



Window-of-Opportunity  
Network

**2026 Cohort  
Call for Concepts  
Guidelines**

**Version 1.0**



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## 1. INTRODUCTION

### 1.1. Purpose

This document is intended to aid investigators wishing to apply to OICR's Window-of-Opportunity (WOO) Network for development and implementation support of presurgical WOO trials.

### 1.2. WOO Network

The OICR WOO Network was formed in 2020, as a multi-disciplinary collaboration, leveraging provincial expertise to support and build presurgical WOO trial capacity in Ontario. Co-led by Drs. Melanie Spears (Co-Director, Diagnostic Development OICR) and Arif Awan (Medical Oncologist, The Ottawa Hospital), the Network integrates and builds on Ontario's clinical and biomarker development strengths. Network scientific and clinical oversight is provided by a Steering Committee, which is responsible for setting the strategic direction of the Network and for guiding the prioritization of presurgical WOO trials. The Steering Committee Executive provides operational oversight of the Network, including supervision of day-to-day activities and active support of trial teams through protocol development, coordination, and trial execution.

For more information, visit:

- OICR's website <https://oicr.on.ca/>
- Clinical Translation's website <https://oicr.on.ca/programs/clinical-translation/>
- OICR [WOO Network](#)

### 1.3. WOO Network Trials

The time between a patient's cancer diagnosis and their surgery presents a valuable opportunity. Trials conducted during this time evaluate short exposure, usually two-to-three weeks of treatments with known safety profiles. In treatment naive patients or in early recurrent patients the presurgical setting enables biological analysis of agents (or their combination) and focused biomarker research for better patient stratification in unbiased conditions. Although WOO trials do not have therapeutic intent, findings can be used to support further clinical development of the investigational agent/combinations.

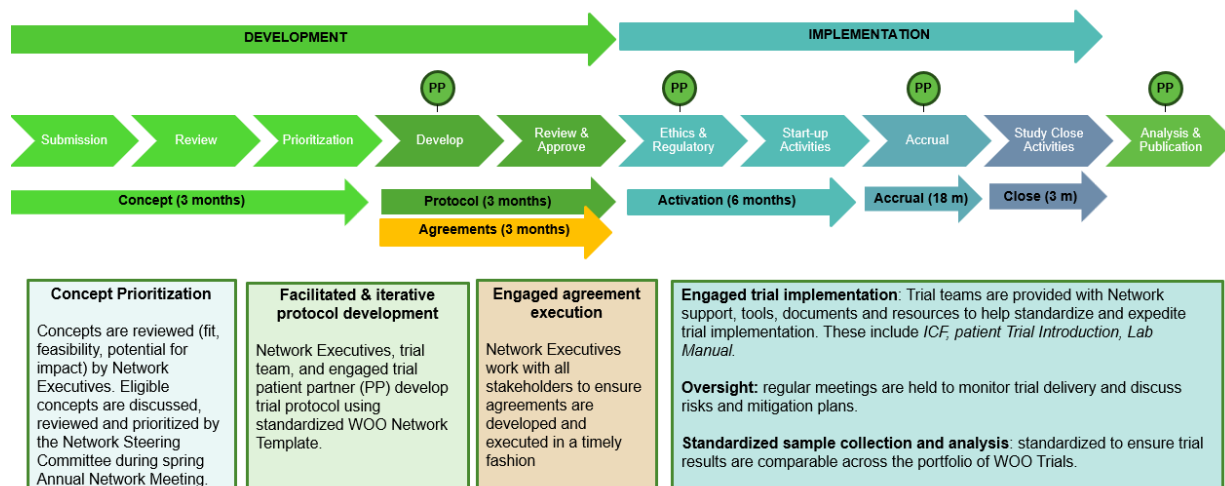
**Table 1: Overview of WOO Supported Trials (as of May 2026)**

Trial	Cancer	NCT#	Intervention	Status
PRMT5	Breast	<a href="#">NCT04676516</a>	Epigenetic regulator	Completed
INT230-6	Breast	<a href="#">NCT04781725</a>	Intra-tumoral chemotherapy (CMX)	Completed
IL4-BCa	Breast	<a href="#">NCT05967884</a>	IL-4 inhibitor +/- PD-1 inhibitor	Completed
RADIANT	Bladder	<a href="#">NCT04543110</a>	Radiation (RDN) + PD-L1 inhibitor	Completed
ANSR	Pancreatic	<a href="#">NCT04915417</a>	3 fractions of SABR RDN + CMX	Completed
DORA	Pancreatic	<a href="#">NCT06060405</a>	PD-L1 inhibitor +/- CD73 inhibitor	Ongoing
NEOTOMA	Liver	<a href="#">NCT05440864</a>	PD-L1 inhibitor +/- CTLA-4 inhibitor	Ongoing
DARTS	Liver	<a href="#">NCT07027436</a>	RDN + PD-L1 inhibitor +/- CTLA-4 inhibitor	Ongoing

