Innovation to Implementation (I2I) Awards
Request for Applications
Version 3.0

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1. REQUEST FOR APPLICATIONS

This Request for Applications (RFA) is intended to guide investigators applying for an OICR Innovation to Implementation (I2I) award. The goal of this award is to fund research activities to study ways to speed up the appropriate adoption of innovations. OICR is committed to providing research funding to help support a sustainable health system that optimally delivers these innovations in a fair and equitable way to those who will benefit.

Research discoveries have led to interventions, tools and programs to better prevent, diagnose and treat cancer. In some cases, these innovations are underused or overused. Implementation Science at OICR seeks to bridge the gaps between research products and their use in real-world settings by facilitating behavior or system changes. It supports the identification, assessment, development, evaluation and/or implementation of methods and strategies that can influence the adoption, scale-up, and/or sustainability of interventions effectively and efficiently for the benefit of people with cancer. It provides an evidence base and practical tools to improve the quality, efficiency and effectiveness of healthcare.

For further information on Implementation Science at OICR, please visit OICR's Implementation Science website and the video link to OICR's previous Implementation Science Workshop.

Projects that are in-scope include:

- Projects aimed at *facilitating the adoption of research output, interventions, policies, or practices* in the healthcare system using scientific methods and drawing on implementation science.
- Projects focused on *developing and testing implementation science methods or strategies* to facilitate uptake and integration of research outputs, interventions, policies, or practices in the healthcare system.
- Projects *investigating the barriers to implementation or developing optimal solutions to implementation challenges* in the context of the Ontario healthcare system.
- Projects *evaluating the comparative effectiveness and cost effectiveness of different implementation strategies* in the oncology ecosystem.

Projects that are out-of-scope include:

- Discovery, preclinical development and/or clinical validation projects for biomarkers, therapeutics, theranostics, biologics, antibodies, therapies and companion diagnostics.
- Projects focused on concept initiation, product design, prototyping, device testing, design verification and validation for algorithms, software development, imaging modalities and medical devices development.
- Clinical trials (all types and stages).
- Projects that lack implementation science focus or are too early in their development for implementation.

I2I awards embrace the principles of:

- **Patient partnership** in OICR-supported research in order to:
  - Ensure studies address the needs of the people intended to benefit
  - Benefit from the integration of patient perspectives

- Ensure study activities and results are communicated in an accessible way to patients, caregivers and the wider community
- **Equity, diversity and inclusion (EDI)** in OICR-supported research in order to:
  - Ensure research serves cancer patients from all relevant communities, especially those that are historically underrepresented
  - Foster a more diverse and inclusive research community
  - Create an environment where all can thrive and feel included

Links to relevant resources for this RFA include, but are not limited to:

- **The Center for Implementation**
  - Located in Toronto, the Center for Implementation is known for its role in advancing health research through a combination of professional development, collaborative projects, and implementation support.
  - The Inspiring Change 2.0 Mini course is a free and self-paced virtual training program that introduces participants to the core concepts of Implementation Science.
  - To support implementation research, the Center for Implementation also provides networking opportunities, fosters a community of practice, and conducts research and evaluations. Their specialized courses and training in implementation science, available for a fee, cover essential topics like sustainability planning, systems thinking, adaptations, and context assessment. Additionally, they offer personalized consultation and practical tools.

- **NCI's Implementation Science Program within the Division of Cancer Control and Population Sciences**
  - A resource for sample applications and training, the Division of Cancer Control and Population Sciences of the National Cancer Institute, part of the National Institutes of Health, provides a comprehensive webinar archive and other dissemination and implementation resources.
  - Available for open access are eight comprehensive modules from the Training Institute for Dissemination and Implementation Research in Cancer. These modules encompass a wide range of topics, including introduction to implementation science, implementation theories, models, frameworks, measures, study designs, and more.

- **Dissemination-Implementation.org**
  - Dissemination-Implementation.org assists researchers and practitioners in adapting selected implementation models to their project cycle. The platform helps identify suitable measurement instruments for the model constructs, as well as appropriate implementation models for their specific research questions or practice problems.

- **iPRISM and RE-AIM Guidebook for Planning, Implementation, and Sustainment**
  - This guide by the Colorado Implementation Science Center in Cancer Control amalgamates the Iterative Practical, Robust Implementation and Sustainability Model (iPRISM) and Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) frameworks to the specific needs of cancer research projects, with the goal of being a "one-stop-shop." By providing essential materials and clear instructions in various cancer research contexts, it supports the implementation of these frameworks during phases of planning, implementation, and sustainment. Users can embed evaluation principles within their implementation plans to assist in challenges and progress related to end-user feedback.

1.1. Eligibility

OICR invites applications from investigators at Ontario academic centres, hospital research institutes or other government research institutions. **OICR funding is only tenable in Ontario. For-profit entities are not eligible to receive OICR funding.**

There is no limit to the number of applications investigators are eligible to submit as PI or Co-PI.

OICR is focused on developing and supporting the next generation of cancer researchers, and **strongly encourages applicants to include early career investigators/clinicians** as part of the project team. Further, all teams **must** include an expert in Implementation Science and a patient partner (or a partner with lived experience, as appropriate). Applicants should also consider the inclusion of a biostatistician for relevant projects.

