KWF Guidelines 2026 - Quick Guide
Entry point to the Guidelines, Funding Conditions and FAQ

What this guide is for: This document provides the essential route through the KWF application process through GMS. You can use the Quick Guide for orientation, planning, and internal coordination. The Guidelines 2026 May can be consulted for detailed drafting instructions.	**Companion set:** 1) Quick Guide – start here 2) Guidelines 2026 May– detailed version 3) Pre award documents such as: Funding Conditions, current KWF Wage & Salary Policy / KWF Tarievenbeleid and FAQ – binding rules and extra background information where needed Set version: Aligned companion set | May 2026

Suggested use: start here for orientation, continue in the Guidelines for drafting in GMS, and consult the Funding Conditions, current KWF Wage & Salary Policy / KWF Tarievenbeleid, the Tipsheet notifications and the FAQ where extra detail is required (see Funding & application documents | KWF).
NB: Applicants should consult the FAQ and Cost Categories Elaboration for the most recent operational guidance and examples.

1. Application route at a glance

The table below shows the recommended sequence of application stages for applicants. The Guidelines provide detailed requirements and exceptions for each step.

Step	Stage	What to do now	See Guidelines
1	Confirm fit	Read the call text, check scope, and confirm whether the proposal fits the call, funding route, and timeline.	1 / 3
2	Register early	Register the organisation, department, and personal profiles in GMS. Arrange approval well before the deadline.	2
3	Choose route	Select the correct funding type and research phase. Make sure the project design matches the chosen route.	3
4	Draft proposal	Use the latest Word template, prepare work packages, milestones, references, and any supporting documents.	4.2 / 4.3
5	Enter in GMS	Complete project details, parties, budget, Dutch summary, reviewers, and any call-specific tabs.	4
6	Validate and submit	Validate proposal multiple times, correct errors early, and submit before the deadline.	1.1 / 4
7	Review and decision	Follow the review process and decision stage. Be prepared for clarifications or interviews where applicable.	6 / 7

2. Before you start

Most avoidable problems occur before the proposal is uploaded. Use this section to reduce risks early in the process.

- Read the call text, call-specific addenda, and the Funding Conditions before starting the application.
- Use the latest call-specific Word template available in GMS; templates may change the moment a call opens.
- Register and obtain approval for the Lead Organisation and department as early as possible. Without approval, the proposal cannot be submitted.
- Create or update personal profiles for all key participants and collect PIN numbers where needed.
- Start validation in GMS well before the deadline. A good rule is to begin validating at least four weeks before submission (see the Tipsheet @ Funding & application documents | KWF).
- Request quotations, letters of commitment, and any other supporting documents early, especially where third parties are involved.
- Ask your finance department to review the budget before submission.
- The Grant Decision sets out the conditions under which the Project has been awarded.

Practical rule: do not leave registration, approval, or first validation until the last weeks. These are common reasons for not meeting the submission deadline.

3. Choosing the right application route

Applicants should confirm three things before drafting: the funding opportunity, the funding route, and the research phase. If these aspects are incorrect, the proposal may be difficult to assess or may result in a rejection based on fit.

3.1 Funding opportunities

- KWF uses different funding opportunities, such as open calls, theme calls, and PPS-related routes.
- Only proposals that fit the scope of the specific call are eligible for assessment.
- If in doubt about fit, consult the relevant science liaison before investing heavily in the proposal.

3.2 Funding route and project format

- The main routes described in the Guidelines include Research Projects, Young Investigator Grants (YIG), Unique High Risk projects (UHR), and Consortium projects.
- Some calls may require additional or call-specific formats. Always check the call text.
- The Guidelines explain the eligibility logic for each route, including project leader requirements and minimum staffing expectations.

3.3 Research phases

Choose the phase that best reflects the main objective and maturity of the project. If a study covers multiple phases, select the phase that best represents the main focus of the proposal.

Phase	When this phase is usually appropriate
Basic research	For fundamental insight into cancer, mechanisms, and underlying biological or psychosocial principles, without a direct application focus.
Credentialing	For identifying and validating targets, leads, biomarkers, or risk factors that may support future diagnostics, treatment, or prevention.
Creation of modality	For developing and characterising a new modality, intervention, or tool before formal human evaluation.
Preclinical	For the final steps needed before human testing, such as readiness work, feasibility, toxicology, or regulatory preparation.
Clinical	For prospective evaluation in humans, including interventional or prospective clinical studies.
Implementation	For research on adoption, delivery, scale-up, and sustainability of evidence-based interventions in real-world settings.

Phase	When this phase is usually appropriate
Infrastructure	For sustainable research facilities, data infrastructures, and platforms that support the research community and are not tied to one specific project question.

3.4 Humane measuring model

- Research should, in principle, be designed using human-relevant measurement models.
- Applicants are expected to prioritise animal-free methods where adequate alternatives exist.
- If animal use is necessary, the proposal must clearly justify why no adequate animal-free alternative is available and why the chosen approach is scientifically and ethically appropriate.

4. Entering the application in GMS

The application in GMS combines structured fields with uploaded proposal documents. The complete guidelines below focus on what applicants should prepare and what reviewers will expect to see clearly.

4.1 Core project details

- Prepare a clear title, realistic duration, relevant keywords, and a non-confidential abstract.
- Classify the proposal using the KWF modality coding system.
- Explain how the project contributes to KWF's main goals.
- If the proposal builds on a pre-proposal, previous rejection, or related funding, explain this transparently.

4.2 Proposal PDF

- Use the call-specific template and follow the page limit and formatting instructions exactly.
- Describe the work packages, milestones, timing, and, where relevant, a GANTT chart.
- Where applicable, address data management, study design, statistical approach, and development planning.
- Upload references separately if required for the initiative.
- Be aware that the project proposal and associated documents may be shared with KWF assessment committee members and independent external reviewers for evaluation purposes. All reviewers are bound by KWF's confidentiality and conflict-of-interest procedures.

4.3 Dutch summary

- Write the Dutch summary in clear lay language.
- Treat this section as a serious assessment component, not as an afterthought.
- For phases reviewed by Patient Advisory Committee (PACO), the Dutch summary is central to the patient perspective assessment.

4.4 Reviewers and exclusions

- Applicants may suggest exclusions for individual reviewers or competing companies where permitted.
- Use accurate identifying information, including OpenAlex IDs where requested.

5. Team, organisations, and budget

This part of the application is often the most operational. The abridged version below is meant to guide drafting and internal coordination. Use the Guidelines and Funding Conditions for detailed definitions and financial rules.

5.1 Team and organisations

- Identify the project leader, principal investigators, scientific personnel, support personnel, and advisors.
- Ensure the Lead Organisation and any participating organisations are registered in GMS and approved by KWF.
- Use PIN numbers to link relevant participants in GMS where required.
- Distinguish carefully between participating organisations, service providers, inclusion centres, and co-funders. These roles have different implications.

5.2 Supporting documents

- Arrange quotations for service providers or inclusion centres where required.
- Arrange letters of commitment for advisors, co-funders, and other parties for whom the Guidelines require formal confirmation.
- Be explicit about collaboration with other projects, dependencies, and any existing third-party contracts.

5.3 Budget in practice

Budget topic	Quick guide
Personnel	Budget by the required subcategories and check the applicable salary logic and staffing expectations before submission.
Materials	Describe the rationale clearly and justify costs using price × quantity where relevant.
Service providers / inclusion centres	Check quotation requirements, internal versus external providers, and any fee and VAT rules.
Patient participation	Explain the activity, frequency, role of patient representatives, and how costs were calculated.
Own contribution / co-funding	State these transparently and make sure they are consistent with the team and collaboration sections. Seek advice from your project controller when calculating own contribution and / or co-funding.
Non-eligible costs	General overhead, generic equipment, or unrelated institutional costs are not eligible for funding

Use the Guidelines for the structure of the budget tabs and the Budget preparation sheet, current KWF Wage & Salary Policy / KWF Tarievenbeleid and Funding Conditions (see Funding & application documents | KWF) for exact eligibility, caps, thresholds, and accountability rules. NB:

Applicants should consult the FAQ and Cost Categories Elaboration for the most recent operational guidance and examples.

6. Review, decision, and after submission

This section highlights how a project proposal is assessed.

6.1 Review criteria

- Applications are assessed based on relevance, quality, feasibility, and -where applicable- patient involvement.
- The detailed interpretation of these criteria differs by research phase.
- The Dutch summary and patient perspective can materially influence the assessment in the relevant phases.

6.2 Review process

- Pre-proposals and full proposals follow different review routes.
- Full proposals may go through internal review, external peer review, PACO review, board review, and prioritisation.
- YIG, Consortium, or call-specific routes may include interviews.

6.3 Decision and follow-up

- After prioritisation, KWF and any relevant funding partners decide which projects will be funded.
- Funded applicants receive a grant decision letter and project-specific follow-up through the liaison process.
- Rejected applicants receive the review outcome and, where applicable, information on objection or appeal procedures.

7. Final submission checklist

Use this page before final validation and submission.

Done	Checkpoint	Where to check details
☐	The proposal fits the scope of the call and the chosen route.	Section 3
☐	The organisation and department are approved in GMS.	Section 2
☐	Personal profiles and required PIN-linked participants are up to date.	Section 2.4 and 4.4
☐	The latest template has been used, and all formatting rules are respected.	Section 4.1 and 4.3
☐	Work packages, milestones, and supporting documents are complete.	Section 4.3 and 4.5
☐	The budget is internally approved and aligned with supporting documents.	Section 4.6–4.7

Done	Checkpoint	Where to check details
☐	The Dutch summary is clear, accurate, and suitable for PACO where relevant.	Section 4 / Guidelines 4.8
☐	Reviewer exclusions and OpenAlex details have been completed where needed.	Section 5
☐	The proposal has been validated in GMS and all errors have been resolved.	Section 1.1 and 4
☐	The final submission is planned before the deadline, having sufficient time for last checks.	Section 2 / Guidelines 1.1

8. Where to find detailed information

Use this table when you require detailed explanation or the exact GMS logic.

Topic in quick guide	See Guidelines	Also check:
Registration and approvals	Chapter 2	FAQ & Funding Conditions chapter 4 where relevant
Funding opportunities and routes	Chapter 3.1–3.3	Funding Opportunities | KWF
YIG personal motivation	Chapter 3.2.2	Call text
Research phases and humane measuring	Chapter 3.3 and 3.4	Call text where phase-specific rules apply
Project details and proposal PDF	Chapter 4.1–4.3	GMS & Call-specific template instructions
Team, parties, and supporting documents	Chapter 4.4–4.5	GMS & Funding Conditions chapter 4 and related clauses
Budget build-up and summary	Chapter 4.6–4.7	Funding Conditions chapter 7 and related policies & online pre-award documents
Dutch summary	Chapter 4.8	Patient perspective requirements where applicable
Reviewers	Chapter 5	Call text if additional rules apply
Review and decision	Chapters 6 and 7	Call text and decision letter process
Appendices and classification	Chapter 8	Use where the application specifically asks for it

Recommended workflow: use this quick guide to organise the application process, the Guidelines and FAQ to draft accurately, and the Funding Conditions to confirm binding financial and procedural rules.

