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| **LeadAction**  **Ovarian Cancer Competition** | **NOTICE OF INTENT FORM**  Deadline for submission**: March 17, 2020, 4:30 p.m.** |

**INSTRUCTIONS**

This document should be easily readable and respect the following rules:

* Font: Arial, 10 pt or Times New Roman, 12 pt, single-spacing
* Last name and first name in the header of each page
* Number of pages in the footer of each page
* Keep the instructions in the form
* References in appendix at the end of the document

**REQUIRED DOCUMENTS**

* Notice of intent form
* Free format CV for the principal investigator (last update between July 2019 and the Competition deadline)
* Detailed contributions for the principal investigator (last update between July 2019 and the Competition deadline)
* Letter of support from university technology transfer unit (or any other equivalent entity) to which the Principal Investigator is affiliated

All documents must be integrated into a single (1) PDF document.

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| **Research project title (In both French and English)** | | | | | | |
|  | | | | | | File number :  *(For internal use only)* |
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| **Targeted therapeutic area in ovarian cancer (Check the therapeutic area that applies)** | | | | | | |
|  | | | Oncology | |  | Immuno-oncology |
|  | | | | | | |
| **Approach under development (Check approach that applies - Provide additional details)** | | | | | | |
|  | | Small compounds | |  | | |
|  | | Biotherapy | |  | | |
|  | | Other | |  | | |
|  | | | | | | |
| **Initial Stage of the research project to be funded (Check the stage that applies)** | | | | | | |
|  | Hit to lead transition or equivalent for biotherapy | | | | | |
|  | Lead optimization or equivalent for biotherapy | | | | | |
|  | Pre-clinical studies | | | | | |

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| **Budget requested (over 2 years)** | | **Please mention the activities that will be carried out during each year (Hit to lead transition, Lead optimization, Pre-clinical studies\*)** |
| Year 1 |  |  |
| Year 2 |  |  |
| **TOTAL** |  |  |
| ***\* Please refer to the Competition guidelines for the definitions of the drug discovery activities.*** | | |
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| **Keywords (Maximum 6)** | | |
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| **Examples of Core facility activities\* to be undertaken by your Research Project.** | **Please mention the name of the Core facilities identified in your Research Project\*\*** | **Location (institution, city, province)** |
| **Informatics, proteomics and functional genomics** (bioinformatics, genomics, proteomics, metabolomics,…) |  |  |
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| **Medicinal chemistry** (assay development, high-throughput screening, biochemistry, enzymology,…) |  |  |
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| **Cellular and molecular pharmacology** (*in vitro* drug activity, cellular disease models, drug mechanism of action,…) |  |  |
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| **Preclinical characterization** (pharmacokinetic, *in vivo* pharmacology (PK/PD), safety and tolerability, metabolism and absorption,…) |  |  |
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| **Pharmaceutical development** (initial formulation and production of preclinical material,…) |  |  |
| Artificial intelligence and big data |  |  |
| Other(s)\*\* |  |  |
| ***\* The expertise of a laboratory is not considered as a core facility activity***  ***\*\* Simply add lines for additional core facilities*** | | |

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| **SECTION A – Identification of the investigators** |

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| **Principal Investigator** | | | | | | | | |
| Last name: | | | First name: | | | | | |
| Mr. | Ms. | | | Mrs. | | | Dr. | |
| MD | | PhD | | | | Other abbreviations: | |  |
| Junior 1 | | | | | Junior 2 | | | |
| **Contact information of the Principal Investigator** | | | | | | | | |
| Institution | | |  | | | | | |
| Department | | |  | | | | | |
| University affiliation | | |  | | | | | |
| Address | | |  | | | | | |
| City, Province | | |  | | | | | |
| Postal code | | |  | | | | | |
| Phone | | |  | | | | | |
| E-mail | | |  | | | | | |
|  | | | | | | | | |
| **Co-investigator #1\*** | | | | | | | | |
| Last name: | | | First name: | | | | | |
| Mr. | Ms. | | | Mrs. | | | Dr. | |
| MD | | PhD | | | | Other abbreviations: | |  |
| Junior 1 | | | | | Junior 2 | | | |
| **Contact information of the Co-investigator #1** | | | | | | | | |
| Institution | | |  | | | | | |
| Department | | |  | | | | | |
| University affiliation | | |  | | | | | |
| Address | | |  | | | | | |
| City, Province | | |  | | | | | |
| Postal code | | |  | | | | | |
| Phone | | |  | | | | | |
| E-mail | | |  | | | | | |
| Electronic signature | | |  | | | | | |
|  | | | | | | | | |
| **Co-investigator #2\*** | | | | | | | | |
| Last name: | | | First name: | | | | | |
| Mr. | Ms. | | | Mrs. | | | Dr. | |
| MD | | PhD | | | | Other abbreviations: | |  |
| Junior 1 | | | | | Junior 2 | | | |
| **Contact information of the Co-investigator #2** | | | | | | | | |
| Institution | | |  | | | | | |
| Department | | |  | | | | | |
| University affiliation | | |  | | | | | |
| Address | | |  | | | | | |
| City, Province | | |  | | | | | |
| Postal code | | |  | | | | | |
| Phone | | |  | | | | | |
| E-mail | | |  | | | | | |
| Electronic signature | | |  | | | | | |

***\* Simply add lines for additional Co-investigator(s)***

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| **Collaborator(s) identification\*** | | | | | |
|  | | | | | |
| **Last name, first name** | **Institution** | **Department** | **University affiliation** | **E-mail** | **Electronic signatures** |
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| ***\* Simply add lines for additional co-investigators*** | | | | | |