Any project whose personnel (including but not limited to PIs/Co-PIs) or host institution are receiving concurrent support from the tobacco industry (including companies or corporate divisions that directly manufacture or purchase tobacco for production, or market tobacco products, including the Council for Tobacco Research or the Smokeless Tobacco Council) are **ineligible** for OICR funding.

1.2. Term

Applications selected for funding will be provided with a funding term of up to two years, starting July 1, 2025, and ending no later than June 30, 2027.

1.3. Funding available

Successful projects will be funded to a **maximum of $100,000 per year, inclusive of overhead, for a maximum of two years.**

Annual funding is contingent upon available funding from the Government of Ontario via the Ministry of Colleges and Universities.

1.4. Eligible expenses

Expenses must adhere with OICR's guidelines for eligible expenses. The following expenses are not eligible under this RFA:

- Clinical/health intervention trials

1.5. Deadlines and important dates

I2I applications are a two-step, competitive process, including a Letter of Intent (LOI) and a full application. Only applicants invited to submit a full application following the LOI review will be provided with access to the full application form.

ReportNet to open:	Week of October 7, 2024
Letter of Intent (LOI) deadline:	December 5, 2024, by 5 p.m. ET
LOI results communicated:	Week of February 17, 2025
Full application deadline:	April 10, 2025, by 5 p.m. ET
Notification of results:	June 2025
Funding to begin:	July 1, 2025

Late submissions will not be accepted.

1.6. Application requirements

I2I applications are a two-step competitive process, including a Letter of Intent (LOI) and a full application. LOIs and full applications are to be submitted online using ReportNet, OICR's online

system for managing grants and awards. To access or register for a ReportNet account, visit: https://oicr.factorial.ca/s_Login.jsp. For assistance, refer to OICR's guidelines on using ReportNet.

Patient partners

Patient perspectives and insight can be transformative to research planning, execution and knowledge transfer. Patient partnership in OICR-supported research ensures i) studies meet the needs of the people intended to benefit, ii) studies benefit from the integration of patient perspectives, and iii) study activities and results are communicated in an accessible way to patients, caregivers and the wider community. All full applications must include a patient partnership plan, in which applicants describe how patient partners and interested communities are being, or will be, engaged throughout the life cycle of the project. Applicants are encouraged to involve patient partners as early as possible in the application process, as they can help shape the research question, develop the patient partnership plan, and inform the writing of the lay summary. Teams can explore the resources available on the Patient Partnership page of the OICR website and at their home institutions on how to recruit and involve patient partners and communities into the research process. Members of OICR's Patient and Family Advisory Council (PFAC), or delegates, will participate in the full application review, as well as progress reviews to provide ongoing guidance over the funding term.

Equity, Diversity and Inclusion

All OICR-supported research is expected to align with the Institute's principles of Equity, Diversity, and Inclusion (EDI). OICR's Commitment to EDI in Research Statement can be found on our website. OICR is committed to:

- Ensuring our research serves those from all relevant communities, especially those that are historically underrepresented
- Fostering a more diverse and inclusive research community
- Creating a work environment where all can thrive and feel included
- Collecting and analyzing demographic data to better understand the diversity of applicants, funded researchers and project teams in order to identify gaps and develop approaches to address those gaps
- Continuing to evaluate our processes, ask for input, collect data and improve
- Communicating how we will achieve equity, diversity and inclusion
- Sharing best practices and lessons learned to help drive equity, diversity and inclusion across the cancer research community

Refer to OICR's guidelines on Equity, Diversity and Inclusion tactics in research for more details.

Declaration of Research Assessment

OICR is a signatory to the San Francisco Declaration of Research Assessment (DORA). As such, we are aligned with DORA principles through our commitment to assess the quality and impact of scientific research through means other than journal impact factors. As part of OICR's commitment to these principles, applicants are asked NOT to include journal impact factors (JIF) or other journal-based metrics in any document submitted as part of the application process.

Use of Artificial Intelligence

OICR aligns with the Canadian federal research funding agencies ("the agencies") recent Draft guidance on the use of artificial intelligence in the development and review of research grant proposals. As with the agencies, OICR expects that applicants will draft proposals and supporting text themselves; use of AI to draft application materials may be considered plagiarism as per the Tri-Agency Framework: Responsible Conduct of Research. As part of the application process,

applicants will be required to clearly state if and where application material has been generated by AI.

Reviewers must also abstain from the use of AI when drafting their feedback and must never copy/paste applications (or excerpts) into AI platforms as doing so will constitute a breach in confidentiality.

Research Security and Geopolitical Risk Attestation
As part of the full application, the lead applicant (PI) must attest that they understand that each named investigator listed on the application will be required to complete an attestation regarding research security and geopolitical risk **should the application be selected for funding**. This attestation will include declaring all collaborations (including the receipt of in-kind support) with entities listed on the federal government's Named Research Organizations list. As part of the attestation process, investigators who declare a collaboration(s) with entities on the Named Research Organizations list agree to provide clarifying details of the nature of the collaboration and agree to provide a risk mitigation plan (to be reviewed and approved by OICR).

1.7. Accessibility and Accommodations

Providing an accessible experience is important to us. If you require accommodation to prepare or submit an application, or if you require documents or materials in an alternative format, please contact the Scientific Secretariat (ScientificSecretariat@oicr.on.ca) to discuss opportunities. More information on OICR's Accessibility Plan can be found on our website.