KWF Guidelines 2026

Guidelines for the submission of a proposal to KWF: Detailed companion to the Quick Guide

Document role	Operational drafting guide for applicants and internal reviewers. The Guidelines follow the structure of the Grant Management System (GMS).
Use with	KWF Guidelines 2026 – Quick Guide; pre award documents such as Funding Conditions; FAQ
Recommended order	Start with the Quick Guide, draft and work in these Guidelines, and consult FAQ and Funding Conditions where required.
Set version	Aligned companion set | May 2026

NB: Applicants should consult the FAQ and Cost Categories Elaboration for the most recent operational guidance and examples.

Version 2.9
May 2026

Table of Contents

1. Introduction

These guidelines explain how to submit a proposal to KWF Kankerbestrijding, the Dutch Cancer Society (hereafter referred to as KWF). They provide practical information about registration in the Grant Management System (GMS; see https://gms.kwf.nl/), describe the available funding types, conditions and research phases, guide you through the submission process and the relevant fields in GMS, and explain the review process. Call-specific criteria are described in the relevant addenda.

For specific terms and conditions, please refer to the Funding Conditions (FV), available on our website [↗] in both Dutch and English.

If your proposal got awarded, you will receive a Grant Decision Letter containing the applicable conditions. These submission guidelines do not cover project monitoring by KWF or the project closure procedure. Monitoring requirements are described in the Funding Terms & Conditions and will be discussed with you by the liaison during the kick-off meeting for your project.

If you have procedural questions or questions concerning GMS, please contact our review and grants administration department:

Helpdesk: http://www.kwf.nl/vraag
Phone: +31 (0)20 5700 450
Website: https://www.kwf.nl/onderzoek
https://www.kwf.nl/en/forresearchers

Contact one of our science liaisons for more detailed information about applying for one of our grants via https://www.kwf.nl/en/forresearchers/contactinformation

1.1 Essential information

We recommend that you read these guidelines in full. In practice, most delays and ineligibility issues arise from the points below.

- Use the most recent call-specific Word template available in GMS. Templates may be updated after a call opens. Check formatting and PDF settings before submission. Page limits are enforced by GMS; applications must be submitted in Verdana, minimum font size 9, with margins of 2.5 cm at the sides and 2.5 cm at the top and bottom, using single line spacing.
- Register your organisation, department, and personal profile as early as possible. Approval must be completed before submission, which may take up to six weeks, and requires a commercial register extract from the Chamber of Commerce (Kamer van Koophandel uittreksel).
- Select the correct funding type and research phase from the start. If these are entered incorrectly, you will be required to create a new proposal.
- Validate early and validate often. GMS may show new notifications after earlier issues have been corrected.
- If quotations, co-funding, service providers, or inclusion centres are involved, involve your finance department early and verify the required supporting documentation and any VAT implications.
- Keep milestones limited, measurable and relevant to decision points in the project. Where required, milestones must also be entered in GMS after funding is awarded.

2. Registration and Approval

KWF uses GMS for its entire project management process. See www.gms.kwf.nl for more information about registering your project.

2.1 Registration of a department and/or organisation

Your organisation and department must be registered in GMS to participate in a proposal as a Lead Organisation or Participating Organisation (*see FV § 4.2*). During the registration process, you can either select an existing organisation and department which has been approved by KWF or create a new one.

Before registering, you must first contact the Financial Controller within your organisation to confirm which department should be registered.

The "Registration Form New Department (from a registered institute)" can be obtained via the KWF downloads in the section Pre-award.

2.2 Approval of a department or organisation

The Lead Organisation and all Participating Organisations must be approved by KWF before you can submit the proposal. A red notification bar on the application form indicates that your department has not yet been approved. Please click the Validate button to check the approval status of all participating departments.

To approve an organisation and/or a department, the following documents must be provided to KWF:

- A recent (no older than two months) commercial register extract, issued by the Chamber of Commerce (in Dutch: Uittreksel Kamer van Koophandel).
- In case the organisation is already approved but approval is requested for a new department of this organisation, this register extract is only required when the director of the organisation has changed.
- A registration form describing details of the organisation, the department, the director of the organisation, payment details, and contact details of the delegated authority at the department level and the financial contact person.
- The registration form includes a declaration from the director of the organisation (whose name is on the register extract) stating that the delegated authority has the authority to sign. This registration form is available via the KWF review and grants administration department.

KWF reserves the right to reject a proposal if the organisation does not meet the approval requirements or the requested documents are not provided on time.

For approval, contact KWF's review and grants administration department via http://www.kwf.nl/vraag **at least six weeks** before the call deadline, as approval takes time.

2.3 Requirements for a Lead Organisation

Approval as a Lead Organisation indicates that the organisation is suitable to conduct the project. Appendix 1 provides an overview of the requirements that must be met for an institute to qualify as a Lead Organisation under KWF's criteria.

See section 4.5, Parties of the project.

2.4 Registration of a personal profile

After choosing an organisation and department, you will be asked to fill out a personal profile in GMS. This profile contains your contact details, CV and other information which is relevant for the review and monitoring process, such as specific expertise and experience.

The following distinction has been made between expertise and experience:

- Expertise refers to your competencies in terms of specialisation, qualifications, position (e.g. biologist, pathologist, epidemiologist, psychologist, surgeon).
- Experience refers to your competencies in terms of the field of oncology and/or research in which you have worked or are working (e.g. type of tumours, techniques, methods, models, project management, prevention).

When searching for and contacting external reviewers for your proposal, it is essential to use the correct information.

The OpenAlex ID is crucial for this purpose. Every published scientific researcher has an OpenAlex ID [↗]. Please enter your OpenAlex ID in the designated field.

After having created a personal profile, you will receive a PIN number, which is accessible via your personal profile. This can be used to link your account to proposals.

3. Preparing a Proposal

3.1 Funding opportunities

KWF offers various funding opportunities. Within these opportunities, we distinguish between open calls and theme calls. Information about the different types of funding can be found on our website [↗].

Only proposals that fall within the scope of the relevant call meet the eligibility criteria.

3.2 Funding types

After registration in GMS, you can select the call to which you wish to apply (for example, an open call, theme call or PPS call). Where relevant within a call, you may also be asked to select a funding type and research phase.

KWF offers the following funding types:

- Research projects
- Young Investigator Grants
- Unique High Risk projects
- Consortium projects
- Infrastructure initiatives

For each funding type, the majority of the project work must be conducted in the Netherlands. The project leader must therefore be employed by a Dutch organisation for the duration of the project. If part of the project must be conducted abroad, KWF will allow this.

Depending on the call, collaboration with other organisations (such as academic parties or private companies) may be permitted. KWF can require a collaboration agreement in such instances.

Conditions and guidelines for each funding type are described in the following sections. For PPS and theme calls, call-specific detailed information can be found on the KWF website [↗].

3.2.1 Research project

The Research project funding type supports scientific projects that address a hypothesis-driven research question. The duration of a Research project depends on the research question and the budget.

Eligibility criteria for a Research project:

- The Research project must address a hypothesis-driven research question and have a defined duration and final analyses in which the hypothesis is confirmed or rejected.
- The project leader must hold a PhD degree at the start of the project.

- At least one scientific researcher must be employed on the project for a minimum of 0.5 FTE per year throughout the duration of the project.

If you have a valid reason, for example follow-up of a clinical trial, you may deviate from the requirement that at least one scientific researcher must be employed on the project for a minimum of 0.5 FTE per year throughout the project term. This justification must be substantiated in the section "Parties of the project." KWF will assess whether the reason is valid.

3.2.2 Young Investigator Grant (YIG)

The Young Investigator Grant (YIG) funding type is intended for researchers at an early stage of their scientific career. It is designed to give talented young researchers the opportunity to establish an independent oncology research line. The young researcher must be capable of leading the project and carrying it out independently.

The suggested duration of a YIG project is four years, with 1.0 FTE scientific and 1.0 FTE non-scientific personnel per year.

Eligibility criteria for a YIG project:

The YIG must address a hypothesis-driven research question and have a defined duration and final analyses in which the hypothesis is confirmed or rejected.

- The project leader must initiate an independent research line.
- The project leader must hold a PhD degree at the start of the project.
- The project leader must be employed for a minimum of 0.5 FTE per year throughout the duration of the project.
- The project leader is eligible to submit a YIG proposal if the first submission deadline falls within five years of obtaining their PhD degree. Possible exceptions are:
    - an extension for the time spent in study or training to become a clinical or medical doctor after obtaining a PhD;
    - an extension of up to two years for another valid reason, for example parental leave. This must be substantiated with official documents no later than six weeks before the call deadline. If KWF considers the reason valid, the extension will be granted for the upcoming call only.

Exceptions are possible only after written approval by KWF. Such approval must be requested at least six weeks before the call deadline.

Please describe your personal motivation for a Young Investigator Grant (YIG) application by answering the following questions:

- What does this YIG mean to you and in what way will the YIG help your scientific career to move forward?
- Why are you the right person to receive a YIG?
- What future position and role do you hope to be in, in five to ten years?

3.2.3 Unique High Risk project

The Unique High Risk project (UHR) funding type makes it possible to conduct short-term preparatory work to determine whether an idea that has not yet fully crystallised offers viable opportunities. This funding type is intended to validate innovative ideas, generate preliminary results, and support non-existing research lines that are largely theoretical in nature but have strong potential for scientific breakthroughs. For this reason, the project leader should be an experienced scientist in the relevant area, so that pilot experiments can be conducted efficiently. As a guideline, a UHR project lasts one to one and a half years. Six months after the start date, the project will be evaluated to determine whether sufficient and successful progress has been made to continue the funding.

Eligibility criteria for a UHR project:

- The project leader holds a PhD at the start of the project.

3.2.4 Consortium project

The Consortium project funding type is intended for complex, hypothesis-driven projects that require expertise from multiple organisations. A project involving four or more organisations (excluding service providers, inclusion centres, and co-funders) is always considered a Consortium project. A project manager must be appointed, and the project may in principle run for up to six years.

Eligibility criteria for a Consortium project:

- The project leader holds a PhD degree at the start of the project.
- At least one scientific researcher is employed on the project at a minimum of 0.5 FTE employment each year during the term of the project.
- A project manager is appointed.
- A collaboration agreement, signed by the lead institute and all participating organisations, is required before starting the project.

In justified cases, such as the follow-up of a clinical trial, an exception may be made to the eligibility requirement that at least one scientific researcher be employed on the project for a minimum of 0.5 FTE per year throughout the project period, provided that the justification is explained in the "Parties of the Project" section.

3.2.5 Infrastructure initiatives

KWF wants to provide opportunities for initiatives that do not yet exist, especially when there is a great need from the field. Therefore, research proposals with infrastructural components may still be submitted and will fall under the research phase 'infrastructure.' If you are unsure whether your proposal fits this route, contact the relevant Science Liaison before submission.

3.3 Research phases in GMS

After choosing a funding type, select the research phase (see Figure 1.) that best reflects the central focus and primary objective of the study. The application form differs by research phase, so selecting the wrong phase may lead to missing or incorrect information.

For the open calls KWF distinguishes between the Exploration track (Basic research, Credentialing) and the Development & Implementation track (Creation of modality, Preclinical research, Clinical research, Implementation research, and Infrastructure).

- Where a proposal spans more than one phase, select the phase that best represents the main focus of the study.
- Interventive prospective studies should be submitted in the Clinical research phase.

3.3.1 Basic research phase

The goal of basic research is to obtain essential insight into the origin and progression of cancer and its (psychosocial) effects, as well as basic principles underlying the prevention and treatment of cancer and relevant technological developments. Basic research does not focus directly on the possible application of this knowledge.

