Collaborations to Catalyse Translation (CCT)

The University of Oxford announces a pilot call in 2020 for 'Collaborations to Catalyse Translation'.

Background

The **University of Oxford** has a large concentration of Global Health (GH) activity, comprising diverse world-class research undertaken by its researchers based in both Oxford and its long-established Wellcome-funded overseas research and capacity-building programmes in Africa and Asia (MORU, KEMRI and OUCRU).

The outputs and outcomes from GH research are broad reaching, bringing significant impact across all academic disciplines of medicine, the physical and life sciences, social sciences and humanities. The overseas centres provide comprehensive clinical and public health research programmes entirely focussed on the discovery and development of appropriate, practical, affordable interventions that measurably improve the health of people living in resource-limited parts of the world.

MORU, with its integrated, highly collaborative and flexible network of 5 research units and 50 sites across South East Asia, supports and conducts targeted patient-centred research addressing global and regional health problems. Current research strengths are the development of effective and practical means of diagnosing and treating malaria and other neglected diseases such as typhus, melioidosis and leptospirosis.

The Translational Research Office has been created to support early-stage translational research across the University. Through this pilot Joint Call, MORU and the TRO aim to facilitate closer interactions between MORU- and Oxford-based teams that will support and mutually benefit global health research initiatives being led out of either location, with the goal of driving more translational research initiatives in global health.

Introduction to "Collaborations to Catalyse Translation" (CCT)

The MORU-Oxford CCT Joint Call initiative has been established to catalyse inter-organisational multi-disciplinary collaboration within the University of Oxford by enabling researchers to capitalise on the breadth and depth of expertise and resources available within Oxford and the MORU network.

We welcome joint proposals that tackle specific challenges in the progression of post-discovery research outcomes towards clinical implementation. Appendices 1 and 2 provide two different representations of the translational pathway and some examples of translational research activities that align with each stage (please note these lists are non-exhaustive). The MORU-Oxford CCT call will support projects that are **beyond** stage D1 (Appendix 1) and TRL 1 (Appendix 2).

A successful project will involve work being carried out at each location (Oxford and MORU), with component parts receiving local funding.

1. Project scope

This scheme intends to fund short collaborative projects that will assist the translation of research towards health impacts. The call is not themed; all ideas for tackling translational hurdles are welcome. Examples of facilitative activities are given in Appendix 1. The funding will **not** support: Discovery research (D1 or TRL1 – see Appendices 1 and 2); Entire translational projects; Staff between posts/funding (i.e. as "bridging" funds), or D.Phil/PhD studentships; Continuation of pre-existing research grants.

2. Eligibility

Any researcher from the University of Oxford (whether Oxford- or MORU-based) holding a contract extending to at least the end of the proposed project may apply to lead a CCT project proposal, assuming they have host departmental approval. Applicants should clarify their eligibility with departments, and departmental approvers are required to check eligibility of their applicants before advancing any applications. MORU Network researchers who are not University employees are eligible to apply as Co-investigators. The MORU-Oxford CCT Panel welcomes applications from Early Career Researchers and applicants seeking to establish individual research careers should they fit these criteria. *Projects shall start by between **1st October 2020 and 31st December 2020**.*

3. Project duration & finances

Projects are anticipated to be up to 6 months in duration. However, if your project is substantially longer than this, please discuss with the MORU-Oxford CCT Support Team (see Section 7 for contact details) in advance of submission and provide appropriate justification.

Funding will be provided for up to £25,000 of Directly Incurred costs. Please also note that PI or co-applicant salary is not an eligible cost.

4. Application process

The application form is available here. **Due to the joint nature of this call, the application form should be submitted to BOTH Oxford and MORU support offices as follows:**

- **MORU Network:** Submit to itpa@tropmedres.ac cc. a copy of the completed application form to their unit head or, where the applicant is a student, their advisor.