1.8. Completing a Letter of Intent

The Letter of Intent (LOI) stage is a competitive process. The LOI form collects relevant application information that will be used to ensure that the LOI and full application review panels have the necessary expertise and experience to adjudicate submissions. Importantly, the information will be used at the LOI stage to assess appropriate fit to the I2I criteria.

Application Information

The system will pre-populate the PI's information from their ReportNet user profile. PIs must complete the demographics questions in their ReportNet user profile prior to submission. **You will not be able to submit an application at any stage (Letter of Intent or full application) without completing your profile.**

Additional information, outlined below, is to be provided by the applicant(s). Required fields are marked with a red asterisk in the system. Word counts, where applicable, are noted.

- **Title**
- **Start and end dates**
- **Key words**
- **Cancer type**
- **Team members:** Applicants must identify both an Implementation Science expert and a patient/partner who will be engaged on the project team. *This section is optional at the LOI stage, but mandatory for full applications*.
- **Lay summary** (max. 500 words): The lay summary should explain complex research ideas in simple terms and plain language that can be easily understood by non-specialists. This is unlike a scientific abstract, which is written for subject peers. The lay summary will be used by reviewers and patient partners during the review process. If funded, the lay summary may be used to communicate your research to the public and funders. The applicants are strongly advised to engage a patient partner to co-write or review the lay summary.

An overview of each of the following topics is recommended, as applicable:
  - Background/context to the research
  - Description of the current standard of care
  - Research question or problem to be solved
  - A description of proposed research/method(s)
  - Potential benefit to patients/impact on the field

  Bullet points are acceptable to highlight key points. Please use plain English while avoiding acronyms, scientific jargon and technical, field-specific terms unless a short explanation is added. Short sentences with easy sentence constructions are advisable.

  The lay summary should not be considered confidential, as OICR may share it with external parties for communications and reporting purposes, and with reviewers to identify expertise and potential conflicts of interest.
- **LOI proposal:** Applicants are to address all items listed below.
  - Describe the background and rationale for the proposed I2I project (max. 200 words).
  - Highlight how the project aligns with OICR's 2021-2026 strategic plan (max. 100 words).
  - Outline the intervention/practice/innovation that needs to be implemented (max. 200 words).
  - Outline the existing evidence for translating (using) this intervention into practice (i.e., is it ready for implementation? Max. 250 words).
  - Outline how the intervention/practice/innovation compliments/improves existing practices/policies (max. 100 words).
  - Describe the implementation strategies to be used, and what specific groups or categories of individuals need to be engaged (max. 250 words).
  - Describe the expected implementation outcomes (max. 150 words).
  - Briefly describe the project's execution plan (including the methodology that will be employed), deliverables required (max 250 words).
- **LOI references**

1.9. Completing a full application

Information provided in the LOI will be carried over to the full application form and, with the exception of the '*LOI proposal*' section, will be editable. Only applicants invited to submit a full application following the LOI review will be provided with access to the full application form. Additional information, outlined below, is to be provided by the applicant(s).

- **Common Scientific Outline**
- **Project team** (max. 250 words)**:** Provide a description of the project team, how it will be managed, and EDI considerations. The project team should consider the inclusion of a biostatistician, if applicable. All projects are required to identify at least one Implementation Science expert and at least one patient/partner who will be engaged throughout the project term. The role of the Implementation Scientist(s) and patient(s)/partners(s) in the study should be clearly described.
- **Lay summary:** copied from the LOI; may be revised as appropriate.
- **Scientific summary**
- **Budget summary:** provide the total budget being requested from OICR (as per the budget sheet) for Year 1 and 2 as appropriate.
- **Proposal:** the full application proposal should expand upon the statements and ideas provided at the LOI stage, addressing reviewer feedback as appropriate.
  - Describe the background and rationale for the proposed I2I project (max. 300 words).
  - Highlight how the project aligns with OICR's 2021-2026 strategic plan (max. 150 words).

- Outline the intervention/practice/innovation that needs to be implemented (max. 350 words).
- Outline the existing evidence for translating (using) this intervention into practice (i.e., is it ready for implementation? Max. 400 words).
- Outline how the intervention/practice/innovation compliments/improves existing practices/policies (max. 250 words).
- Identify the key barriers, if known, to implementation and what change is needed to support implementation (max. 300 words).
- Describe the implementation strategies to be used, and what specific groups or categories of individuals need to be engaged (max. 450 words).
- Describe the expected implementation outcomes (max. 300 words).
- Describe the project's execution plan (including the methodology that will be employed), deliverables, timeline, risk assessment, go/no go decision points and statistical analysis required (max. 500 words).

- **Regulatory requirements**
- **Equity, Diversity and Inclusion considerations and plan** (max. 500 words): Outline how the project will align itself to the principles of EDI outlined in Section 1.6 above, making reference to the project team, knowledge users (such as patients, clinicians and other healthcare professionals, health technology assessment agencies, and health policy decision makers) and project participants. Describe how the project will include a diverse patient population (where appropriate), including participants from historically underrepresented populations. Describe whether the project may be of particular benefit to any historically underrepresented groups, and what those benefits may be. Include specific and actionable tactics and address multiple areas wherever possible (e.g., outline tactics relating to both research team recruitment and dissemination of results). Refer to OICR's guidelines on Equity, Diversity and Inclusion tactics in research for more details.