3.3.2 Credentialing phase

Credentialing (or collecting credentials, evidence, confirmation) aims at identifying factors, targets and leads that could influence or improve prevention, diagnostics, treatment, and quality of life. Examples are the discovery of drugs or biomarkers and compound or drug screening. Observational and population studies can also be part of the credentialing phase, as well as cross-sectional research, retrospective and/or prospective cohort studies and case-control studies. The credentialing phase includes a first step towards validating the identified factors, targets or leads.

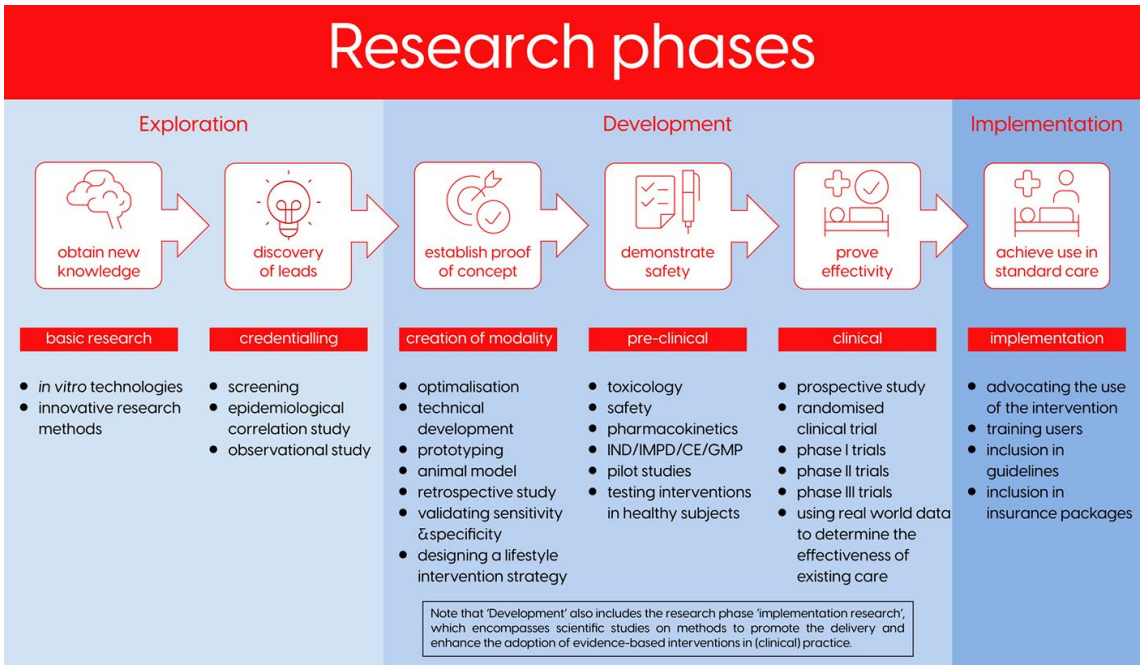

Figure 1. Research phases as used by KWF

3.3.3 Creation of modality phase

The goal of creation of modality research is the extensive characterisation and further development of new inventions/modalities until there is sufficient (in vitro and in vivo) evidence from model systems or retrospective data and sample sets to start preparing for human evaluation.

The development of psychosocial interventions is included in this research phase. Human participation in the development of inventions/modalities is possible in this phase when it is not meant for a validation in a human setting. Starting from this research phase, concrete solutions for specific problems and needs (including unmet medical needs) are developed and validated.

3.3.4 Preclinical phase

The goal of preclinical research is the completion of all stages required to start the clinical/human evaluation of a new invention/modality in subjects, such as:

- the development of GMP/clinical-grade production, toxicity testing, pilot or technical testing, successful IND/IMPD/CE submission and regulatory/ethical aspects;
- prospective analyses of the clinical feasibility of an invention or modality without performing the actual intervention (e.g. prospective biomarker studies without changing the actual treatment).

3.3.5 Clinical research phase

The goal of clinical research is to conduct prospective clinical research, such as

- the prospective clinical evaluation of a new invention, modality, assay, or tool in a limited number of subjects;
- establishing the effectiveness of a new invention, dosage, off-label use, combination of modalities or psychosocial treatment;
- changes to treatment regimens associated with existing methodologies (including population checks) in a patient population.

3.3.6 Implementation research phase

Implementation research comprises scientific studies on methods that promote the delivery and adoption of evidence-based interventions in clinical practice in line with KWF's main goals. A proposal must have a clear research focus, including a scientific research question. Eligible projects may address any aspect of implementation research, including factors affecting implementation, the implementation process and implementation outcomes. This also includes how potential solutions are introduced into a healthcare system or promoted for large-scale use and sustainability. The purpose is to understand what works, why it works and how it works in real-world settings, and to test approaches that improve implementation. Implementation projects require strong alignment between the current research project, the envisaged end product and its intended users.

Possible research questions can be:

- What are barriers and/or success factors in the implementation of an (evidence-based) innovation/new method?
- Which implementation strategies are effective and which are not?
- Why does an implementation strategy work in one healthcare practice and not in another?
- What are the unintended and unexpected effects of the implementation?
- To what extent has an innovation/new method been implemented and adopted in the organisation?
- How can the result of the implementation be sustained?

3.3.7 Infrastructure phase

Cancer research infrastructures are fundamental facilities and systems that provide resources and services for the cancer research community. Infrastructures enable researchers to focus solely on conducting research and thereby accelerate innovation and implementation of novel techniques, tools, and treatments. Infrastructures add value to oncology by fostering and supporting cancer research. Infrastructures are sustainable and continuously accessible for use by the (inter)national research community and are independent of use for specific research questions.

Examples of research infrastructures are:

- Facilities: biobanks, omics facilities, imaging facilities, animal modelling facilities, functional genomic screening facilities, cell, and gene therapy facilities, etc.
- Platforms: clinical trial platforms, early detection platforms, model organism platforms, and systems biology platforms.
- Data infrastructures: data repositories, computing systems, registries, catalogues, portals, tools that proactively promote, engage and/or are in transition to adopt well-curated and FAIR data, and communication networks.

3.4 Humane measuring model

- Research should, in principle, be designed using human-relevant measurement models.
- Applicants are expected to prioritise animal-free methods where adequate alternatives exist.
- If animal use is necessary, the proposal must clearly justify why no adequate animal-free alternative is available and why the chosen approach is scientifically and ethically appropriate.

4. Creating an application

After you have chosen the call, the funding type and research phase of your project in GMS, an application form (draft version) with a project number will be created.
The "project proposal tab" shows a button with which you can download a Word template.
In this Word template, detailed instructions on the contents of the proposal are provided. The Word template varies per call type. The proposal should not exceed the number of pages that is indicated in the template, including figures excluding references. References can be uploaded in a separate PDF.

Please respect the following formatting constraints: Verdana, at least font size 9, margins (2.5 cm side and 2.5 cm top and bottom), single line spacing.

After filling in the Word template please convert the proposal into a PDF format to upload it.
Please note that the references need to be provided in a separate PDF document for which a template can be found on the "proposal tab" in GMS. Do take care that the headers and footers of the references section are identical to the main document.

All proposals that do not meet the listed criteria on page length, margins, font size etc. are not eligible for funding. Also note that in some phases proposals exceeding the maximum page length will be rejected automatically by GMS.

4.1 General instructions

- In principle, research must be designed and carried out using human-relevant measurement models, as defined by the Samenwerkende Gezondheidsfondsen (SGF) [↗]. If this is not possible, applicants are expected to explore alternative animal-free methods.
- Only where no adequate animal-free alternative exists, and where the use of animals is demonstrably useful and necessary for the specific research, the application can be considered for funding.
- Unless indicated otherwise your proposal must be written in English, except for the "Dutch summary" tab.
- Fields marked with an asterisk (*) in GMS are mandatory. Some fields are conditionally mandatory. If one of these fields is missing, you will not be able to submit the application. GMS indicates missing information when you validate your proposal.
- GMS does not support the import of previously formatted text, so please use plain text when copying from external word processors. To insert special characters, use the Insert button in GMS.
- For pre-proposals: the fields requested in the pre-proposal submission form will be supplemented with extra fields in the full-proposal submission form. Some specific fields of the pre-proposal can still be edited in the full-proposal submission form.

The final PDF that will be sent to reviewers will consist of a front page containing the Project Details, followed by the proposal, the references, additional project information from other tabs (such as "Parties of the Project" and "Budget"), and any additional appendices.

4.2 Application: Project details for GMS

4.2.1 Basic Information

- Please choose a clear title, covering the contents of the proposal.
- Choose the expected duration for the project in months. If your project lasts longer than 96 months, please contact KWF before submission.
- Keywords (maximum of five) are requested to represent the content of your proposal, such as tumour type, methodology or field of work. If your proposal is specifically focused on paediatric or geriatric oncology, enter this as a keyword.

4.2.2 Abstract

Summarise your proposal, preferably based on the following structure:

- Description of the problem
- Envisioned solution/research direction
- Aim/hypothesis
- Plan of investigation
- Expected outcome

The abstract forms part of the Project Details included in the application PDF and may therefore be shared with reviewers and other assessors involved in the review process. If funding is granted, the abstract may also be published in international research databases, such as the International Cancer Research Partnership [↗], and may be used by KWF for communication purposes, for example to inform the public and donors about KWF-funded research. Applicants must therefore ensure that the abstract does not contain confidential information, sensitive details or information that could infringe intellectual property rights.

4.2.3 Modality classification

KWF employs a system of classification specifically designed for translational and clinical research to have a more detailed overview of its own portfolio, which is called the KWF modality coding system. Please classify your project proposal based on the KWF modality coding system. KWF can choose to change your classification of the project. See Appendix 4 for more detailed instructions.

4.2.4 Main goals

KWF funds only projects that align with its main goals [↗]. Indicate which main goal or goals your project supports and explain in the field "Relevance to KWF main goals" how the results of the proposal will contribute to them.

4.2.5 Previous submissions

4.2.5.1 Pre-Proposal

If the call included a Pre-Proposal phase with feedback, please briefly explain how the summarised comments in the justification were addressed and what changes were made between the Pre-Proposal and Full Proposal stages. If no changes were made, briefly explain why.

4.2.5.2 Previous rejected proposals

Please indicate whether the current proposal is an updated version of a project that was previously rejected by KWF and specify the corresponding project number(s). Use the "Previous Rejected or Granted Proposal" button to open the selection menu. If your previous proposal is not listed, you can enter the details manually.
If you are resubmitting a proposal, you are advised to revise it in line with the feedback from the reviewers and the review committee. Please indicate which changes you have made to improve the proposal and how the feedback has been addressed.

4.2.5.3 Related proposals and previously granted funding

Specify the project number(s) of projects funded by KWF or other funders, which are related to the proposal.

4.2.5.4 Comparable grant proposals at other funding organisations

Please indicate whether a comparable grant proposal, or any part of the current proposal, has been or will be submitted to another funding organisation. Clearly identify any overlapping sections, including the budget, so that any required adjustments can be made if funding is granted.

4.3 Application: General proposal template

On the Proposal tab in GMS, a call-specific proposal template is available for download. Use this document to describe your proposal and substantiate the activities for which funding is requested. As noted above, the final PDF requires the references to be uploaded in a separate template.

4.3.1 Page limit

A proposal PDF (including figures and excluding references) is limited to 12 pages for the research phases "Basic research" and "Credentialing". For all other research phases, the limit is 15 pages. There is no page limit for the References PDF.