- **Oxford:** Submit an online application through IRAMS which requests information about the principal applicant and any co-applicants or editors, a lay summary (*non-confidential*), a financial breakdown of your proposal (X5 report must be appended) and a **case for support form** uploaded to the IRAMS application system. You must incorporate all requested components of the case for support into one document (see application form) and upload this in the template provided on IRAMS as a PDF. IRAMS Guidance in the form of quick reference guide documents for applicants, departmental approvers and administrators can be found on Research Support pages.

  Please note that applications must be reviewed and approved in IRAMS by a Departmental Approver before they will be reviewed by the MORU-Oxford CCT Panel; the advertised application deadline is the deadline for final submission to the MORU-Oxford CCT Panel. Departments may set an earlier internal deadline to allow for departmental review, so please check with your local admin team and submit your application to your Departmental Approver in advance of the advertised deadline.

Lead applicants are strongly encouraged to contact their local translational support team (see section 7 for contact details) before the application deadline. The purpose of these discussions will be to i) finalize the concept for the proposal and ascertain eligibility for the scheme; ii) assist teams in finding collaborating groups in Oxford/MORU network as appropriate; iii) to identify opportunities for project support (both financial and non-financial) to accelerate translation; and iv) assist with application development.

Please note: if you haven't yet identified a corresponding partner team at Oxford or MORU (as appropriate) with whom to collaborate, your organisation's MORU-Oxford CCT Support team can work with you to identify potential synergies and to explore potential partnerships to take your proposal forward.

A case for support (four pages max.) and CVs (one page max. each PI & CoI) for all applicants named in the application must be appended to the CCT application form.

The case for support must include:

- A 250-word abstract of the proposal requesting CCT funding, including any health issue(s) to be tackled;
- Project objectives and proposed outcomes, including information about proposed development milestones and potential next steps following completion of the project to include, for example, sources of follow-on funding, plans for commercialisation, key stakeholders for implementation of outcomes;
- A description of how the project will help move the research down the translational pathway (including, if possible, the TRL before and after the project – see Appendix 2);
- A description of the mutual benefit that both MORU- or Oxford-based teams will get from this project;
- A project timeline, aligning with milestones to demonstrate that these are realistic both in terms of the objectives set and the time necessary to achieve them;
- A justification for support for the MORU- and Oxford based teams, explaining how the proposal is aligned with the remit and objectives of the CCT Fund;
- A discussion around market competition – will the proposed research offer significant advantages over current methodologies and/or approaches from other research teams?
- Details of any industrial engagement in your project and plans to advance this;
- IP status: Does the project require use of background IP and do you/will you have the necessary agreements in place if such background IP is controlled by a third party? Will the project generate any arising IP? How will this be managed between collaborators?;

The deadline for submission of applications to both routes is **12pm (BST) on Friday 31 July 2020**

5. Review Process

Projects will be assessed on: strength of rationale; quality of science; un-met medical need; future commercial opportunity; IP position; likelihood of developing a full proposal to be submitted to the MRC DPFS award scheme, or similar follow-on funding schemes, within the required timescale and budget. Should ethics and/or home office approvals be required for the projects, priority will be given to those applications that already have these in place.

Applications will be reviewed and shortlisted by the MORU-Oxford CCT Panel in August. Shortlisted projects will be selected for project proposal development to full application, followed by external expert review. The final funding decision will be made by the MORU-

Oxford CCT Panel in late August. Award letters will be sent out in late August/early September

Please note, the MORU-Oxford CCT Panel membership comprises both internal academic and external commercial experts to ensure robust, vigorous review in line with funder recommendations. All external members are required to sign a CDA prior to reviewing applications. For further information on Panel membership please see here.