WOO Network trials are initiated as concept submissions which are reviewed by the Executive of the Steering Committee to assess alignment with predefined eligibility criteria. Concepts deemed eligible are discussed and prioritized by the Steering Committee at the annual WOO Network Meeting. Concepts that are prioritized for advancement receive Network support for full protocol development and trial implementation. This support includes both financial and administrative resources. Prioritized concepts are subsequently developed into trial protocols using standardized WOO Network templates and documents (Network “Toolkit”, made available through a dedicated trial workspace), which are intended to streamline trial development and expedite activation.

Figure 1 provides a high-level overview of the WOO Network trial lifecycle. WOO trial development is collaborative and iterative, facilitated through engagement among the WOO Executive, trial teams, and patient partners. Appendix A presents a detailed process map outlining trial development stages, key dependencies, and target timelines.

**Figure 1: WOO Network Trial Lifecycle**



Patient perspectives are integral to effective research planning, conduct, and knowledge translation. All WOO Network portfolio trials actively engage patient partners (PP) throughout the trial lifecycle. Patient partners contribute to study design by advising on patient experience, reviewing trial protocols and informed consent documents, and developing the patient-facing Trial Introduction document. During trial conduct, patient partners support the identification and mitigation of barriers to participation and participate as full members of the trial team, including attendance at OICR- and trial-initiation meetings such as the Study Initiation Visit. At the analysis and reporting stage, PPs advise on accessible dissemination of study findings to patients, caregivers, and the public.

Trials supported by the WOO Network include:

- Design: presurgical, randomized trial
  - Perioperative trial designs, where treatment is delivered before and for a short period after surgery, will be considered by exception only. Funding for the post-operative period must be leveraged from non-OICR funds.

- Disease: early-stage disease (newly diagnosed, treatment naive or early recurrent cancer)
- Drug: demonstrated drug safety profile
- Feasibility: patient accrual completion within two years
- Focus: the current focus of the Network is immunomodulation. Understanding the biology of how therapeutics can elicit an immune response and alter the immune environment in tumours is critical to ensuring immunotherapy is more effective, less toxic and more durable.

**Neoadjuvant trial designs, where surgery is significantly delayed and therapeutic benefit is the primary endpoint, are not eligible for WOO Network funding.**

For the FY2026-31 strategic period, the Network will continue to focus on examining immunomodulatory agents across a portfolio of trials and integrate results from multi-omic biomarker analysis (WOO Network Cores 1-4, see below) conducted with support from OICR's Diagnostic Development platform. Analysis of pre- and post-treatment biospecimens (tumour tissue and peripheral blood) will enable integrated correlative studies to define the biological and immunologic effects of treatment. OICR will conduct centralized genomic and transcriptomic profiling of FFPE tumour samples to characterize somatic alterations and treatment-associated changes in gene expression and key oncogenic and immune pathways. Spatial proteomic analyses will interrogate tumour and tumour microenvironment compartments to assess immune cell composition, functional states, and immunomodulatory markers. Complementary analyses of peripheral blood will evaluate systemic immune responses, T- cell repertoire dynamics, to identify correlates of therapeutic response and resistance. This integrated approach aims to generate data across multiple tumour types and targeted interventions, to explore shared mechanisms of immune modulation and therapeutic response, thereby informing the rational design of future novel combination strategies. By learning from each WOO trial and comparing the results across trials, our Network can accelerate the translation of new treatments to patients.

WOO Network Core Assays: For each trial, tissue will be collected from both the pre-treatment biopsy (FFPE) and from the post treatment surgical specimen. Additionally, blood samples will be obtained from participants at a minimum of the two timepoints (pre-treatment, post-treatment).