4.3.2 Description of the work packages

In the proposal, the work packages should be described in a way that corresponds to the GANTT chart, where applicable. Work packages describe sub-projects for which specific deliverables or achievements need to be obtained. These achievements may be linked to particular moments within the project. Keep the number of work packages to a minimum. For straightforward projects, and even for many complex projects, one to three work packages will usually be sufficient.
For most projects, deliverables can be organised into sub-projects within the larger project. A work package consists of a coherent unit of work or set of activities and should be clearly distinguishable from other work packages. Each work package must have a scheduled start and end date, interim milestones where applicable, and at least one milestone marking the completion of the work package. For detailed information on the Work packages for clinical studies please refer to Appendix 5.

4.3.3 Milestones

Milestones should be SMART: specific, measurable, acceptable, realistic and time bound. Use them as decision points that demonstrate project progress, not as a list of general deliverables such as publications. Formulate at least one milestone per work package. As a rule of thumb, two to three

milestones are usually sufficient for exploration projects, and three to six for development-oriented projects. If your proposal is approved for funding, you must enter your milestones in GMS.

4.3.4 GANTT chart

Provide a GANTT chart showing the duration of each work package, the main activities within those work packages, and the expected timing of milestones.

4.3.5 Statistics, data management, and FAIR

Statistics

Describe the methodological approach, study design and, where applicable, sample size justification, power calculation, and statistical analysis strategy.

Data management

Also explain how data management, data sharing, quality control, bioinformatics, and accessibility will be organised. For assistance on creating a data management plan, see for instance: https://dmponline.dcc.ac.uk/help#PlanningHelp .

If your institute requires a Data Management Plan, attach it where requested and explain privacy, consent, storage, accessibility, interoperability, and long-term re-use at an appropriate level for the project.

General features

- What are the characteristics of the collected or generated data? (e.g. raw data, clinical data, computed data, software, semantics, and/or ontologies?)
- Will you be (re)using or coupling existing data? If yes, which data and do you have the data owner's permission to use the data?

Legislation

- What privacy policies and laws are applicable to your project, and how will you comply with them?
- If the project involves human subjects:
    - is informed consent available?
    - how will you anonymise/pseudonymise the data?

Fair Principles

The proposal should reflect the FAIR data principles. See FAIR Principles - GO FAIR for guidance.

4.3.6 Development plan

For the Creation of modality phase and later phases, it is obligatory to explain how the project results can move towards use in practice. Focus on the intended route to implementation, the most relevant risks and opportunities, and the practical steps that need to be taken during and after the project.

At a minimum, address applicability in practice, stakeholder involvement, intellectual property, commercialisation or valorisation strategy, regulation, reimbursement, and the main dependencies for successful implementation. KWF recommends discussing this with your Technology Transfer Office before submission. You must also address the following topics:

- Applicability and wide availability in (clinical) practice: How will the outcomes be used in practice? Are (technical) adjustments necessary to fit the outcomes into current standard

(clinical) protocols? Can the outcomes be implemented in daily routine, in all hospitals and across all care providers, or only in specialised centres? What actions are needed in this phase?

- IP strategy: What is your IP strategy to protect the knowledge / skills / technology obtained during this project (e.g. patents, trade secrets, copyrights, trademarks, registered designs)? Have you been in contact with your TTO? In case you decide not to protect the knowledge / skills / technology, please explain.
- Potential commercialisation: What is the financial model of the development route and why? Does it fall within an academic setting/ co-development with a commercial partner/ initiation of a start-up / licensing of a patent? Or is the financial model still undecided? Have you been in contact with your TTO, or other experts? What actions are needed in this phase?
- Legislation: Is the regulatory pathway that will apply for further development or implementation of your innovation clear? Think of Health Insurance Act (Zvw), DOT (DBCs on the way to Transparency), CE-marking requirements, Medical Device Regulation (MDR), In Vitro Diagnostics Regulation (IVDR), and privacy regulations (AVG). Which actions are needed in this phase?
- Reimbursement: Who will cover the invention's costs during (clinical) use? Patient, care provider, municipality, health insurer, or government? If unclear, describe steps to identify the appropriate funder. Otherwise, specify the evidence the potential funder requires to support the innovation in practice and the necessary actions in this phase.
- Stakeholders: Which stakeholders (i.e. end user, provider, referrer) need to be involved in the development route? How do you need to involve them (e.g. collaboration or co-creation)? What actions are needed in this phase?
- Risks and opportunities: Which risks and opportunities arise while taking the above-mentioned steps? Please describe what actions are needed to mitigate them.

4.3.7 References

References must be uploaded as a separate PDF and do not count towards the page limit of the main proposal. Use the required formatting and ensure that headers and footers align with the main proposal file.

4.4 Application: Parties of the project

The GMS "Parties of the project" tab requires an overview of all people who will actively work on the project and all organisations involved in its execution.

4.4.1 Employments

Register all principal investigators, scientific personnel, and relevant support staff in GMS. Vacant positions may be entered as "Vacancy." Foreign researchers may be included as principal investigators or scientific personnel, provided that their contribution to the work plan is clearly justified in the relevant work package(s). The following roles may contribute to the project:

- Project leader: See *FV § 4.2*. The project leader must be employed by a Dutch organisation for the duration of the project. Each project has one project leader, who also acts as the sole contact person for KWF. The project leader cannot also fulfil the role of project manager.
- Principal investigator: A principal investigator is responsible for the day-to-day scientific management of a specific part of the project, usually as defined in one or more work packages. A project may include more than one principal investigator.

- Scientific personnel: Scientific personnel are researchers who conduct the research activities within the project, such as PhD candidates, postdoctoral researchers, medical doctors, or trainee doctors.
- Support personnel: Support personnel refers to staff who perform supporting tasks within the project, such as technicians, research nurses, data managers, and trial managers. Support staff may be appointed at MBO, HBO or academic level. These personnel costs may be included in the budget in accordance with the applicable level of education: MBO (vocational education), HBO (Bachelor's degree) or academic (Master's degree).
- Project manager: A project manager is an example of support personnel. The project manager supports the project leader in ensuring that the project is completed on time and within budget, with a particular focus on coordination and collaboration between the organisations involved in the project. The project manager does not have a scientific role in the project and is not responsible for the scientific content of the work plan. Typical tasks may include organising and minuting meetings, consulting with stakeholders and external parties, managing contracts and payments, coordinating sample logistics, and monitoring project progress. A project manager is mandatory for Consortium projects and Infrastructure initiatives and is recommended for multi-centre clinical studies.
- Advisors**:** Advisors contribute expertise that is not otherwise available within the project team. Their input should support progress towards the intended final goal or product. KWF encourages applicants to involve appropriate advisors and, where relevant, patient advocates both before and during the project, to ensure that the proposal reflects the needs of the field and the end users of the modality or invention being developed. Advisors are not involved in the implementation of the work plan. Therefore, no FTE can be requested for this role. Each advisor must provide a letter of commitment (see section 4.5.1), specifying the advisory role agreed upon and how this contributes to the proposal and planning.

4.4.2 Register parties of the project in GMS

You can add people to your proposal by linking them by PIN or by adding them manually. By means of filling in Yes for people of the project for whom budget is needed, budget for FTE can be requested. Otherwise fill in No:

- By clicking yes, you state that personnel costs will be requested for funding by KWF. The requested data on FTE/salary must also be filled out in the budget tab.
- By clicking no you state that personnel costs will be funded by own contribution. In that case funding for this employee is already provided for by their organisation and you must indicate FTE own contribution (average/project). Only enter staff who play a crucial or sufficient role in the project.

4.4.3 PIN

Principal investigators with a personal profile in GMS have a unique PIN that can be found on their profile page. The project leader must use this PIN to link principal investigators and known scientific personnel to the proposal. KWF therefore asks the project leader to request the PIN of other participants and use them to synchronise their contact details with the proposal. Before sharing their PIN, principal investigators and scientific personnel must ensure that their profile is up to date. By providing their PIN, the participants authorise the project leader to submit the proposal on their behalf, as well as agreeing to undertake and assume responsibility for their part of the work plan. When a person is linked to a proposal as principal investigator, they can make changes to the proposal.

N.B.: Support personnel, vacancies, and advisors are not required to register an account in GMS and therefore have no PIN. You must fill out their name, organisation, and department in the Support Staffing table.

4.4.4 Minimum of 0.5 FTE employment for scientific research

As described in Funding Conditions 4.4 (*Reference: FV §4.4)*, KWF requires a minimum of 0.5 FTE scientific employment per year to generate sufficient momentum within a scientific research project to achieve the project objectives. If you have a valid reason, for example follow-up of a clinical trial, you may deviate from this 0.5 FTE eligibility requirement only after approval of KWF. This justification must be substantiated in the section "Parties of the project." KWF will assess whether the reason is valid. Please also consult the call requirements in the call text for any call-specific employment conditions.

4.5 Parties of the project

The definitions of the parties to the project are set out in Chapter 4 of the Funding Conditions *(Reference: FV §4)*. When determining a party's role in the Project, applicants should carefully assess whether the party will have any ownership of, or rights to, the data, Results or other outcomes generated by the Project, as this may affect whether the party should be included as a Project Party or as a Supporting Party.

Lead Organisation

The Lead Organisation is a Dutch organisation that bears final substantive and financial responsibility for the project and for the dissemination and exploitation of the project results. The Lead Organisation is also the employer of the project leader, the sole recipient of the funding, and the point of contact for KWF, the participating organisations and other stakeholders. Appendix 1 provides an overview of the types of organisations that may be eligible to function as Lead Organisation.

Participating organisation

A participating organisation (*Reference: FV §4.2.2*) is an organisation that bears substantive and financial responsibility for part of the project and for the dissemination and/or exploitation of the results. A foreign participating organisation may conduct parts of the work plan where the project leader considers this necessary. The need for such involvement must be justified in the description of the collaboration. A participating organisation whose owners benefit from the net income or earnings of the organisation cannot receive funding from KWF, unless all net income or earnings are used for the organisation's stated purpose of increasing social impact and/or serving the public good. In such cases, the participating organisation must confirm its contribution in a letter of commitment. This letter must comply with section 4.5.1 of the Guidelines.

Internal service provider

An internal service provider *(Reference: FV §7.2.3, Cat. 3.5; see also FV Chapter 4 for party roles*) is a department of the Lead Organisation or of a participating organisation that provides a service necessary for the work plan, such as data management, animal facilities, pathology review, or MRI scans. An internal service provider does not benefit from the project results and has no rights to those results. A quotation is mandatory (see section 4.6.3.1 of the Guidelines).

External service provider

An external service provider (*Reference: FV §7.2.4; Main Category 4: External Service Provider / Inclusion Centre*) is an organisation outside the Lead Organisation or participating organisation(s) that provides a service necessary for the work plan, such as data management, animal facilities, pathology review, or MRI scans. An external service provider does not benefit from the project results and has no rights to those results. A quotation is mandatory (see section 4.6.3.1 of the Guidelines).

Internal inclusion centre

An internal inclusion centre (see category 3.5, Internal Service Provider / Inclusion Centre) is a department of the Lead Organisation or a participating organisation that is involved only in the inclusion of patients, for example in clinical studies, and does not have an active research role in the project. An internal inclusion centre has no rights to the project results. An exception is that an inclusion centre may retain rights to its own generated data, information, samples, knowledge, and inventions. A quotation for its services is mandatory (see 4.6.3.1 of the Guidelines).

