Masonic Cancer Center  
CETI Translational Research Grants  
Spring 2017

Objective

The objective of the CETI Translational Research Grants is to partner Masonic Cancer Center basic/translational and clinical scientists so as to foster the development of novel experimental therapeutic agents and to facilitate their testing in institutional Phase I/II and IND clinical trials. These grants will provide targeted investments to promising translational studies with the goal of opening a clinical trial within 36 months.

Eligibility and Evaluation Criteria

- These research grants are available to Masonic Cancer Center members with faculty appointments at the University of Minnesota.
- The proposed project must be a joint, collaborative effort by at least two Cancer Center members – one basic/translational scientist and one clinician.
- Projects must be beyond basic, development and proof of concept. The goal is to fund work for projects that will lead to the opening of a clinical trial within 36 months.
- Examples of projects that will be considered:
  - Funds to support peer-reviewed research projects with funding gaps (NIH grants will be prioritized)
  - Funds to support in vitro or murine pre-clinical data collection to support an IND and/or clinical protocol
  - Funds for pilot research for a translational grant application that would support clinical trial costs
  - Funds to support scale-up or validation of a product manufacture process for an IND clinical trial
- Proposed research must meet specific goals to open a clinical trial within 36 months, and/or to prepare a competitive application for clinical trial funding
- In general, funds should be used for supplies and support of research personnel (graduate students or technicians). Funds cannot be used to support faculty salaries. Only equipment purchases that are directly required for the research are appropriate. No indirect costs should be included in the budget.
- All applicants are required to have proper approvals (IRB/IACUC/IBC) before research may begin. Applicants are highly encouraged to apply for proper approvals at or prior to the time of submission. This will ensure that the study is approved by the start date of the award.

Mechanism Funding Information

Applications with budgets of $50,000 for a one year term will be considered.

Up to 3 awards will be made depending upon scientific review and budget requests.
  - Two awards are designated for solid tumor diseases.
  - One award is designated for hematologic malignancies.

Review Process

Each mechanism has an internally-selected committee that will review applications. The committee will make recommendations for funding to the Lead.

Applicants will be notified of the review outcome by mid-June 2017. Awards will be made for one year, with an anticipated activation date of July 1, 2017. De-identified, written reviews/critiques will be sent upon request.

Reporting Requirements
Principal investigators of funded projects will be required to provide mid-year and final reports that include accounting of all funds expended to date and progress towards milestones. Reports are to be submitted to respective program director(s) and the Funding Initiatives Manager. It is expected that all funds will be expended by June 30, 2018, with extensions being considered only in exceptional cases and requiring the approval of the Mechanism Lead.

Academic Health Center (AHC), MCC and CSH communications staff may reach out to awardees in the process of crafting communications (publications, website, flyers, etc.) for external audiences.

During a period of up to 7 years following the end of the pilot award, if any grants or publications are obtained as a result of this pilot funding, awardees are required to submit this information to the Funding Initiatives Manager.

Grant Program Contacts

All questions related to the application process, requirements, or eligibility should be directed to:

Susan Fautsch, CETI/Funding Initiatives Manager
612-625-6238
mccgrant@umn.edu

Any questions regarding the applicability of research should be directed to:

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Jeffrey Miller, MD
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