl, C., & Giulino-Roth, L. (2025). Tumor-microenvironment and molecular biology of classic Hodgkin lymphoma in children, adolescents, and young adults. Front Oncol, 15, 1515250.

[11] Lim-Fat MJ, Bennett J, Ostrom Q, et al. Central nervous system tumors in adolescents and young adults: A Society for Neuro-Oncology Consensus Review. Neuro Oncol. 2025 Jan;27(1):13–32.

large-scale analyses and advancing precision oncology in this population. Integrating clinical, genomic, epigenomic, immunological, and psychosocial data will accelerate discovery and support the development of personalized medicine for AYAs[12].

Beyond biological considerations, AYAs face distinct **psychosocial and care-related challenges**: delayed diagnoses, limited access to clinical trials, insufficient supportive cares, and a heightened risk of long-term psychological distress and unmet survivorship needs. As underscored by the European Society for Medical Oncology (ESMO), current healthcare systems often fail to meet the specific requirements of AYA patients, particularly regarding fertility preservation, psychological care, educational and professional reintegration, and long-term quality of life[13].

In this context, supportive care emerges as a cornerstone of comprehensive cancer management for AYAs. Encompassing all interventions that aim to alleviate the physical, psychological, social, and existential burdens of cancer, supportive care is not ancillary but essential. It helps patients to better tolerate treatments, preserve their autonomy, navigate identity-related disruptions, and reclaim a sense of agency and dignity during and after the disease. In France, these dimensions are formally recognized by the French national Circulaire n° DHOS/SDO/2005/101 (22 February 2005), which defines supportive care as an integral part of oncology pathways, encompassing psychological, social, nutritional, pain management, palliative, and fertility-related support. From diagnosis through survivorship or palliative care when necessary, supportive care contributes directly to better health outcomes, improved quality of life, and more equitable access to care.

Recent findings underscore the urgency of strengthening this dimension of care. A qualitative study conducted five years after diagnosis among AYA cancer survivors revealed that 69% of their supportive care needs remained unmet. These included critical areas such as fertility preservation, fear of recurrence, coordination of care, fatigue management, and access to peer support. These gaps had significant consequences on psychological well-being and long-term reintegration[14].

There is an urgent need to promote research that deepens our understanding of these care-related challenges and enables the design and dissemination of innovative, holistic support models tailored to the specific trajectories of AYA patients.

Despite increasing awareness, research dedicated to AYA oncology remains fragmented and underfunded. It is therefore essential to foster both basic and translational research that addresses the unique biological, clinical, and psychosocial dimensions of cancer in AYAs and supports the development of integrated, age-adapted, and personalized therapeutic strategies. **In this context, Fondation ARC**

[12] Tanda ET, Croce E, Spagnolo F, et al. Immunotherapy in adolescents and young adults: what remains in cancer survivors? Front Oncol. 2021;11:736123.

[13] Ferrari, A., Stark, D., Peccatori, F.A., et al. (2023). Adolescents and young adults (AYA) with cancer: a position paper from the AYA Working Group of ESMO and SIOPE. ESMO Open, 8(2), 100529.

[14] Baudry D, et al. Long-term supportive care needs among adolescent and young adult cancer survivors: a qualitative study 5 years after diagnosis. Support Care Cancer. 2024 Apr;32(4):1231–40.

decided to develop a new strategic focus on AYAs unmet needs, addressing the challenges of exploratory, translational and Human, Social and Economic Sciences (HSES) research in this population.

2. Objective

This call for projects (CFP) aims to address the specific challenges posed by **cancers affecting Adolescents and Young Adults (AYAs), defined here as individuals between the ages of 15 and 29, by supporting both biomedical and HSES research.**

Ultimately, this call for projects has a long-term objective to achieve comprehensive improvements in both **clinical outcomes** and **quality of life** for AYA cancer patients, through integrated, multidisciplinary, and age-adapted approaches.

3. Scope of the CFP

This call aims to support **high-quality basic, translational, and HSES research projects** that contribute to a deeper understanding of cancer biology and care models **specific to AYAs, defined here as individuals aged 15 to 29, developing cancers that are either specific to this age, or whose cancer was first diagnosed in this age range, or late-onset pediatric cancers or early-onset adult cancers.** Projects may address one or several aspects of this spectrum, ranging from biological mechanisms to psychosocial and societal challenges.