  EDI considerations will be discussed for each application and included in the overall score/recommendation. Feedback on the proposed approach and opportunities for improvement will be provided to applicants.

  Several excellent EDI resources have been developed that are available, free of charge, for training and information purposes.

  OICR requires that teams complete, at a minimum, the CIHR Sex and Gender Training Modules (https://www.cihr-irsc-igh-isfh.ca/) in advance of submitting their application. Additional resources on including sex and gender in research can be found at: https://cihr-irsc.gc.ca/e/50836.html.

  OICR recommends the EDI resources that have been made available by CIHR, among others (https://cihr-irsc.gc.ca/e/51709.html). These resources address many topics, including:
  - EDI in research design and practices.
  - EDI in the research environment, and
  - EDI and research excellence.

- **Patient Partnership Plan** (max. 500 words): Patient perspectives and insight can be transformative to research planning and execution. Applicants should address how patient partners and/or communities will be partnered with throughout the life cycle of the project. This section must be written as a stand-alone piece, assuming that readers may not have read the application project. It should be written in clear, easy to understand, lay language understandable to a high school graduate. It should include the patient partner(s) name(s),

the organization or entity from which they were sourced, how and when they will be engaged, examples of the specific contributions they will be asked to make, and the specific deliverables and milestones for their work. **Note:** OICR encourages all teams to provide compensation to patient partners to recognize their expertise and contribution. OICR recommends the training modules on patient engagement in research provided by the CIHR Institute for Musculoskeletal Health and Arthritis.

- **Data management plan** (max. 200 words): Applicants must provide a data sharing and access plan, as well as a data storage requirements and retention plan, specifying how much data will be generated or transferred into OICR (if applicable) during the course of the project, and the plan for retaining/archiving with the ability to restore the data for the five-year period following its conclusion. Refer to OICR's guidelines on data retention, sharing and open access.
- **Differentiation** (max. 200 words): Provide a description on what makes this research unique, better and/or disruptive compared to what other researchers are working on in your field (i.e., what is distinguishing about this research that makes it more attractive than other existing work). This information may be shared with FACIT Inc., OICR's commercialization partner, should the project be funded.
- **Use of Artificial Intelligence** (AI; max 200 words): If applicable, applicants must clearly state if and where application material has been generated by AI.
- **Research Security and Geopolitical Risk Attestation**
- **Administrative authority of PI's Host Institution**

Attachments

The following items should be attached to the application:

- **Figures, tables and references** (Label file name: *Request_ID_Figures tables references*).
- **Budget**: Download the budget template provided in ReportNet (refer to OICR's guidelines on eligible expenses) and upload the completed budget in both Excel and PDF formats (Label file name: *Request_ID_Budget*).
  - **Note**: I2I budgets should start in Q2 (Jul-Sep) on the budget template provided and end in Q1 (Apr-Jun). The total budget available for two years of funding must not exceed $100,000 per year, inclusive of eligible overhead.
  - The total budget, inclusive of overhead for eligible expenses, should represent the OICR contribution. Additional contributions committed from other funding sources or collaborators should be included as co-funding (section provided at the end of the Excel template).
  - The template will automatically calculate overhead at 30 per cent for non-MaRS based institutions. The overhead rate can be adjusted on the 'info and instructions' tab (all changes to the overhead rate must be addressed in the Host Institution commitment letter). Please contact the OICR Scientific Secretariat with any questions regarding overhead
- **Budget justification** (Label file name: *Request ID_Budget justification* and upload as a PDF on ReportNet): Provide a high-level justification of the budget requested.
  - The document must outline total costs per expense category. It should summarize the total budget per year.
  - The document must highlight all current and pending funding applications, highlighting any overlap with the present application. If applicable, a robust plan must be included for attracting future partners during the funding period.
- **Deliverables and Milestones (D/Ms)**: Download the D/M template provided in ReportNet and upload the completed file in both Excel and PDF formats (Label file name: *Request ID_DM*):
  - Specify at least one to two high-level deliverables that are projected to be achieved during the funding period, specified by quarter and fiscal year.

- For each deliverable, specify at least one associated milestone for each half of the fiscal year. Milestones will be monitored to assess progress towards achievement of the deliverable. Include milestones that specify go/no go decision points whenever applicable.
- Both deliverables and milestones must be measurable and possess a target date for completion (provide the quarter and fiscal year of projected achievement). These deliverables and milestones will be used to measure research progress.
- As appropriate, teams are strongly encouraged to include one to two relevant EDI and patient partnership deliverables, and associated milestones, that will be achieved during the funding period.