External inclusion centre

An external inclusion centre is an organisation outside the Lead Organisation or participating organisation(s) that is involved only in the inclusion of patients for clinical studies and does not have an active research role in the project. An external inclusion centre has no rights to the project results. An exception may apply where the external inclusion centre retains rights to use its own generated data, information, samples, knowledge, and inventions. A quotation for its services is mandatory (see 4.6.3.1 of the Guidelines).

Co-funders

Co-funders contribute to the execution of the project by means of a financial and/or material contribution and do not receive funding from KWF. This co-funding must be laid down in a separate agreement with the Lead Organisation and, where applicable, the participating organisation. This agreement must be in line with the provisions of the Funding Conditions on the dissemination and exploitation of project results. A letter of commitment from the co-funder is mandatory.

4.5.1 Letter of commitment

A letter of commitment is required where KWF needs evidence that an external or non-funded party is committed to the project, for example advisors, co-funders, certain participating organisations and, where relevant, patient organisations. The letter should be on official letterhead, addressed to the project leader, signed by an authorised representative, and should state the type of contribution being made to the project (e.g. in cash, in kind or material resources), how that contribution supports the work plan, and that KWF may publish the organisation’s name as part of the project consortium where applicable.

4.5.2 Collaboration with and/or dependency on other project(s)

On the Parties of the Project Tab Sub Collaboration, you can indicate if this proposal is part of a larger project with additional funding. If so, describe the larger project embedding this proposal. Explain how the project plan and the larger project depend on each other in organisation (upload an organogram in GMS) and funding. Describe the relationships between the larger project's

execution and the execution, results, and benefits of this proposal. Also, provide the exact funding amount needed for the rest of the project and its funders in the co-funding section.

4.5.3 Existing Contracts and third party rights

Figure 2 gives an overview of the existing types of agreements. In this section, provide details of any materials, data, etc. received from a third party for use in this project. Where available, include relevant third-party contracts, for example Material Transfer Agreements or Data Transfer Agreements. If the project forms part of an ongoing collaborative project, you are required to provide a copy of the signed agreement. KWF also needs to know whether you have obligations to sponsors or co-funders. If this applies to your project, please fill out in this tab.

Figure 2: Types of agreements

4.5.4 Project leader details section in GMS

The project leader's personal data will be copied automatically from the project leader's profile. This includes the name, institute, department and CV, including academic degrees, education and training, professional experience, and relevant honours and awards. Please ensure that the profile is up to date and add the ORCID iD if it is missing. The project leader's four most relevant publications can be added manually to the proposal.

4.5.5 (Scientific) personnel details

After the PIN number and last name have been added, the profile data of the (scientific) personnel is automatically copied into the proposal. This data includes: the name(s) and CV, including obtained degrees, education/training, professional experience and relevant honours and awards.

4.6 Application: Budget

Detailed rules on eligibility, maximum amounts, rates, thresholds, and financial accountability are described in the Funding Conditions, the KWF Wage & Salary Policy, and the FAQ including the Cost Categories Elaboration. This section focuses on how applicants should structure and explain the budget in GMS for assessment purposes.

In the GMS Budget tab, budget can be requested for the duration of the project. The budget is structured by main category and subcategory. Please note that only one budget line can be requested per subcategory in GMS; applicants should therefore aggregate all costs within that subcategory and clearly specify the composition, purpose and calculation of those costs in the corresponding description field; *Reference: FV §7.2 / Figure 11; The latest FAQ and Cost Categories Elaboration, Appendix 1 - category structure*. Amounts entered in the relevant subcategories are automatically included in the requested budget summary. Own contribution and co-funding should be recorded in the appropriate fields and should not be included in the requested KWF budget lines. In preclinical and clinical research phases, applicants should take into account that own contribution and/or co-funding may be expected, depending on the call.
The budget description should provide a clear explanation of the requested budget, own contribution, and co-funding. Descriptions should be sufficiently specific to support both budget assessment and later financial accountability. Applicants are strongly advised to have the budget reviewed by their finance department before submission. To facilitate this, the financial contact person can view and edit the proposal in GMS, or the draft proposal can be exported to PDF.

4.6.1 Personnel costs

Use this category for personnel who actively contribute to the execution of the project. In GMS, Personnel is budgeted by FTE per job level, after which the corresponding amount is calculated automatically. The applicable rates, budget caps and formal conditions are set out in the Funding Conditions and the KWF Wage & Salary Policy (*Reference: FV §7.2.1; The latest FAQ and Cost Categories Elaboration, Appendix 1 – Category 1*). In the budget description, explain the role of each budgeted position and the tasks to be performed within the project. Where relevant, clarify how scientific and support roles relate to the work packages. If existing staff are included in the budget, clearly explain their contribution to the project and confirm that these activities are not already funded through another source. Work-from-home allowances and commuting expenses may be included as eligible personnel costs if they fall within the applicable collective labour agreement of the relevant organisation; they should not be entered separately in the budget or final financial report, but accounted for within Main Category 1 – Personnel. For calls with specific personnel restrictions, always follow the call condition. For example, consultants cannot be budgeted under the Exploration and Development calls. If another call allows a different arrangement, this will be clear from the call-specific instructions.
No FTE can be requested for advisors. Advisors should instead be included under the appropriate role in the "Parties of the Project" section.

Degree	Scale
Scientific personnel Phd-student[1]	OiO scale
Senior scientific personnel[1]	11.2
Research support personnel[2]	7.5
Research support personnel[2]	9.3
Research support personnel[2]	11.2
MD project personnel[1]	10.4

[1] Scientific personnel: includes PhD students (Onderzoeker in Opleiding (OiO) scale). For MD's scale 10.4 applies.

[2] Research support personnel includes non-scientific staff who support the project without a scientific role, such as technicians, research nurses, data managers, and project managers. Funding for a project manager can be requested up to a maximum of 1.0 FTE per year.

Personnel with a permanent appointment may be included in the project budget, provided that they actively contribute to the Project and are not already funded through another source. Applicants must be transparent about this in the application and clearly substantiate it in the budget description. *Reference: The latest FAQ and Cost Categories Elaboration, FV §3.2 Personnel – permanent appointments on the project budget*.
For Research Projects, funding for the Project Leader and Work Package Leaders (Principal Investigators) is capped at 0.05 FTE per year, up to scale 11.2, provided that they actively contribute to the Project. *Reference: FV §7.2.1 – 0.05 FTE cap for Project Leader and Work Package Leaders*.
KWF applies updated UMCNL salary scales at the time of grant approval. Retroactively revising personnel budgets for already approved projects would be complex to manage. Given the size and diversity of KWF's project portfolio, it is not feasible to budget for and administer such adjustments in a clear, transparent, and consistent manner. At the same time, KWF continuously looks for ways to increase flexibility within project budgets. As of FV 2025, budgets are structured using standardised main and subcategories at a higher aggregation level. This gives project teams more flexibility to reallocate costs within categories as projects evolve. In addition, a 20% threshold has been introduced for the main categories "3. Materials" and "4. External Service Provider / Inclusion Centre," helping to reduce the number of change requests and simplifying budget management during the project as well as the final financial reporting.

Operational note: KWF budgets personnel costs based on UMCNL salary scales but settles these costs based on actual salary costs. Any remaining personnel budget may not be reallocated to another role or cost category and may be reclaimed by KWF. See the latest FAQ for the current operational explanation.

4.6.2 Additional personal budget

For scientific personnel whose salary is funded by KWF, the additional personal budget is added automatically in GMS. Applicants do not need to calculate this amount manually but should ensure that the underlying personnel appointment has been budgeted correctly. The applicable conditions and permitted uses are set out in the Funding Conditions and the KWF Wage & Salary Policy; *Reference: FV §7.2.2; The latest FAQ and Cost Categories Elaboration, Appendix 1 – Category 2*.

4.6.3 Materials

Use the Materials category for project-specific material costs necessary for the execution of the project. Where possible, explain the requested amount using a Price × Quantity (P×Q) approach. The detailed scope of each material subcategory, including examples, thresholds, accountability rules, and eligibility conditions, is described in the Funding Conditions, the FAQ, the Cost Categories Elaboration, and the KWF Wage & Salary Policy where applicable. Applicants are expected to budget these costs clearly and consistently in GMS and to provide sufficiently specific descriptions of the requested costs. Please note that the 20% threshold within Main Category 3 – Materials does not apply to underspending in the lump-sum Subcategory 3.1 "Laboratory materials and other project-related costs" in the same way as to specified material subcategories. The full approved amount for Subcategory 3.1 is awarded to the organisation and cannot be treated as underspending that may be reallocated to other material subcategories via the threshold rule. Any overspending in Subcategory 3.1 remains the organisation's responsibility. See the latest FAQ for the current operational explanation and examples.

4.6.3.1 Quotations

Where quotations are required, these must include at least:

- the organisation details of the service provider;
- the customer details of the institution;
- the quotation number;
- the KWF project number and title;
- the name of the project leader;
- the date of preparation;
- a summary of the requested work or supplied goods;
- the hourly rate and/or cost breakdown;
- the total price;
- and the validity period of the quotation.

VAT may only be included for external service providers.

4.6.3.2 Laboratory materials and other project-related costs (3.1)

Use this subcategory for recurring laboratory materials and other recurring project-related material costs that do not belong in another subcategory. Subcategory 3.1 is a lump-sum category; applicants must consult the FAQ for the applicable cap and the distinction between laboratory materials and other project-specific materials.

The budget description should explain:

- which laboratory or project-related activities will be performed;
- how many FTE are involved in laboratory work within the project, including personnel funded through own contribution where relevant;
- and how the requested amount was estimated.

Further details on eligible costs, thresholds, and accountability rules are described in the Funding Conditions and FAQ.

4.6.3.3 Other laboratory materials

Use this subcategory for substantial or exceptional project-specific laboratory costs that do not appropriately fit under subcategory 3.1.

The budget description should explain why these costs are project-specific and why they cannot reasonably be included under the regular laboratory materials category.

4.6.3.4 Laboratory animals

Use this subcategory only where animal work is necessary for the project and no suitable human-relevant alternative is available.

The budget description should explain:

- why animal work is necessary;
- why no suitable alternative exists;
- and how the proposed work contributes to the project objectives.

If internal animal facilities are used, the costs should be reported under subcategory 3.5.

4.6.3.5 Meetings and travel expenses

Use this subcategory for project-related travel and accommodation costs that fall within the permitted scope of the Funding Conditions.

The budget description should explain:

- the purpose of the travel;
- the persons involved where relevant;
- and how the requested amount was estimated.

4.6.3.5.1 International internships

If the project includes an international internship, explain:

- why the internship is necessary for the project;
- which knowledge or skills will be acquired;
- who will undertake the internship;
- at which host institute it will take place;
- and how the internship will strengthen the project after the researcher returns to the Netherlands.

4.6.3.6 Internal service provider and internal inclusion centre

Use this subcategory for project-specific internal recharges from the Lead Organisation or Participating Organisation(s), including the use of shared internal services or internal patient inclusion costs.

The budget description should explain:

- which service or facility is charged to the project;
- why it is necessary for the work plan;
- how the requested amount was calculated;
- and whether the costs relate to an internal service provider or an internal inclusion centre.

Where relevant, explain how patient inclusion costs were budgeted and what assumptions were used.