- Core 1- DNA sequencing using Thermo Fisher's OncoPrint Comprehensive Assay Plus assay: pre-treatment biospecimen only
- Core 2 - RNA sequencing using Thermo Fisher's Ion AmpliSeq™ Transcriptome Human Gene Expression Kit: pre- and post-treatment biospecimens
- Core 3 - Proteomic profiling using Bruker's GeoMx Digital Spatial Profiling: pre- and post-treatment biospecimens
- Core 4 - TCR sequencing using Thermo Fisher's OncoPrint TCR Beta-LR Assay: pre- and post-treatment bloods

#### 1.4. Eligibility

The WOO Network invites trial concepts for its 2026 cohort from investigators at Ontario academic centres and hospital research institutes. With a focus on building WOO study capacity in Ontario, the Network strongly encourages inclusion of early career investigators/clinicians as part of the trial team.

For-profit-entities are not eligible to receive OICR funding. Any trial whose personnel or host institution are receiving concurrent support from the tobacco industry are ineligible for OICR funding.

### 1.5. Term

Prioritized concepts approved for full protocol development and trial implementation will be provided with a funding term of 2.5 years. This includes up to two years for study start-up, trial accrual and study close out activities, plus six months for translational analyses.

### 1.6. Funding Available

The envelope for Cohort 2026 is approximately \$1.5M, which is anticipated to support up to three WOO trials at a maximum of \$500,000 over 2.5 years. Network Executives will help develop a trial budget inclusive of OICR correlative costs (estimated at \$8.5K per patient).

Note that OICR does not provide overhead for clinical trials. Importantly, funding is only tenable in Ontario and is **contingent upon available funding from the Government of Ontario**.

### 1.7. Timeline

- |   |                                   |
|---|-----------------------------------|
| • Information session*                      | May 7, 2026, 1 p.m. ET            |
| • Concept                                   |                                   |
| ○ submission deadline                       | July 8, 2026, 5 p.m. ET           |
| ○ eligibility feedback communicated         | July 27, 2026                     |
| ○ updated, resubmission deadline            | August 10, 2026, 5 p.m. ET        |
| ○ presentation at the WOO Network Meeting** | September 14, 9 a.m. – 12 p.m. ET |
| ○ prioritization feedback communicated      | September 30, 2026                |
| • Protocol                                  |                                   |
| ○ development period                        | October 1 – December 15           |
| ○ submission deadline                       | December 15, 2026, 5 p.m. ET      |
| • Funding start date                        | January 1, 2027                   |

\*Information session ([Click here to register](#)): Attendance is optional. The session will be recorded and posted at OICR's [Funding Opportunities](#) and [WOO Network](#) webpages.

\*\*WOO Network Meeting: mandatory for concept teams

**Funding agreement execution:** Funding agreements with the host institution(s) must be fully executed no later than January 30, 2027. It is the obligation of the applicant to ensure that Research Offices are made aware of this condition prior to concept submission. Failure to execute the funding agreement within said timeframe will forfeit the award.

### 1.8. Requirements

#### 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 WOO Network trials include a patient partner as part of the team and include a patient partnership plan.** The patient partner plan must align itself with the WOO Trial Lifecycle (Figure 1) where patient partners are engaged throughout the trial lifecycle in order to enhance study design, maximize accrual, and ensure that results are disseminated in an accessible way to patients, caregivers and the wider community.

Trial teams can explore patient engagement resources at their home institution or on [OICR's Patient Partnership page](#) and at [Canadian Cancer Clinical Trials Network](#).

### Equity, Diversity and Inclusion (EDI)

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](#) and guidelines on *Equity, Diversity, and Inclusion Tactics in Research*, located on OICR's [Funding Opportunities webpage](#). OICR's expectations for EDI in **clinical research** are aligned with evolving international regulatory standards, including guidance from Health Canada and the U.S. Food and Drug Administration (FDA), which emphasize the importance of collecting and analyzing disaggregated demographic data to support equitable, evidence-based decision-making. Clinical trials should collect standardized demographic data (e.g., age, sex, gender, race, and ethnicity) and report these data descriptively, with analysis conducted where appropriate and feasible. These expectations apply across the clinical development continuum, including early-phase, exploratory, and confirmatory trials, recognizing that the nature and depth of analysis will vary by trial phase, size, and objectives.