This CFP is divided into two parts:

- Axis 1 : Basic and Translational Research projects
- Axis 2 : Human, Social and Economic Sciences projects

4. Axis 1: Basic and Translational Research Projects

This axis of the CFP seeks to deepen the understanding of the biological and molecular specificities of AYA cancers, including genetic and epigenetic intrinsic mechanisms as well as extrinsic factors such as age-related immune specificities and tumor (micro)environment factors, in order to identify novel therapeutic targets, including the adaptation to AYAs of therapies initially developed for adults, and improve treatment strategies.
Projects under this axis should aim to elucidate the molecular and cellular mechanisms driving cancer emergence and progression in AYAs, with the ultimate goal of promoting early diagnosis and identifying innovative therapeutic strategies. Particular attention will be given to projects that promote **collaborative data sharing**.

Projects may include, but are not limited to:

- Characterization of cells and surrounding tissues in which a tumor emerges in an AYA;
- Identification of novel biomarkers and therapeutic vulnerabilities relevant to AYA tumor biology;
- Deregulation of epigenetic landscape in AYA tumor development and therapeutic response;
- Cancer predisposition syndromes (inherited or *de novo*) to support early detection;
- Role of viral infections (such as varicella, zoster, and others), whether in utero, during childhood, or in young adulthood, and their impact on cancer development in AYAs;
- Specificities of immune system dynamics in the AYA population and consequences on tumor emergence, progression and treatment;
- Interactions of immune cells with precancerous cells (or cells at the origin of cancer) and with cancer stem cells;
- Characterization of the tumor stroma components in AYA cancers, and their role in tumor emergence, progression and treatment;
- Development of innovative *in vitro* and *in vivo* models that reflect AYA-specific biology;
- Age-related therapeutic resistance mechanisms;
- Preclinical development of any type of innovative therapeutic approach;
- Multi-center initiatives promoting clinical, genomic, and epigenomic data sharing to overcome fragmentation and improve reproducibility.

Some of the projects selected under this axis, especially those dealing with epigenetics, could be supported by the Fondation Ella Toulouse pour les cancers des adolescents et des jeunes adultes, under the aegis of Fondation ARC.

5. Axis 2: Human, Economic and Social Sciences projects

Complementing the biological and translational research efforts supported in this call, a second focus is made on transforming the care and support ecosystem for AYAs with cancer. This axis supports research and intervention projects in the field of HSES that aim to better characterize the psychosocial, societal, and organizational challenges experienced by this population and to develop innovative, inclusive, and equitable supportive care pathways tailored to their specific needs.

Projects should explore the AYA experience across the entire continuum of care from diagnosis to survivorship and, when necessary, palliative care. They should propose tangible solutions to improve access to supportive care, its continuity, and its quality, with the objective of reducing inequalities and improving long-term health and life outcomes.

Projects may include, but are not limited to:

- Studies on access to supportive care, diagnostic delays, and structural inequalities in the AYA oncology care pathway;
- Research on the psychosocial, emotional, and identity-related impacts of cancer during adolescence and early adulthood;
- Development or evaluation of age-adapted supportive care models, such as fertility preservation, mental health support, educational and professional reintegration, and family counseling;
- Assessment of long-term survivorship trajectories, including unmet needs in psychological support, social participation, or life project reconstruction;
- Critical analysis of existing support programs: their reach, accessibility, effectiveness, and potential for scalability or national deployment;
- Inclusion of patient voices and lived experiences in the co-construction of supportive care practices and the design of public policy frameworks;
- Exploration of non-pharmacological, supportive interventions (e.g., body image, physical activity, sexuality, nutrition) that may enhance quality of life but remain under-assessed in current care models.

Partnership-based, interdisciplinary approaches, especially those bringing together healthcare providers, social services, patient organizations, researchers, and civil society, are strongly encouraged.