- **Co-funding letters** (optional; label file name: *Request ID_Co-funding*. Combine all co-funding letters as one bookmarked PDF and upload on ReportNet)**:** If applicable, provide evidence of co-funding through a letter of support from the funder. Include whether funds are cash vs. in-kind, and whether they are secured vs. expected. Co-funding should also be captured in the Excel budget upload.
- **Letters of support** (optional; label file name: *Request ID_LOS*. Combine all letters of support as one bookmarked PDF and upload on ReportNet): A maximum of three letters from key individuals, partners, etc. can be attached to outline support for the application. Patient testimonials/letters of support, while not required, are encouraged.
- **Curricula Vitae** (Label file name: *Request ID_CVs*. Combine CVs for the following individuals as one bookmarked PDF and upload on ReportNet)**:**
  - PI and Co-PI
  - Co-Investigators
  - CVs can be in any format so long as it addresses education/training, employment, honours and awards, professional affiliations, research funding in the past five years, student/fellow training, and research outputs (e.g., publications, IP, presentations).
- **Publications** (Label file name: *Request ID_Publications*. Combine all publications as one bookmarked PDF and upload on ReportNet): Upload the top three team publications relating to the project that reviewers should take special note of.
  Note: OICR is signatory to the San Francisco Declaration of Research Assessment (DORA) which we consider to be an incentive to evaluate research proposals on the basis of their content and not solely by the criterion of Journal Impact Factors (JIF). Reviewers at all stages of the OICR application process are advised that they should consider the quality of the research published and/or proposed in an application. While productivity may be an important factor, the assessment will be based on the content of articles and not the JIF. Furthermore, OICR reviewers are asked to consider the influence of candidates' publications in advancing knowledge in a given field (or throughout biology).
- **Commercialization plan** (optional; label file name: *Request ID_Commercialization plan* and upload as a PDF on ReportNet)**:** If applicable, a commercialization plan should be developed in consultation with FACIT Inc., OICR's commercialization partner, and technology transfer offices at relevant institutions to ensure it is consistent with OICR's "Ontario First" mandate. The Ontario First mandate requires that reasonable efforts are undertaken to commercialize and manufacture a project's arising intellectual property in Ontario and applicants will contractually agree to consult FACIT Inc. to finalize the commercialization planning, rights and obligations, with an emphasis on Ontario-based development.
- **Host institution attestation** (Label file name: *Request ID_HI attestation*. Combine all attestations as one bookmarked PDF and upload on ReportNet)): Using the PDF form provided, the applicant must obtain the signature of the institutional administrative authority attesting to the terms outlined in the form. Additional forms must also be signed and uploaded from the Host Institution of any Co-PIs. If the host institution for a PI or Co-PI is OICR, an attestation form from OICR is not required.

2. REVIEW PROCESS

2.1. LOI review process

An external review panel will be formed to adjudicate submissions. LOIs will be assigned to reviewers from the external review panel. The panel will be composed of a Chair and individuals with subject matter expertise, including implementation scientists. Reviewers will provide feedback and an overall recommendation ('Yes to full application', 'No to full application', or 'Requires discussion'). LOIs that receive a 'No' recommendation from all assigned reviewers may be triaged prior to the panel discussion. Only LOIs that are ranked 'Yes' by all assigned reviewers after the panel discussion will be invited to submit a full application.

If the number and quality of LOIs received far surpasses the number of applications that can reasonably be reviewed at the full application stage, the panel will be asked to score proposals in order to establish a cut-off that will be used to triage applications.

2.2. Full application review process

2.2.1. Review panel

Each full application will be reviewed by members of the external review panel.

For the full application, the external review panel will be composed of Scientific reviewers as well as individuals with expertise in EDI ('EDI reviewers') and Patient Partners ('Patient reviewers'). Patient and EDI reviewers will review application materials and provide written feedback to the review panel in advance of the full application review meeting. They may also participate in the review meeting discussions. This feedback will be provided to applicants as part of the Scientific Officer report that will be provided to teams following the review meeting.

2.2.2. Reviewer reports

The review panel will be tasked with providing brief reports for their assigned applications using the following criteria, which are further outlined in Appendix I:

EDI reviewers:

- Feedback and comments on the EDI plan and proposed tactics

Patient reviewers:

- Assessment of the Lay Summary
- Feasibility and impact of the proposed Patient Partnership Plan
- Assessment of whether the project addresses a priority question for patients

Scientific reviewers:

- Relevance
- Excellence
- Potential for impact/path to implementation
- Feasibility
- Leadership, team and collaboration

2.2.3. Reviewer scoring

Applications will be scored by Scientific and Patient reviewers as per the evaluation criteria and scoring guides outlined in Appendix I.

The average Patient score (maximum: 1.0) will be added to the average overall Scientific reviewer score (maximum: 5.0) to give the final score for the application (maximum: 1.0 + 5.0 =

6.0). **Applications must receive at least an average overall score of 4.0 from the Scientific reviewers to be considered for funding. This may be adjusted by the panel Chair in consultation with OICR leadership if appropriate.**

2.2.4. Preparation teleconference

If deemed appropriate by the Chair, a teleconference will be organized prior to the review meeting to discuss any questions/feedback which will be provided to applicants ahead of the review meeting. Applicants will need to provide written responses within two (2) business days, which will be circulated to the panel in advance of the meeting. Late responses will not be accepted.

2.2.5. Review meeting

A review meeting will be organized and include the EDI, Patient and Scientific reviewers as well as representatives from OICR. For information on evaluation criteria and scoring, see Appendix I.

Depending on application pressure, and with the approval of the review panel Chair, applications may be ranked by overall Scientific review score prior to the review meeting so that only the top applications in contention for funding will be discussed. The review panel will have an opportunity to review the rankings in advance of the meeting, and, if appropriate, revise the order.