4.6.3.7 Other (Subcategory 3.6)

Use this subcategory for project-specific material costs that fall within Main Category 3 – Materials but do not fit under any of the other material subcategories. Examples may include other project-related costs that demonstrably do not fall under any of the preceding material subcategories. For example, internship allowances for HBO or university students may be included in this subcategory, provided that the student makes a substantial substantive contribution to the project, the contribution is clearly justified in the application, and the allowance complies with the applicable maximum amount stated in the latest FAQ and Cost Categories Elaboration.

The budget description should explain:

- what the costs relate to;
- why this is the appropriate subcategory;
- and how the requested amount was estimated, preferably using a P×Q approach.

4.6.4 External service providers / inclusion centres

Use this category for project-specific costs related to services provided by external service providers and external inclusion centres that are necessary for the execution of the project. Examples may include external analyses, consultancy, external development work, regulatory procedures, health technology assessment (HTA) analyses, and patient-related inclusion costs. Further examples and operational guidance are described in the FAQ and Cost Categories Elaboration.

If it is not yet known whether patient inclusions will be conducted internally or externally, patient-related costs may temporarily be budgeted in this category. The assumptions used should be clearly explained in the budget description.
Applicants must clearly explain:

- the nature of the requested services;
- whether the costs relate to a service provider or an inclusion centre;
- how the requested amount was calculated, preferably using a Price × Quantity (P×Q) approach;
- and, where relevant, how fixed patient fees are composed.

Study medication and medicines used as part of the research, including IMP/clinical trial supplies, are not eligible. For any project-specific production or facility costs, consult the latest FAQ/Funding Conditions and obtain KWF confirmation.
All requested costs must be substantiated by a quotation in accordance with section 4.6.3.1 of the Guidelines and the FAQ. Quotations must correspond to the requested services and budget amounts.
KWF will assess whether the proposed use of external parties is justified and whether the requested costs are reasonable in relation to the project.
For further information on quotations, VAT rules, maximum hourly fees, and accountability requirements, see the Funding Conditions, FAQ, and KWF Wage & Salary Policy.

4.6.5 Publication and auditor's fees

Budget publication and audit costs where these are expected to be required for the project. For eligible costs, caps and accountability rules, see FAQ Appendix 1, Main Category 5 – Publication and Auditor's Fees.

4.6.6 Patient participation

If patients or patient representatives contribute to the project, include the related costs here and explain the planned activities, who will be involved, and how the amounts were calculated. For detailed eligibility rules, see *FV §7.2.6* and FAQ Appendix 1, Main Category 6 – Patient Participation.

4.7 Application: Requested budget - summary

The requested budget summary is generated automatically in GMS based on the lines entered elsewhere in the budget. Use this summary as a final check before submission.
Operational note: The approved project budget may differ from the submitted budget because KWF reviews the submitted budget against the applicable funding conditions, may remove or adjust budget items, and may apply salary-scale updates that occur between submission and the grant decision. See the latest FAQ for the current operational explanation.

4.7.1 Own contribution

Own contribution refers to eligible project costs contributed by the Lead Organisation or participating organisations, for example personnel, materials, or cash contributions. Record these clearly and ensure that they are substantiated in the budget description and, where relevant, elsewhere in the proposal, *Reference: FV §7.3*.

Contributions being made in terms of personnel should also be indicated in the tab Parties of the project. These contributions are summed automatically in the budget tab and must be specified in the budget description to further substantiate the commitment of the participating organisations. Be aware that all personal contributions must be accounted for by means of a signed board statement at the financial closure of a project. This requirement also applies to small contributions, such as 0.05 FTE.

Operational note: Staff funded through own contribution should be included where they have a substantive role in the project. If a person only has an advisory role, they should be listed as an Advisor and supported by a Letter of Commitment where required. See the latest FAQ for the current operational explanation.

4.7.2 Co-funders

Co-funding is a financial or material contribution to the execution of the Project made by an Organisation that is not the Lead Organisation or a Participating Organisation. Describe the contribution clearly and make sure it is consistent with the project set-up and the Funding Conditions. Where eligibility is uncertain, verify this before submission. Co-funding in the form of material resources must be calculated at cost price. Commercial retail rates will not be accepted. For co-funding of equipment, please take any previous depreciation and the intensity of use into account. Co-funding in the form of supplies or services will only be permitted if the service can be specified as an identifiably new endeavour. The service is not permitted to already be available within the institute(s) that is/are undertaking the project. Applicants may wish to list services that have already been supplied (such as a database, software, or plant lines) as co-funding. The pre-financed amount of co-funding from each party can be added to the total co-funding amount in the budget sheet and be specified in the budget description. The following items do not fall within co-funding:

- Discounts on (commercial) rates for materials, equipment and/or services;
- Costs relating to overhead, supervision, and consultancy;
- Funding that has not yet been secured, for example from proposals that are still under consideration by KWF or other funding organisations;
- KWF funding secured through other projects;
- Funding by private persons, associations, foundations, or funds that are not registered as a Public Benefit Organisation (in Dutch: 'Algemeen Nut Beogende Instelling,' or ANBI). This type of funding can be arranged through donations at KWF with specific earmarking for this proposal (see https://www.kwf.nl/doneren/steun-met-een-grote-gift).

Further conditions on co-funding are described in the Funding Conditions and FAQ; Reference: FV §7.3; The latest FAQ and Cost Categories Elaboration.

4.7.3 Budget description

In the budget description, explain the requested budget, own contribution and co-funding in a way that allows reviewers and auditors to understand what is being funded and why. Briefly describe the tasks of the requested personnel, motivate and describe costs (P*Q) that will be covered by own contribution and co-funding.

4.7.4 Non eligible costs

Costs that are not directly related to the execution of the project are not eligible for funding. This includes, for example, organisational or infrastructural costs at institutional level, indirect overhead costs, and costs that are not project specific.

Detailed examples of non-eligible costs are described in the FAQ, Cost Categories Elaboration, and Funding Conditions. Applicants are responsible for ensuring that all requested costs comply with the applicable eligibility rules.

4.8 Application: Dutch summary

The Dutch summary is an essential part of the application and must be written in clear Dutch for non-specialist readers. Avoid jargon, abbreviations, and unexplained technical terms, and ensure that the Dutch summary is fully consistent with the full proposal. If funding is granted, the Dutch summary will be published in KWF's public online research database https://www.kwf.nl/onderzoek/onderzoeksdatabase.

The role of the Dutch summary differs by research phase. For projects in the creation of modality, preclinical, clinical, implementation and infrastructure phases, the Dutch summary is the only part of the proposal reviewed by the Patients' Advisory Committee (PACO). It must therefore provide sufficient information for PACO to assess the relevance and feasibility of the proposal from the patient perspective, as well as the quality of patient involvement. For projects in the basic research and credentialing phases, the Dutch summary is not reviewed by PACO. For these phases, only a Dutch project title and a Dutch summary of the project plan are required.
For the PACO-reviewed phases, the Dutch summary should cover at least: a Dutch project title; background and problem statement; proposed solution or research direction; relevance; research question(s); study design; expected outcomes; and the anticipated route to follow-up and implementation.
If human participants are involved, describe what participants will experience during the study, including follow-up; the expected burden and risks; safeguards regarding privacy, informed consent, and freedom of choice; the possible benefits; and the feasibility of inclusion, retention, and follow-up. We strongly advise applicants to attach a PDF with a clear study diagram in GMS under 'Projectplan Schema.'
Describe patient involvement separately from participant inclusion. Explain how and when patients or patient organisations were involved, what input they provided, how this informed the proposal, and how they will be involved during the project and in dissemination or follow-up. Meaningful patient involvement should be organised early enough to influence the project design. The Dutch Federation of Cancer Patient Organisations (www.nfk.nl) provides links to the relevant cancer patient organisations.
In the PACO-reviewed phases, a weak Dutch summary may negatively affect the PACO review and may also reduce the likelihood of selection by funding partners. Applicants are therefore strongly advised to allocate sufficient time to drafting and revising this section.

5. Excluding Reviewers in GMS

If desired, you may list a maximum of three experts or clinical-study groups that you wish to exclude from reviewing the proposal. When searching for and contacting external reviewers, it is essential to use the correct information. The OpenAlex ID is crucial for this purpose. Scientific researchers can find this ID via the OpenAlex website [↗]. Enter the ID in the designated field.
N.B.: every effort will be made to exclude the reviewers you identify; however, this cannot be guaranteed.

5.1 Competing companies excluded from reviewing

When relevant for the assessment of project feasibility, KWF may consult business experts employed by companies, for example in the life sciences sector. If you wish to exclude competing companies from reviewing your proposal, please list them in this section. Without complete and accurate information, KWF cannot guarantee exclusion from the review process.

6. Review

KWF funds and facilitates high-quality projects that contribute to the achievement of KWF's main goals and to the development of scientific knowledge in oncology. Proposals are therefore assessed against KWF's review criteria by different assessors. All assessors are required to handle proposal information responsibly, including respecting confidentiality and taking potential conflicts of interest into account.

6.1 Review criteria

KWF uses four review criteria: relevance for KWF's main goals, quality, feasibility, and patient involvement.

- **Relevance**: the way in which, and the extent to which, the proposal contributes to KWF's main goals, or contributes to increasing knowledge of the causes, development and effects of cancer and cancer treatment.
- **Quality**: the extent to which a proposal satisfies all the (scientific) requirements to achieve the objective that has been set.
- **Feasibility**: the extent to which the necessary resources are available, and all the preconditions have been satisfied, to achieve the objective that has been set.
- **Patient involvement**: the extent to which the application ensures and substantiates the involvement of the experience and expertise of (former) patients, not only at the proposal stage but also throughout the project period.

The weighting and precise interpretation of these dimensions may vary by research phase and by call.

6.1.1 Review criteria for basic research phase

For basic research, reviewers focus on the scientific question, the strength of the substantiation, the suitability of the design and methods, and whether the team, infrastructure, budget, and timeline are adequate to answer the question.

6.1.2 Review criteria for credentialing research phase

For credentialing research, reviewers again assess scientific quality and feasibility but place more emphasis on the added value of the findings for KWF's goals and on whether the project provides a credible step towards translation or application.

6.1.3 Review criteria for creation of modality phase

For creation of modality, reviewers assess the unmet need addressed, the novelty and expected added value of the proposed solution, the quality of the design and the realism of the development route towards patient benefit.

6.1.4 Review criteria for clinical research phase

For clinical research, reviewers assess clinical relevance, scientific quality, availability of the required expertise and infrastructure, feasibility of inclusion and follow-up, and the credibility of the route towards implementation or patient use.

6.1.5 Review criteria for implementation research phase

For implementation research, reviewers focus on whether the innovation or method is sufficiently mature for implementation, whether the real-world study design is appropriate, whether the right stakeholders are involved, and whether the implementation strategy is realistic in the proposed context.

6.2 Review process

The review process differs slightly by call, but broadly follows the same sequence: eligibility screening, external review, internal review, committee discussion, prioritisation, and final decision. During the eligibility check proposals are checked for completeness and for compliance with the eligibility criteria of the call. If a proposal passes these preliminary checks, it proceeds to the next stage of the review process.

Call-specific eligibility check

Projects are assessed on whether:

- the proposal is scientifically eligible;
- it aligns with KWF's main goals;
- it contributes to existing knowledge about the causes, development and effects of cancer and cancer treatment; and
- it meets the minimum criteria. This means that:
    - the proposed research is cancer-related;
    - sufficient preliminary data support the hypothesis-driven research question;
    - the proposal is sufficiently developed and clearly written; and
    - the proposed research is ethically sound.