6. Projects characteristics

- The proposed project must be directly relevant to AYA oncology, targeting **patients aged 15 to 29 years**.
- **Projects must address one or several of the following cancer types:**
  - **Late pediatric cancers occurring in adolescence;**
  - **Cancers that are typical of the AYA age group;**
  - **Adult-type cancers arising prematurely in young adults.**
- Projects must be grounded in a clear scientific hypothesis, supported by a robust and coherent study design, and based on validated methodologies appropriate to the research objectives.
- Projects must include:
  - A detailed and realistic timeline, outlining key stages of the project, with explicit milestone definition and a contingency plan including a risk mitigation strategy;
  - An assessment of feasibility;
  - Where applicable, the inclusion of regulatory and ethical approval milestones.
- A comprehensive statistical analysis plan should accompany all projects, along with a well-characterized study population where relevant.
- In addition to demonstrating scientific excellence, projects must comply with the highest ethical standards and be conducted in full accordance with national and international legislation and regulatory frameworks.
- Open data sharing is strongly encouraged. All projects must include a strategy for making data publicly available, and a dedicated budget line may be included in the financial request to support data sharing, harmonization, and integration with national and international platforms.
- If relevant, projects must outline a clear plan for ethical oversight, patients' recruitment, and data management, in compliance with current standards and best practices.

6.a. Characteristics of basic research projects

Basic research projects must aim to generate new knowledge about the fundamental mechanisms of tumor initiation, development, and progression in AYAs. These projects should:

- Address specific biological questions relevant to AYA cancers, including but not limited to genetics, epigenetics, cellular signaling, tumor microenvironment, or immunological aspects;
- Contribute to the understanding of age-specific features of tumor biology;
- Promote the development of new concepts or models that could serve as a foundation for future translational or therapeutic innovations.

6.b. Characteristics of translational projects

Translational research projects on AYA cancers must aim to bridge the gap between fundamental discoveries and clinical application, with the potential to impact diagnosis, treatment, or patient management. These projects should:

- Demonstrate a potential therapeutic benefit for AYA cancer patients;
- Describe the cohorts, clinical annotations and biological materials available for retrospective studies;
- Demonstrate the feasibility of generating a prospective cohort with all the needed annotation and material within the timeframe of the project.

6.c. Characteristics of Human, Economic and Social Sciences Projects

HSES projects must be rooted in a strong and clearly articulated scientific approach, with a focus on issues specifically affecting AYAs with cancer. These projects should:

- Foster interdisciplinary collaboration, involving relevant expertise such as sociology, psychology, anthropology, public health, ethics, or health economics, and, where appropriate, the participation of patients or advocacy groups.
- Detail how results will be disseminated and translated into actionable recommendations, tools, or interventions aimed at improving care pathways, social support, or public health policies for AYAs.

7. Eligibility criteria

Applications that do not meet the eligibility criteria will not be considered.

- The project must fall within the scope of this call for projects.
- Unless otherwise specified, the application must be written entirely in **English**.
- The application must be submitted **by the project leader**, who will be the coordinator recognized by the teams associated with the project. He/she undertakes to commit him/herself fully to setting up and monitoring the project.
- **The project leader must hold a permanent position** in a French hospital, university, or research establishment (civil servant or permanent contract); failing this, the project leader must provide proof of a temporary position covering the period of the grant applied for.
- **The same project leader may submit only one project under one of the two axes of the 2026 AYA Cancer call for projects.**
- Attention will be given to the involvement of a project leader as collaborator to one or several other projects in order to verify the overall feasibility.
- Each team involved in the application must belong to a public research organization (university, EPST, EPIC…), a non-profit organization (association, foundation…) or a public health establishment.
- The participation of foreign and/or private partners is possible as long as they provide their own funding for the project.

- Where applicable, and in order to ensure project feasibility, availability and access to samples and patient clinical data must be secured and detailed (see ANNEX 1 for "Mandatory documents").

8. Exclusion criteria

- Projects whose intellectual property is exclusively industrial (particularly in the case of research backed by industrially promoted clinical trials).
- Clinical research: funding will not be provided for tasks specific to clinical trials (patient enrolments, blood samples, biopsies, etc.). Only data collection and analysis carried out as part of ancillary studies in support of clinical trials will be taken into account (collection, storage and analysis of samples, data analysis, modelling, statistical analysis, etc.).

9. Funding procedure

9.a. Project duration and funding

AXIS 1 – Basic and Translational research projects
Funding is granted for a duration of **36 months or 48 months**.
The maximum amount that can be requested is **€600,000**
AXIS 2 – Human, Economic and Social Sciences projects
Funding is granted for a duration of **12, 24, or 36 months.**
The maximum amount that can be requested is **€250,000.**

9.b. Eligible expenses

- Operating costs, including software licenses and fees, and acquisition work in the field (travel costs involved in investigations, etc.);
- 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;
- **Costs related to data harmonization and data sharing** (e.g., standardization of variables, integration into common platforms, repository fees) are eligible and encouraged, especially in multi-center or collaborative settings;
- Publication costs;
- Equipment;
- Computers hardware (computers, accessories and software) can be covered by the funding only if it is justified in the financial application;
- Recruitment of non-permanent staff (post-doctoral researchers, engineers, technicians, data manager or other) for a period not exceeding the grant period;
- Salaries of PhD students **only for Axis 2 on HSES projects**;

- 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;**
- The budget is freely allocated, particularly regarding the proportion devoted to personnel.