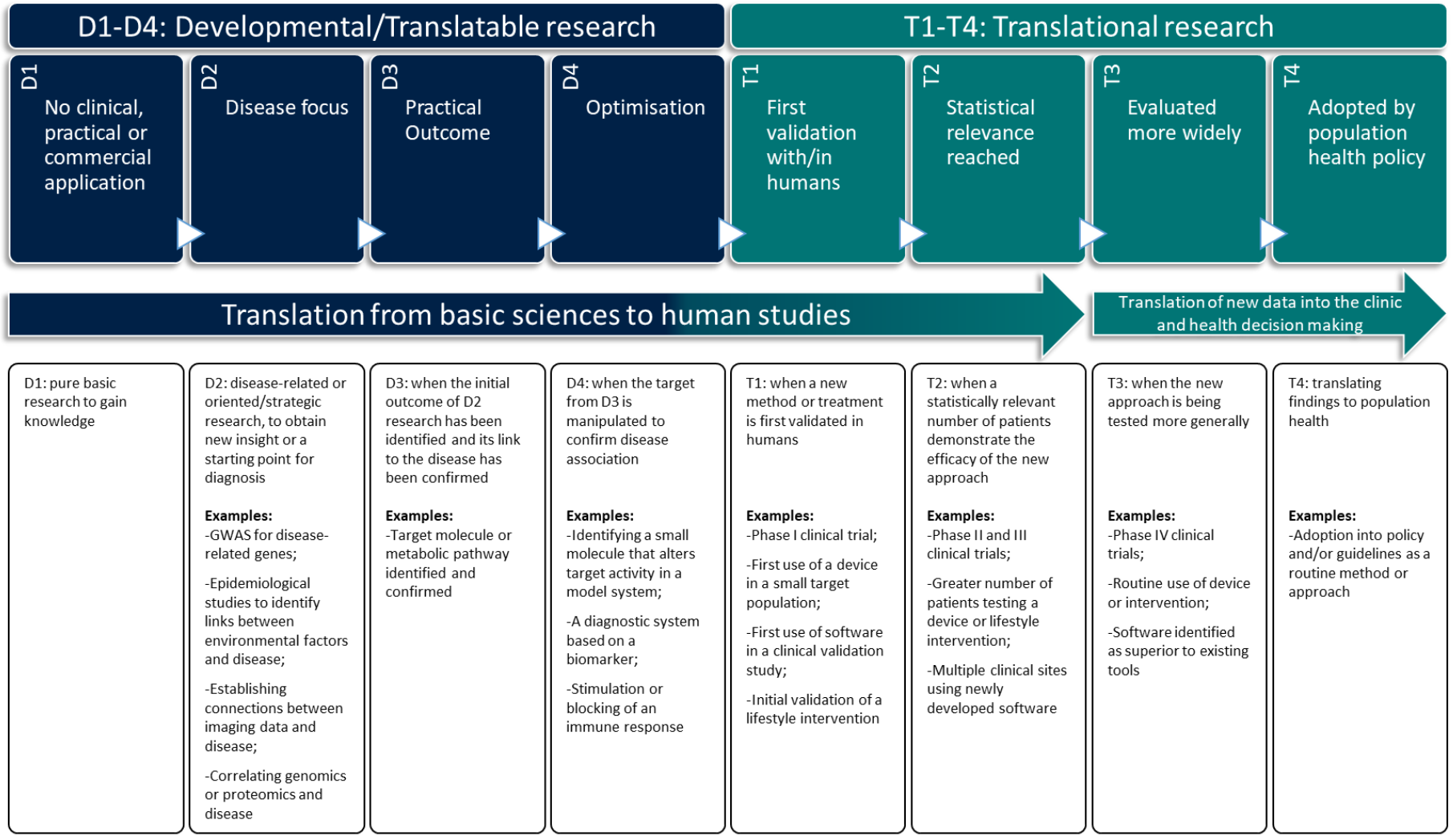
6. Summary of Timelines and Deadlines

Date	Activity
June 2020	Call opens
Until 24th July 2020	MORU-Oxford CCT Support Teams provide assistance as described in Section 4 above
31st July 2020	Application deadline **(12pm, British Summer Time)**
Up until week beginning 24th August	MORU-Oxford CCT Panel review and shortlisting, external expert review
Week beginning 24th August	MORU-Oxford CCT Panel meeting and funding decision
1st October-31st December	Project start