The meeting will be moderated by the review panel Chair with support from OICR's Scientific Secretariat. For each application, the Chair will invite the reviewers to provide their feedback and will oversee a discussion of the application. Following open discussion, reviewers will be provided with an opportunity to revise their initial scores and comments and will be asked to provide a final overall score. The Scientific review panel will then recommend a consensus score by which the application will be ranked. The average overall scores from the Scientific and Patient reviewers will be added to give the final score for the application. Highly ranked applications, which are deemed meritorious for funding, will be recommended for approval to OICR leadership.

3. NOTIFICATION OF DECISION

A meeting report summarizing the review discussion and recommendation for each application will be prepared by a Scientific Officer (SO) and distributed to applicants, along with anonymized reviewer reports, as part of the Notification of Decision (NOD) from OICR.

OICR intends to provide NOD letters to all applicants by the end of June 2025. Applications recommended for funding will receive a Notice of Award outlining next steps in order to accept the award and establish a funding agreement.

4. ESTABLISHMENT OF AGREEMENTS

Following approval of the project, OICR will establish a funding agreement with the Host Institution of the Lead PI and Partner Institutions (if applicable). The agreement will cover the general principles regarding the conduct of research activities, eligible research expenses, terms and conditions regarding the disbursement of funds, agreements with third-party funders, financial and progress reporting, PI/Co-PI covenants, IP, commercialization, publications and communication policies. In addition, OICR will establish a commercialization framework, which will require the recipient and OICR to set up an IP co-management plan, where applicable.

Note that delays in execution of research agreements may impact OICR's ability to disburse funds. Funding is contingent upon available funding from the Government of Ontario via the Ministry of Colleges and Universities.

5. REPORTING REQUIREMENTS

5.1. Financial and operational status reporting

The following schedule (Table 1) will be used for financial and operational status reporting. Note that the deadlines indicated are moved to the next business day if they fall on a non-working day. A quarterly reporting template and instructions will be available on the OICR online financial reporting system, CaAwardNet.

Financial Officers of the Lead Institution will be required to provide quarterly updates on budget versus actual expenditures as per the table below. When reporting on the operational status of a project, an explanation of variances of greater than ±15 per cent and mitigation plans to address the budget gaps should be provided.

Table 1: Financial and operational status reporting

Period covered	Responsible party and action	
	Financial Officer	PI at Lead Institution (or designate)
Q1 Apr-Jun	Quarterly financial report: *Due July 31*	Review and submit quarterly financial operational status report: *Due Jul 31*
Q2 Jul-Sep	Quarterly financial report: *Due October 31*	Review and submit quarterly financial operational status report: *Due Oct 31*
Q3 Oct-Dec	Quarterly financial report: Due January 31	Review and submit quarterly financial operational status report: *Due Jan 31*
Q4 Jan-Mar	Quarterly financial report: Due April 30	Review and submit quarterly financial operational status report: *Due Apr 30*
Q1-Q4 Apr-Mar	Annual fiscal year financial report: *Due May 31*	Review and submit fiscal year financial report: *Due May 31.*

5.2. Progress/Key Performance Indicator (KPI) reporting

All projects will be included in the reporting process as required by the Government of Ontario according to the schedule below (Table 2). Note that the deadlines indicated are moved to the next business day if they fall on a non-working day.

Table 2: Progress/KPI Reporting

Period covered	PI at Lead Institution (or designate)
Q1-Q2 Apr-Sep	Provide status updates on D/Ms to CT leadership using ReportNet: *Due Nov 15*
Q3-Q4 Oct-Mar	Provide status updates on D/Ms to CT leadership using ReportNet: *Due May 15*
Q1-Q4 Apr-Mar	Provide quantitative KPIs using ReportNet (OICR's online KPI reporting system): *Due April 30*

6. ACKNOWLEDGEMENT AND RECOGNITION OF SUPPORT

All investigators and the recipient institutions must acknowledge and credit the contribution/support, in whole or part, of OICR and the Government of Ontario to the projects in any promotional material, including, without limitation, scientific publications of whatever nature or kind, and in any communication materials or publications supported by OICR funding by referencing the projects with the following statement: "This project was conducted with the support of the Ontario Institute for Cancer Research through funding provided by the Government of Ontario. The views expressed in the publication are the views of the authors and do not necessarily reflect those of the Government of Ontario."

7. CONTACT INFORMATION

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8. APPENDIX I: EVALUATION CRITERIA AND SCORING

OICR is a signatory to the San Francisco Declaration of Research Assessment (DORA). Reviewers at all stages of the OICR application process are advised that they should consider the quality of the research published and/or proposed in an application. While productivity may be an important factor, the assessment will be based on the content of articles and not the JIF. Furthermore, OICR reviewers are asked to consider the influence of candidates' publications in advancing knowledge in a given field (or throughout biology).

Reviewers will provide written feedback for each of the criteria outlined below and a final overall score. Scores will be averaged for Scientific and Patient reviewers. The average overall score from the Patient reviewers will be added to the average overall score from the Scientific reviewers to reach the final score for the application. **Applications must receive an average overall score of at least 4.0 from the Scientific reviewers to be eligible for funding consideration.**

For EDI reviewers:

Applications will be reviewed using the following evaluation criteria:

- Feedback and comments on the EDI plan and proposed tactics

Table 3 provides a description of the above criteria. The merit of each project will be evaluated against the listed criteria, when applicable.