9.c. Non-eligible expenses

- **Overheads;**
- Salaries of civil servants and permanent staff;
- Vacations;
- Internship allowances and bonuses;
- Office supplies;
- Subscriptions to learned societies and/or membership fees;
- Equipment maintenance costs.

10. Projects selection process

The assessment of the projects will be conducted as follows:

- An international *ad hoc* committee will review the applications (cf ANNEX 2 for "Assessment criteria") and will issue its recommendations. The project leader will respond to the potential comments issued by the committee and will **make the requested improvements within a period of 10 days** (last weeks of March 2026);
- The Fondation ARC's Scientific Board, based on the expert assessments conducted by the *ad hoc* committee, will select applications and make its 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.

11. Timetable of the CFP

- Launch of the call for projects: **October 1, 2025**
- **Deadline for applications:** **January 13, 2026, 2pm**
- Projects appraised by an international *ad hoc* committee: **January-March 2026**
- Selection by the Scientific Board of the Fondation ARC: **April 2026**
- Decision by the Fondation ARC Board of Directors: **May 2026**
- Notification of results: **end of May 2026**
- Start of projects: **September 2026**

12. Submission procedure

- **The complete application must comply with these instructions** and be submitted online at:

appelsaprojets.fondation-arc.org
no later than January 13, 2026, 2pm

- 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.
- Additional non-mandatory information: until **March 6, 2026**, the project leader has the possibility to supplement their file by adding non-mandatory appendices:

- 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 acceptation/use of any grant obtained from another funding organization.

13. About

Fondation ARC pour la recherche sur le cancer

Recognized as being of public interest, Fondation ARC is 100% dedicated to cancer research and is funded exclusively through the generosity of its donors and legators. In 2023, it allocated nearly €30 million to 307 research projects offering hope to patients. For Fondation ARC, everything stems from one conviction: research will defeat cancer. Thanks to the discoveries of researchers, we will ultimately achieve victory: one day curing cancer—all cancers.

Fondation Ella Toulouse pour les cancers des adolescents et des jeunes adultes

The Fondation Ella Toulouse is a hosted foundation operating under the Fondation ARC for cancer research, leading funding initiatives for research focused on AYA cancers.

14. Contact

aja@fondation-arc.org
+33 (0)1 45 59 58 46
www.fondation-arc.org/aap2026-aja

CALL FOR PROJECTS

CANCER in Adolescents and Young Adults 2026

ANNEX 1: Mandatory files

To be admissible, the application has to 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
1. Commitment letter (Mandatory only for translational research projects) Certified by: • Trial sponsor OR • Biobank operations manager OR • Pathologist in charge of sample collection	• Calendar of the patients inclusions and a presentation of the scientific context of the ancillary study. • Availability and number of biological samples and/or data included in the project; • Agreement allowing access to these biological samples and/or data; • Conditions and expected date for the provision and/or transfer of the samples and/or data; • Terms of agreements on intellectual property rights; • Compliance with regulations concerning data storage (French Data Protection Authority [CNIL] declaration, etc.); • Quality accreditation of the organization (indicate any potential NF or ISO accreditations).	Free format, in english, generated by the applicant	January 13th, 2026, at 14:00 (upload when submitting the application online, at the "Clinical research" step)
2. Scientific signature sheet	Signatures of the associated team leaders and/or persons in charge of the research facilities.	Downloadable online	March 6th, 2026, at midnight (to be uploaded online)

CALL FOR PROJECTS

CANCER in Adolescents and Young Adults 2026

ANNEX 2: Assessment criteria

The international *ad hoc* committee will review the applications in line with the 9 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
   In case of clinical trials: 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.
   (If applicable) provisional patient inclusion plan.

7. **Funding sustainability**
   Appropriateness of the project's financial plan.

8. **Ethical issues**
   Accordance with the legislation in forceRespect for good clinical practice