Proposals that meet the scientific eligibility criteria proceed to the next stage of the review process and are sent to external reviewers. Where relevant, proposals may be compared with competing applications to determine which proposals are least likely to be fundable.

For the pre-proposal phase, the process is usually limited to an eligibility check and board review. NB: an invitation to submit a full proposal does not guarantee funding.

For full proposals, KWF may use scientific eligibility screening, external peer review, PACO review where applicable, consultation of other experts, board review, interviews for selected funding types, and a prioritisation meeting before the final decision is made.

The PACO reviews the Dutch summary from the patient perspective. Other experts may be consulted where specialised input is needed, for example on statistics, implementation, business development, or care pathways.

6.3 Board review

6.3.1 Review by individual committee members

At least three review committee members assess each proposal on the KWF criteria using the available reviewer reports, KWF input and any additional expert advice. Their assessments form the basis for discussion in the board review meeting.

6.3.2 Interview

Interviews are used only for selected initiatives or funding types, as described in the call text. Where interviews are organised, they are used to clarify issues that are central to the proposal, such as the independence of a YIG applicant or the governance and collaboration in a consortium. Project leaders are invited shortly before the interview. A delegation of the review committee attends, and PACO may also be represented where relevant.

6.3.3 PACO board meeting

The patient advisory board uses its own criteria to assess the relevance, feasibility, and patient involvement of a proposal:

Dutch Summary

To ensure that relevance, feasibility, and patient involvement can be accurately assessed, PACO first evaluates the readability of the Dutch summary. The summary should be written in clear, lay language (B1 level) and contain sufficient substantive information.

Relevance

The PACO assesses the relevance of the project proposal based on its contribution to patients and society. This includes considering whether the project has a positive impact on, for example, prevention, diagnosis, treatment, quality of life, life expectancy, and quality of care; whether it aligns with the needs and preferences of cancer patients; and to what extent the results are ultimately applicable in practice for other patients and/or society.

Feasibility

The PACO evaluates the feasibility of the research from the perspective of participating patients. This includes assessing whether it is clear what is expected from patients, the burden and risks associated with participation, and whether these are proportionate to the intended objectives of the study. It also considers the likelihood that patients will be willing to participate.

Patient Involvement

The PACO also assesses the extent to which patients are meaningfully involved in the project. This includes evaluating whether (representatives of) patients engage in the design, conduct, and dissemination of the research, whether the most appropriate representatives are engaged, and whether results are communicated back to participants in an appropriate manner.

6.4 Board review meeting

During the board review meeting, the committee forms its final recommendation and rating for each proposal based on all information gathered during the review process. Proposals are rated on a five-point scale against the KWF criteria of quality, feasibility, relevance, and patient involvement, from 1 (lowest) to 5 (highest). A score below 3 indicates that the proposal is not fundable in its current form. In most calls, the PACO score will be weighted at 30% of the final score.

NB: a score of 3 or higher does not automatically lead to funding. Available budget, portfolio balance, and partner choices also play a role in the final prioritisation.

6.5 Prioritisation meeting

In the prioritisation meeting, KWF and a delegation of the review committee determine the eligibility of the proposals and formulate the final funding recommendation to the board of KWF. Where applicable, funding partners may select proposals that fit their own funding themes.
The recommendation is based on the proposal score, the expected impact, and the comparison with other fundable proposals in the call.

7. Decision

After the prioritisation meeting, the board of directors of KWF and, where applicable, other funding partners decide which projects to fund.
This decision, including the substantiated final recommendation and comments of the external reviewers and the PACO (if applicable), will be communicated to the project leader by means of a decision letter.

7.1 Funding granted

If the proposal is funded, the project leader will receive a Grant Decision Letter that includes the approved budget, the board review justification, the comments of the external reviewers and the PACO (where applicable), and the applicable funding terms and conditions.
Funded (scientific) projects are assigned to a KWF (science) liaison with expertise in the relevant research field. The liaison is the primary contact for the project leader and will contact the project leader to arrange a personal start-up meeting. During this meeting, arrangements will be made regarding project monitoring, collaboration between the research group and KWF, and interim meetings and communication. Expected milestones and designated go/no-go milestones will also be discussed.

7.1.1 Funding partner Alpe d'HuZes

A proposal that is eligible for funding may be selected by a KWF funding partner. Funding partners support projects that match the themes laid down in their partnership agreements. It is not possible to opt out of consideration by a funding partner.
Where a proposal is selected by a funding partner, KWF will inform the project leader accordingly. Additional partner-specific conditions may apply in some cases.
Alpe d'HuZes supports projects within specific funding themes that align with its mission and reflect the distinct profile of the funding partner. These themes are:

- Understanding cancer
- Detecting cancer
- Treating and curing cancer

Within these themes, Alpe d'HuZes gives particular attention to:

- follow-up projects building on successful earlier research projects (Hermannetjes);
- research projects based on out-of-the-box ideas that may lead to major breakthroughs if successful (Nieuwe Ontwikkelingen / Unieke Kansen);
- the stimulation of talented early-career researchers to conduct pioneering research (Bas Mulder Award);
- rare cancers.

N.B.: Contact details from GMS will be provided to the funding partner's representative, enabling the representative to contact the laureates once the funding decision has been announced.

7.2 Funding rejected

If the proposal is rejected, the project leader will receive a rejection letter that includes the board review justification and, where applicable, the comments of the external reviewers and the PACO. The rejection letter explains how the project leader may object to the decision. Any objection will be handled in accordance with the applicable objection regulations (see "Reglement Bezwaar & Beroep tegen Besluiten" [Funding & application documents | KWF]).

FAQ: Can I resubmit? If resubmission is being considered, please note that the submission guidelines may have changed between funding rounds. Please therefore check the current guidelines carefully.

7.3 Appeal Procedure

The project leader and the Lead Organisation may object to KWF's decision. This must be done in accordance with the official decision letter and within the period stated in the official KWF correspondence. Please use GMS or www.kwf.nl/vraag to submit your objection or appeal.
An appeal may relate to the procedure that was followed and/or to the advice of the committee as substantiated in the decision letter. Please note that additional or new information, as well as a rebuttal, is not admissible, because the appeal committee must base its assessment solely on the original proposal.
After receiving the appeal, KWF shall act in accordance with the Regulations for Appeal.

- If the objection is based on valid grounds, the decision and potential granting of your project will be reconsidered. Please note that even with a granted objection or appeal, the decision on whether or not to finance or to revise a decision always remains up to KWF.
- If the objection is not grounded, the decision will not be changed.

The decision made by KWF is binding, and no further appeal is possible. When an objection is rejected on procedural grounds, it is possible to appeal against this decision.
The appeal regulations (in Dutch: Reglement Bezwaar & Beroep tegen Besluiten (project)financiering) are published on the KWF website [Funding & application documents | KWF].

8. Appendices

Appendix 1 - Criteria for Lead Organisation

The table below shows which types of organisations are eligible to function as Lead Organisation in a scientific proposal. For theme calls and non-scientific calls, special conditions may apply; these will be specified in the call text and accompanying documentation.

Organisations are classified as follows:

Eligible as Lead Organisation

The following organisations are eligible to function as lead institute:

- Universities
- Medical centres
- Call-specific invited centres
- Research institutes, such as:
    - NWO institutes
    - KNAW institutes
    - Netherlands Cancer Institute
    - Princess Máxima Center

Eligible upon approval

The following organisations may function as lead institute after approval by KWF:

- Peripheral hospitals, including hospitals affiliated with the Association of Top Clinical Teaching Hospitals (STZ)
- Other organisations*, such as:
    - Universities of applied sciences
    - Public Benefit Organisations (ANBI)
    - Data management centres

Not eligible as Lead Organisation

The following organisations are not eligible to function as lead institute:

- Organisations*, such as:
    - Small and medium-sized enterprises (SMEs)
    - Large companies
- Foreign organisations

* Organisations whose owners benefit from the net income or earnings of the organisation cannot function as Lead Organisation unless all the net income or earnings are used for the stated purpose of the organisation to increase social impact and/or public benefit.

Organisations listed as "upon approval" in the table above may request approval to function as a Lead Organisation. Please submit such a request via kwf.nl/vraag at least six weeks before the call deadline. KWF will consider the request and inform the project leader of the outcome.

For scientific projects, the criteria for a Lead Organisation are as follows:

The organisation:

- must undertake independent scientific research as one of its main objectives;
- has relevant knowledge, expertise, and facilities to perform high-quality scientific research, for example expertise of both the project leader and the department, a publication record, regular interaction with scientists, and supervision of PhD students;
- must grant researchers the freedom to publish in international scientific journals;
- must have a repository or access to a repository;
- must have a mandate with respect to the data obtained;
- must receive part of its core funding from public funds.

Appendix 2 - Statement of acceptance to merge projects

I, [Name project leader (PL)], project leader of the pre-proposal [Title of pre-proposal], [Name lead institute] submitted under the XXX call, hereby declare that I will be the project leader of the merged proposal [Title merged proposal] and that [Name of organisation] will act as lead institute.

The project leaders of the pre-proposal(s):
[Title pre-proposal 1], [Name PL 1], [lead institute 1] [Title pre-proposal 2], [Name PL 2], [lead institute 2] [Title pre-proposal 3], [Name PL 3], [lead institute 3]
Agreed with and accepted the merging of the above-mentioned pre-proposals and my nomination as project leader of the merged full proposal [Title Full proposal]

[Signature PL]

[Name PL]

[Signature PL pre-proposal 1]

[Name PL pre-proposal 1]

[Signature PL pre-proposal 2]

[Name PL pre-proposal 2]

[Signature PL pre-proposal 3]

[Name PL pre-proposal 3]

Appendix 3 - Research activities per research phase

These tables list the research activities for each research phase. They are organised by research area, referred to as modalities. The modalities are explained in Appendix 4.