Table 3: EDI reviewer evaluation criteria
Feedback and comments on the EDI plan and proposed tactics The EDI Plan: ● Addresses how the project will align itself to EDI principles in terms of the project team, knowledge users, and project participants. ● Describes how the project may be of particular benefit to any historically underrepresented groups, and what those benefits might be. ● Includes specific and actionable tactics.

Considering the criteria above, EDI reviewers will provide a qualitative score for the EDI plan ranking each as Excellent, Good, Fair, or Poor as outlined in **Table 4**.

Table 4: EDI reviewer scoring	
Descriptor	**Additional guidance**
Excellent (essentially no weaknesses identified)	Exceptionally strong with essentially no weaknesses. The EDI Plan excels in most or all criteria. Any shortcomings are minimal.
Good (moderate weaknesses identified)	Some strengths but also some moderate weaknesses. The EDI Plan excels in some criteria and reasonably addresses all others; however, some revisions are required.
Fair (at least one major weakness)	Some strengths but with at least one major weakness. The EDI Plan broadly address criteria, but revisions required may be too significant to overcome.
Poor	Very few strengths and numerous major weaknesses. The EDI Plan fails to meet most of the criteria and/or has serious inherent flaws or gaps.

For Patient reviewers

Applications will be reviewed using the following evaluation criteria:

- Assessment of the Lay Summary
- Feasibility and impact of the proposed Patient Partnership Plan
- Assessment of whether the project addresses a priority question for patients

Patient reviewers may review and provide written feedback on sections other than the Lay Summary and the Patient Partnership Plan if they choose that will be provided to all reviewers, but their **scores will be based on information from the Lay Summary and Patient Partnership Plan only**.

Table 5 provides a description of each of the above criteria. The merit of each project will be evaluated against the listed criteria, when applicable.

Table 5: Patient reviewer evaluation criteria
Assessment of the Lay Summary ● Written in simple terms and plain language, with no excessive jargon, so that it is easily understood by non-specialists. ● Provides context for the research, describes the current state of care, addresses the research question or problem to be solved, describes the proposed research and/or methods, clearly states the potential benefit to patients and/or the impact to the field.
Feasibility and impact of the proposed Patient Partnership Plan The Patient Partnership Plan: ● Includes evidence that patient partner(s) and/or interested communities have been engaged and have provided input on the Lay Summary and the research plan. If not, the plan provides a reasonable rationale for patient and/or engagement at a later stage. ● Addresses how patient partners or relevant community members/individuals will be engaged throughout the life cycle of the funded research project. ● Provides a description of proposed patient/partner engagement including specific contributions they will be expected to make, and the related deliverables and milestones for their work.
Assessment of whether the project addresses a priority question for patients ● The research addresses a priority question of importance for, or an unmet need of, patients.

Table 6 will be used for scoring.

Table 6: Patient reviewer scoring		
Score	**Descriptor**	**Additional guidance**
0.8 - 1.0	**Excellent (essentially no weaknesses identified)**	Exceptionally strong with essentially no weaknesses. The Lay Summary and Patient Partnership Plan excel in most or all criteria. Any shortcomings are minimal. Proposed Patient Partnership Plan has a very high potential for transformative impact. The project addresses a high priority question for patients in a highly effective way.

0.6 - 0.8	**Very good (minor weaknesses identified)**	Very strong with only some minor weaknesses. The Lay Summary and Patient Partnership Plan excel in many criteria and reasonably addresses all others. Certain improvements are possible. Proposed Patient Partnership Plan has a high potential for transformative impact. The project addresses a priority question for patients effectively.
0.4 - 0.6	**Good (moderate weaknesses identified)**	Some strengths but also some moderate weaknesses. The Lay Summary and Patient Partnership Plan excel in some criteria and reasonably addresses all others; however some revisions are required. Proposed Patient Partnership Plan has a moderate probability for impact. The project addresses a question of interest for patients.
0.2 – 0.4	**Satisfactory (at least one major weakness)**	Some strengths but with at least one major weakness. The Lay Summary and Patient Partnership Plan broadly addresses criteria, but revisions required are too significant to overcome. Proposed Patient Partnership Plan has a moderate to low probability for impact or is not feasible. The project addresses a question of minor or no interest for patients.
0 – 0.2	**Unsatisfactory**	Very few strengths and numerous major weaknesses. The Lay Summary and Patient Partnership Plan fail to meet most of the criteria and/or has serious inherent flaws or gaps. Proposed Patient Partnership Plan has a low probability for impact. The project does not address a question of interest for patients. From a patient perspective, the proposed project should not be funded.

For Scientific reviewers:

Applications will be reviewed using the following evaluation criteria:

- Relevance
- Excellence
- Potential for impact/path to implementation
- Feasibility
- Leadership, team and collaboration

Table 7 provides a description of each criterion. The merit of each project will be evaluated against the listed criteria, where applicable.