7. MORU-Oxford CCT Support team contact details:

MORU	Oxford
iTP Office Translational Partnership Manager: Maneerat Ekkapongpisit E: itpa@tropmedres.ac M: +66(0) 824486470 Email: itpa@tropmedres.ac Address: Mahidol-Oxford Tropical Medicine Research Unit (MORU), Mathematical and Economic Modelling Department (MAEMOD) 11/F Chamlong Harinasuta Building 420/6 Rajvithi Rd Bangkok 10400, Thailand	Translational Research Office Translational Research Manager: Caroline Jenkins E: caroline.jenkins@medsci.ox.ac.uk T: +44 (0)1865 289367 M: 07902 704508 Website: https://www.medsci.ox.ac.uk/divisional-services/support-services-1/translational-research-office

Appendix 1 – Examples of activities on the translational pathway



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Appendix 2 – Examples of activities on the Technology Readiness Level (TRL)

TRL	TECHNOLOGY AREAS/FIELDS			
	Therapeutics	**Medical/Device**	**Diagnostic Tools/Digital Health**	**Other**
1	Discovery research with potential application addressing a medical need.	Discovery research with potential application addressing a medical need.	Discovery research with potential application addressing a medical need.	Discovery research with potential application addressing a medical need.
2	Scientific review and generation of research ideas, hypotheses, and experimental designs	Scientific review and generation of research ideas, hypotheses, and experimental designs	Scientific review and generation of research ideas, hypotheses, and experimental designs	Scientific review and generation of research ideas, hypotheses, and experimental designs
3	Initial product development (e.g. compound screening) through to demonstration of proof of-concept efficacy for candidate therapeutic in vivo.	Development of a functional prototype through to demonstration of proof of concept efficacy for device in vitro and in vivo.	Biomarker quantification studies through to establishing specificity of biomarkers using clinical samples	Development of a functional prototype through to demonstration of proof of-concept in vitro and in vivo or in a test set.
4	Safety and toxicity of candidate formulations demonstrated in defined laboratory or animal models (non GLP)	Efficacy and safety of candidate devices demonstrated in defined laboratory or animal models (non GLP)	Retrospective and prospective biomarker qualification studies complete, or analytical parameters acquired and optimized.	Proof-of-concept demonstrated to pre regulatory standard.
5	Safety and toxicity established to GLP standards (in animal models) and manufacturing process established at the required scale.	Safety and toxicity established to GLP standards (in animal models) and manufacturing process established at the required scale.	Assay suited to target clinical setting has been developed and manufacturing process established at the required scale.	Regulatory Characterization of Product and Initiation of Process Development or Manufacturing Process Prior to Clinical Trials
6	Phase I or equivalent studies in humans to assess drug safety [to completion]	Phase I or equivalent studies in humans to assess device safety [to completion].	Usability of tools has been established with end user groups in situ or assay parameters have been established with clinical samples [to completion].	Clinical Refinement: Phase I or equivalent studies in humans to assess device safety [to completion].
7	Phase II or equivalent studies in humans to assess drug efficacy [to completion]	Phase II or equivalent studies to assess efficacy and performance [to completion]	Small-scale or single site evaluation of whether the application of the diagnostic improves clinical outcomes complete [to completion].	Early Clinical Assessment: Phase II or equivalent studies to assess efficacy and performance [to completion]
8	Phase III or equivalent studies and Market Authorization [to completion]	Phase III or equivalent studies and Market Authorization and CE marking complete.	Multi-site evaluation of whether the tool improves outcomes complete. Market Authorization / CE marking achieved.	Late Clinical Evaluation/Market Authorization