I. BIOMARKERS	
Research phase	Research activities
Credentialing	Discovering molecular biomarker Validating biomarker (confirming sensitivity/specificity expected for clinical utility) Assessing feasibility of development of protocol/reagent/device
Creation of modality	Defining patient subset with biomarker using small number of specimens in single laboratory Validating assay and correlation of biomarker with outcomes retrospectively across large numbers of specimens in different labs
Preclinical development	Developing/refining clinical grade biomarker assay protocol/ reagent/device Validating in prospective human study the correlation of biomarker with outcome
Clinical research	Studying in humans the utility of biomarker to direct therapy or chemoprevention or to predict outcome/risk
Implementation research	Scientific studies on methods to promote the delivery and enhance the adoption of biomarkers for patients/end users within diagnostic tests and/or treatments on several locations
II. IMAGING	
Research phase	Research activities
Credentialing	Discovering imaging biomarker Validating biomarker (confirming sensitivity/specificity expected for clinical utility) Assessing feasibility of developing agent or technique
Creation of modality	Developing new imaging platform Developing new technique/imaging agent If technique, optimising acquisition and analytic parameters in preclinical or phase 0 setting If imaging agent, performing radiolabelling dosimetry

Preclinical development	Testing/refining imaging performance, pharmacokinetics/ pharmacodynamics (PK/PD), toxicology etc. in preclinical setting Establishing good manufacturing practice (GMP) production for agent as necessary Testing/refining imaging performance, PK/PD, toxicology etc. in phase I/II setting Establishing GMP for platform as necessary Optimising platform available for clinical testing
Clinical research	Conducting phase II/III trials for specific clinical utilities
Implementation research	Scientific studies on methods to promote the delivery and enhance the adoption of imaging techniques within diagnostic tests and/or treatments of patients/end users on several locations
III. AGENTS	
Research phase	Research activities
Credentialing	Discovering target Validating target (convincing empirical basis for attributing clinical potential) Assessing feasibility of developing agent against the target
Creation of modality	Assessing impact of perturbing target using experimental system Identifying candidate agents and screen for binding and influence on activity Selecting lead candidate
Preclinical development	Conducting preliminary toxicology screening Conducting process development/pilot manufacturing Verifying activity/PK in pilot product Implementing Good Laboratory Practice (GLP)/GMP Verifying activity/pharmacokinetics (PK)/stability/quality control in GLP/GMP product Performing definitive toxicology screening Completing Investigational New Drug (IND) submission
Clinical research	Conducting phase I clinical trial(s) Conducting phase II clinical trial(s) Conducting phase III clinical trial(s)
Implementation research	Scientific studies on methods to promote the delivery and enhance the adoption of agents within (preventive) treatments of patients/end users on several locations
IV. IMMUNE RESPONSE MODIFIERS	
Research phase	Research activities

Credentialing	Discovering antigen or other immune modifier in specific cancer(s) Validating immune modifier (convincing empirical basis for attributing clinical potential) Assessing feasibility of identifying/developing the immune response modifier
Creation of modality	Characterising and/or modify antigens Identifying or developing delivery vehicle (vector, cell, etc.) Identifying or developing immune modulator (adjuvant, cytokine, chemokine, etc.) Developing immune response modifier Measuring response to immune response modifier and refining antigen(s), delivery vehicle, immune modulator, as necessary Refining immune response modifier and/or immunization strategy Identifying lead immune response modifier candidate
Preclinical development	Conducting process development/pilot manufacturing Verifying activity in pilot product Implementing GMP/GLP Verifying activity in GMP product Conducting toxicology screening Completing IND submission
Clinical research	Conducting phase I clinical trial(s) Conducting phase II clinical trial(s) Conducting phase III clinical trial(s)
Implementation research	Scientific studies on methods to promote the delivery and enhance the adoption of immune response modifiers within (preventive) treatments of patients/end users on several locations
V. INTERVENTIVE DEVICES	
Research phase	Research activities
Credentialing	Identifying technology innovation or innovative application of existing technology Validating technology (convincing empirical basis for attributing clinical potential) Assessing feasibility of developing the technology
Creation of modality	Analysing utility of technology in laboratory Building/refining prototype device Testing prototype on phantoms and/or animals Defining usage protocol for humans
Preclinical development	Building/refining clinical-grade device Testing clinical-grade device on phantoms and/or animals Conducting phase 0 tests on humans Preparing regulatory submission

Clinical research	Conducting phase I trials (proof of principle) Conducting phase II clinical trial(s) Conducting phase III clinical trial(s)
Implementation research	Scientific studies on methods to promote the delivery and enhance the adoption of interventive devices within (preventive) treatments of patients/end users on several locations
VI. LIFESTYLE AND EXPOSURE	
Research phase	Research activities
Credentialing	Identifying and validating correlation between behaviour and exposure and disease (empirical basis for attributing causal effect consistent across diverse populations/study designs) Identifying specific lifestyle alteration that would mitigate the risk factor
Creation of modality	Specifying lifestyle alteration and developing lifestyle alteration intervention Evaluating effect in relevant animal model
Preclinical development	Conducting pilot study to evaluate effects among healthy individuals
Clinical research	Conducting pilot study to assess efficacy of lifestyle alteration in the study population Refining specification of lifestyle alteration Conducting study of efficacy in larger, more diverse population
Implementation research	Scientific studies on methods to promote the delivery and enhance the adoption of interventions to improve quality of life and/or quality of care for patients/end users and survivors on several locations
VII. QUALITY OF LIFE / QUALITY OF CARE	
Research phase	Research activities
Credentialing	Identifying and validating factors that influence quality of life Gaining insight in and validating mechanisms underlying factors that influence quality of life or (variation in) quality of care Identifying specific alteration that would mitigate the negative impact on quality of life or quality of care Identifying and validating factors resulting in negative side effects of interventions
Creation of modality	Developing interventions to improve quality of life or quality of care Developing/adapting intervention to reduce/avoid side effects Developing tools measuring or supporting quality of life or quality of care Specifying variations in patient needs
Preclinical development	Technical testing of interventions Conducting pilot study on healthy individuals

Clinical research	Conducting pilot study in study population to assess efficacy of interventions to improve quality of life Conducting pilot study in study population to assess efficacy of interventions to improve quality of care Conducting study of efficacy in larger, more diverse population
Implementation research	Scientific studies on methods to promote the delivery, and enhance the adoption of interventions to improve quality of life and/or quality of care for patients/end users and survivors on several locations

Appendix 4 - Information on KWF project classification, ICRP and modality coding

KWF uses modality coding to classify projects in translational and clinical research. This 'modality coding' is based on a classification system developed by the US National Cancer Institute and the Canadian Cancer Research Alliance. Applicants should assign the modality that best reflects the main aim, or "centre of gravity," of the proposal. Coding should describe the actual project submitted, not potential future applications. KWF may adjust the classification where necessary.

<table>
<tr><td>Research phase</td><td colspan="7">Modality</td></tr>
<tr><td>Basic research</td><td colspan="7">Basic research</td></tr>
<tr><td>Credentialing</td><td rowspan="5">Biomarkers</td><td rowspan="5">Imaging</td><td rowspan="5">Agents</td><td rowspan="5">Immune response modifiers</td><td rowspan="5">Interventive devices</td><td rowspan="5">Lifestyle</td><td rowspan="5">Quality of life/care</td></tr>
<tr><td>Creation of modality</td></tr>
<tr><td>Preclinical development</td></tr>
<tr><td>Clinical research</td></tr>
<tr><td>Implementation research</td></tr>
<tr><td>Infrastructure</td><td colspan="7">Infrastructure</td></tr>
<tr><td colspan="2">MODALITY CLASSIFICATION</td><td colspan="6"></td></tr>
<tr><td>Modality</td><td>Application</td><td colspan="6">Type</td></tr>
<tr><td>Biomarkers</td><td>Risk assessment/predisposition/ susceptibility
(Early) detection/screening
Diagnosis/staging
Prognosis
Prediction/patient selection
Response assessment</td><td colspan="6">Single gene, molecule, or protein
Profile: molecular, cellular
Histological characteristics
Physiological characteristics
Other
Supporting tool (device/test to develop or measure a biomarker)</td></tr>
<tr><td>Imaging</td><td>Risk assessment/predisposition/ susceptibility
(Early) detection/screening
Diagnosis/staging
Prognosis
Prediction/patient selection
Response assessment</td><td colspan="6">X-ray/Computed tomography (CT)
Magnetic Resonance Imaging (MRI)
Nuclear Imaging (PET and SPECT)
Ultrasound
Spectroscopy
Light (e.g. endoscopy)
Infrared (e.g. near- infrared fluorescence)
Other
Supporting tool (e.g. contrast, imaging enhancers)</td></tr>
</table>

Agents	Prevention Therapy	Small molecules Nucleic acids (DNA, RNA, antisense oligonucleotides) Proteins/peptides (e.g. recombinant proteins, therapeutic enzymes) Hormones Microorganisms (virus, bacteria) (Multidrug) resistance Agent not yet known Other Supporting tool (e.g. cell culture systems, mouse models, carriers)
Immune response modifiers	Prevention Therapy	(Monoclonal) antibodies Cytokines (e.g. growth factors, interleukins, chemokines, interferons) Other immunostimulants/immunosuppressors Vaccines (Adoptive) immune cells Transplantation Other Supporting tool (e.g. cell culture systems, mouse models, delivery expression vector)
Interventive devices	Prevention Therapy Non-invasive Minimally invasive Invasive	Radiation therapy (incl. radionuclides) Cryoablation Hyperthermia Photodynamic therapy (PDT) Surgery Active surveillance Other Supporting tool (e.g. reproducible assays, imaging methods for image guided therapy, carriers)

Lifestyle and exposure	Prevention Therapy (as part of or to improve cancer treatment)	Tobacco Physical activity Alcohol Diet and nutrition Herbs and botanicals Social and cultural environment Gene/environment interactions Exogenous hormones Adverse exposure to infectious agents and contaminants in the air, water, and soil Solar radiation (Hazardous) occupational exposure Adherence to screening/treatment Other Supporting tool (e.g. identification of target population, biochemical, behavioural and/or imaging assays to measure effect of lifestyle alteration)
Quality of life/care	Physical (side) effects of treatment/cancer	Tissue damage (e.g. cardiovascular (side) effects) Changes in body composition/weight and physical fitness Mouth and throat problems Nausea and vomiting Hormonal (side) effects Sexual (side) effects Pain Secondary malignancies
	Cognitive (side) effects of treatment/cancer	Concentration and learning problems Memory issues
	Psychological (side) effects of treatment/cancer	Fatigue and sleep Psychological distress Fear of recurrence
	Social (side) effects of treatment/cancer	Societal participation Relations and family
	Unspecified Quality of Life / Quality of Care	Needs/care use Care service/improvement Communication and decision making Other

Appendix 5 -Work packages for clinical studies

For clinical studies, KWF recommends using a limited number of clear work packages. In practice, proposals often distinguish between: (1) trial set-up and inclusion strategy, (2) data management, monitoring, and analysis, and (3) follow-up, where follow-up is required to answer the research question. KWF recommends that at least the following aspects of the clinical study be described in separate work packages.

WP1: Undertaking the trial (including selection of the research sample)
Please describe in a separate work package the organisational structure of the trial and the strategy for selecting the research sample, including the following information:

- How is the research organised?
- What is the required research sample size and how is this statistically substantiated?
- Is the study single-centre or multi-centre? For multi-centre studies, KWF recommends appointing a project manager.
- Will the study be conducted at national or international level?
- Which hospitals and/or inclusion centres will participate?

WP2: Data management and analysis
KWF recommends describing the execution and organisation of data management in a separate work package within the work plan. This should include the handling and storage of data and documents, as well as monitoring and quality assurance. Please address the following:

- How will central data management be organised? Will a CRF be used? What are the qualifications of the staff involved?
- Which database will be used and how will the data be stored?
- How will local data management be organised? Who will collect the data and what are the qualifications of the staff involved?
- How will monitoring be organised, and to what extent? Does local monitoring comply with the guidelines of UMCNL? What are the qualifications of the staff involved?
- Will personnel registered with the Netherlands Association of Oncology Data Managers be deployed? This applies to both central and local data management, as well as to monitoring.
- How will trial management be organised? Will trial management agencies be involved? If so, please specify the arrangements made.
- Does the organisation or trial management agency have a quality assurance system or certification? If so, please attach the relevant documentation.

WP3: Follow-up
Where follow-up of the clinical trial is required to address the hypothesis, this must be described in a separate work package. The follow-up work package should address the following:

- What is the rationale for the follow-up? What are the end points and which questions does the follow-up aim to answer?
- What is the duration and frequency of follow-up, and how much time is required per visit?
- What is the expected drop-out rate?
- Will patients be invited for follow-up as part of the study, or will follow-up take place through regular care and/or registration?