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| **SECTION B – Scientific Project Description (Maximum 2 pages)** |

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| **Summarize the project rationale and present preliminary data supporting the project along with its initial development stage. For the requested funding period, provide the objectives, methods, project milestones and expected deliverables *(references in appendix)*.** |
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| **SECTION C – Market Description, unmet market/medical needs and potential impact of the results (Maximum 1 page)** |

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| **Describe the incidence and prevalence of the type of ovarian cancer your approach addresses. What is the anticipated global market size for this patient population? What is the current standard of care for treating these patients? How does your approach improve beyond current standard of care? Describe the potential impact (outcomes) of the results on disease management *(references in appendix).*** |
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| **SECTION D – Intellectual property and previous funding** |

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| **Intellectual property** | | | | | |
| **If you have previously generated significant results, please describe below such background Intellectual Property related to\*.** | | | | | |
| **Application Number** | **PCT or National Filing Date** | **Publication Number** | **Publication or National entry date** | **Patent Number** | **Patent Date** |
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| ***\* If necessary, add lines for additional intellectual property. You are invited to contact your technology transfer office to fill in the table.*** | | | | | |

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| **Additional funding related to the project** | | | | | |
| **If this project has been or is subject to additional funding by private or public organizations received by the principal investigator or co-investigators, please describe below\*.**  **If conditions related to the commercialization or management of intellectual property allow certain rights to third parties, please explain.** | | | | | |
| **Name of the funding organization\*** | **Type of funding (please indicate ‘private’ or ‘public’)** | **Year(s) of**  **funding**  **(from MM-DD-YYYY to MM-DD-YYYY))** | **Allocated amount**  **(S CAD)** | **Is there an overlap between this funding and the grant obtained in this competition? (please indicate Yes or No)** | **Please indicate and explain if this funding has an impact on the commercialization or the management of the intellectual property of your project** |
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| ***\* If necessary, add lines for additional funding. You are invited to contact your technology transfer office to fill in the table.*** | | | | | |

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| **SECTION E – Consent and Signature** |

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| I, the undersigned, Principal Investigator, state and certify that all information provided in this notice of intent is complete and accurate to the best of my knowledge.  The co-investigators and/or collaborators listed in this notice have confirmed their commitment to the research project and authorized me to provide their personal and confidential information.  I authorize IRICoR and Ovarian Cancer Canada to keep and use all personal and scientific information provided in this notice and under the condition that individuals who have access to this information undertake to respect its confidentiality.  I agree that, if my notice of intent is considered eligible, my name, academic affiliation, project title and keywords be posted on the IRICoR and Ovarian Cancer Canada respective websites. I understand that the names and academic affiliations of the co-investigators and/or collaborators involved in my project will not be posted on these websites at this stage.  I pledge to meet the terms set out in the **Rules of the Competition guidelines** to which I am applying, as well as all other terms set out in a potential grant letter, in a potential funding agreement and at the time the related payments.  I am not currently ineligible to receive funding from a Canadian or international research funding agency as the result of a substantiated case of breach.  I shall advise IRICoR and Ovarian Cancer Canada should I become ineligible to apply for funding or receive funding from a Canadian or international research funding agency as the result of a substantiated case of breach.  I understand that failure to comply with any of these commitments may lead to the withdrawal of my application from the review process, or to the suspension, withdrawal, termination or even reimbursement of funding, or any other type of administrative penalty related to the privileges granted by IRICoR and Ovarian Cancer Canada. | |
| **Date:**    dd-mm-YYYY | **Principal Investigator Signature:**    (Print Name) |

**N.B. Only a handwritten or electronic signature (certified) will be accepted. Signatures simply written on the keyboard of a computer will be refused.**

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| **SECTION F –Suggested scientific reviewers** | |
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| **Suggestion of experts. Please do not suggest current or former colleagues, thesis supervisors, or collaborators. Reviewers may come from all sectors, i.e., government, industry, or universities.** | |
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| 1. Name: | |
| Institution/Organization: | Country: |
| Email: | Phone number: |
| Area(s) of expertise (keywords): | |
|  | |
| 1. Name: | |
| Institution/Organization: | Country: |
| Email: | Phone number: |
| Area(s) of expertise (keywords): | |
|  | |
| 1. Name: | |
| Organization: | Country: |
| Email: | Phone number: |
| Area(s) of expertise (keywords): | |
|  | |
| 1. Name: | |
| Institution/Organization: | Country: |
| Email: | Phone number: |
| Area(s) of expertise (keywords): | |
|  | |
| 1. Name: | |
| Institution/Organization: | Country: |
| Email: | Phone number: |
| Area(s) of expertise (keywords): | |

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| **SECTION F – Scientific experts not suitable for review panel (please provide clear justification for not recommending a particular reviewer)\*** | |
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| 1. Nom/Name: | |
| Institution/Organization: | Country: |
| Justification: | |
|  | |
| 1. Name: | |
| Institution/Organization: | Pays/Country: |
| Justification: | |
|  | |
| 1. Name: | |
| Institution/Organization: | Country: |
| Justification: | |
|  | |
| 1. Name: | |
| Institution/Organization: | Country: |
| Justification: | |
|  | |
| 1. Name: | |
| Institution/Organization: | Country: |
| Justification: | |

***\* The final reviewer selection is at the discretion of IRICoR and Ovarian Cancer Canada.***