Table 7: Scientific reviewer evaluation criteria

Relevance

The project**:**

- Addresses a specific, well-defined, clinical priority/question for cancer patients and/or the Ontario health care system.
- Is in line with OICR's strategic plan and elements of the I2I RFA, with demonstrated engagement of key individuals, including clinical and policy decision-makers (as appropriate), to ensure the project addresses real-world challenges.
- Incorporates a clear understanding of current clinical practice and demonstrates how it will complement or challenge existing paradigms to achieve practical outcomes.
- Is driven by a strong hypothesis that rests on sufficient evidence and demonstrates how it will fill a critical gap in current knowledge or clinical practice.

Excellence

The project:

- Is innovative and of international calibre, meaning that the innovation reflects originality, rigor, and contributes to advancing knowledge or practice on a global scale, demonstrating a level of quality and impact that is respected and valued across countries and disciplines.
- Presents a cohesive implementation design explicitly linked to patient-centred real-world clinical settings, with strategies for implementation described from the outset.
- Is guided by measurable and clearly defined objectives with a direct line of sight to clinical application.
- Provides statistical justification to support the hypothesis and project design, as well as thorough potential pitfalls, and mitigation strategies, incorporating lessons learned from prior real-world applications or trials.

Potential for impact/path to implementation

The project:

- Demonstrates a specific, measurable impact and a clear path to implementation into clinical practice, benefiting Ontario patients, practitioners and/or users of the health care system.
- Has a strong emphasis on generating real-world evidence, including partnerships with health care institutions, provincial health authorities, industry partners, health care providers, funders, and/or patients that can facilitate rapid translation into practice.
- Includes EDI and patient partnership plans that go beyond broad commitments, providing specific, measurable actions to ensure the project's impact reaches underrepresented communities and improves patient care, especially for those who are often underserved by current systems.
- Includes a well-defined evidence-based strategy for implementation, with a focus on clinical guidelines, practitioner training, or system-level policy recommendations that will accelerate adoption.

Feasibility

The project:

- Is feasible, supported by a detailed execution plan outlining potential for success, including timeline, risk assessments, and go/no-go decision points to ensure timely and impactful completion within the term of the award.
- Is led by a team that has demonstrated access to facilities and resources, patient populations, or health systems, that are necessary to translate research into clinical practice.
- Will produce deliverables guided by attainable milestones within the specified timeline that are aligned with real-world adoption criteria, such as fidelity, regulatory approvals, health technology assessments, and provincial policy frameworks.
- Has a budget that is appropriate and clearly justified, aligning resources with project milestones and outcomes, ensuring efficient use of funds through existing infrastructures and partnerships, with a contingency plan for unforeseen challenges.

Leadership, team and collaboration

The project:

- Leadership team is composed of members with appropriate qualifications, experience, and record of publications (publications will be considered with respect to content, not JIF, in accordance with OICR's signing of DORA)
- Leadership team is not only academically qualified but has proven experience in the practical application of research, including securing clinical partnerships and navigating regulatory environments, with demonstrated success in implementation and engaging key individuals such as health care practitioners, policymakers, and patient advocacy groups to ensure real-world application.

- Leadership team is interdisciplinary in that it demonstrates the necessary range of complementary expertise and disciplines necessary to conduct the project, including an implementation specialist, with a strong level of provincial participation, and where appropriate, OICR's program's/networks/resources
- Team includes at least one named expert in Implementation Science and at least one patient and/or partner with lived cancer experience who will be engaged throughout the project term.
- Has opportunities for early career investigators and trainees embedded in practical, applied components of the implementation, providing exposure to clinical trials, health systems implementation, or patient-centered care.

Table 8 will be used for scoring.

Table 8: Scientific reviewer scoring		
Score	**Descriptor**	**Additional guidance**
4.7-5.0	**Excellent with no weaknesses identified**	Exceptionally strong with essentially no weaknesses. The project excels in most or all criteria. Any shortcomings are minimal. Proposed research has a very high potential for transformative impact on clinical practice and has a very clear path to completion with sufficient funding.
4.2-4.6	**Excellent with minor weaknesses identified**	Very strong with only some minor weaknesses. The project excels in many criteria and reasonably addresses all others. Certain improvements are possible. Proposed research has a high potential for transformative impact on clinical practice and has a clear path to completion with sufficient funding.
3.6-4.1	**Very good with minor weaknesses identified**	Some strengths but also some weaknesses. The project excels in some criteria and reasonably addresses all others. Minor revisions are required. Proposed research has a moderate probability for impact on clinical practice and has a reasonably clear path to completion with sufficient funding.
3.0-3.5	**Very good with moderate weaknesses identified**	Some strengths but also some moderate weaknesses. The project excels in some criteria and reasonably addresses all others. Revisions are required. Proposed research has a moderate probability for impact on clinical practice and has a reasonably clear path to completion with sufficient funding.
2.4-2.9	**Good with weaknesses identified**	Some strengths but with at least one major weakness. The project broadly addresses criteria, but revisions required are too significant to overcome. Proposed research has a moderate to low probability for impact on clinical practice, and the path to completion is missing or not feasible.
Below 2.4	**Unsatisfactory**	Very few strengths and numerous major weaknesses. The project fails to meet most of the criteria and/or has serious inherent flaws or gaps. Proposed research has a low probability for impact on clinical practice. The proposed project should not be funded.