## 2. CONCEPTS

### 2.1. Concept Form

Trial concepts for the 2026 cohort are to be submitted to using the **WOO 2026 Concept Form** which collects administrative information and:

- Study description:
  - Background and rationale: details on study background, WOO trial rationale, and specific immunomodulation hypothesis; a brief summary of current knowledge relative to the proposed study; an outline of how the study fits into the goals and focus of the WOO Network; an explanation of the study's "path to clinical impact" (e.g., the potential future neoadjuvant or adjuvant studies).
  - Study synopsis: a synopsis of the study disease, objectives, patient population, endpoints (biological, immune endpoints) and correlative/biomarker investigations; study schema is to be included; number of, and justification for total patients to be accrued.
  - Lay summary: outlining the research question, what the trial will do to answer the question, what will be measured, why the findings matter, and how the findings will be used. The lay summary will support the review of the concept by the Patient Representative of the WOO Steering Committee.
- Feasibility details:
  - Engaged sites: a summary of engaged partner sites and resources available to ensure timely success of the study.
  - Patient recruitment: details on patient population, projected recruitment rate and how the surgical co-investigator will be engaged in the recruitment process; identification of competing studies that would impede recruitment and outline how they will be managed.
  - Preliminary study timelines: a list of preliminary timelines including drug availability/access, ethics approval, site initiation, first and last patient accrued.
  - Pharma engagement and drug safety profile: a summary of discussions with pharma, including their review and approval of the study concept/schema, review and approval of submitted Investigator Initiated Trial/Study (if applicable), drug availability in line with preliminary study timelines, and any non-confidential safety profile details. **A letter of support (LOS) is to be provided at the concept stage.**

- Patient Partnership Plan:
  - The plan must be written as a stand-alone piece, assuming that lay readers may not have read the full study description. It should be written in clear, easy to understand, lay language.
  - The plan must summarize how Patient Partner(s) will be involved in the design and execution of the trial. It must align with the WOO Network Trial Lifecycle. It should include roles and responsibilities of the patient partner(s), which must include, but are not limited to, supporting i) protocol design (e.g. potential challenges of protocol design to participating patients, accrual strategy), ii) review of all patient-facing materials such as the informed consent form, iii) clinical trial execution (e.g. identifying solutions to potential patient barriers, developing plans to reach patient communities), iv) results reporting (e.g. developing plain language communication material).
  - The plan should indicate if the Patient Partner(s) will be sourced through the investigator's host institution or will require support from OICR/WOO Network.
- EDI Plan:
  - The plan must outline how the trial will align itself with OICR's EDI principles and evolving international regulatory standards/guidance. Applicants should provide a proportionate EDI plan appropriate for presurgical, early phase trials, focusing on equitable recruitment, barrier reduction, and descriptive reporting of participant demographics.

Study concepts and Pharma LOS are to be submitted to [WOONetwork@oicr.on.ca](mailto:WOONetwork@oicr.on.ca) by the submission deadline. Naming convention to be used:

- Concept: **WOO 2026 Concept\_X** YYY where X is PI first initial and YYY is PI last name.
- LOS: **WOO 2026 Concept\_LOS\_X** YYY where X is PI first initial and YYY is PI last name.

## 2.2. Concept Review

Information collected in the Concept Form will allow the WOO Executive to review the concept for fit against key criteria and readiness to present at the annual WOO Network Meeting. Only those that meet the criteria will move forward.

During the annual WOO Network Meeting, eligible trial teams will present their concept. This will be followed by a discussion period with the WOO Network Steering Committee, with the aim of identifying potential improvements. At the end of the meeting, during a closed session, the Steering Committee will prioritize concepts based on the criteria below.

### *Programmatic:*

- Relevant question being addressed
- Appropriate study that will not impact surgical wait times or standard of care treatment
- Aligned with the Network's focus
- Primary goal is to investigate agent mechanism of action and associated tumour and immune response biomarkers and not clinical focus on efficacy

### *Feasibility:*

- Study is brief in nature and can complete patient accrual within two years
- Available patient population to support accrual with minimal impact from competing trials
- Industry-partner commitment for study agent with an established drug safety profile

### *Capacity building:*

- Has strong, engaged leadership (surgeon and medical oncologist)

- Has engaged early career investigators/clinicians as part of the trial team

### 2.3. Protocol Development

Concepts prioritized for full protocol development will be provided with a summary of details discussed during the closed session. In situations where a request was made for Network support to identify a patient partner, a Patient Partner Request Form must be completed. Upon identification, Network Executives and the Network Lead Patient Partner will meet with the trial patient partner for onboarding activities.

During the trial protocol development period, members of the Network's Executive and patient partner will meet with the Co-PIs and team to support development of the trial protocol and associated documents (Form I, Form II, and Form III: see below) which will be developed using WOO Network Toolkit documents (made available via a dedicated workspace to each trial team). Forms I-III will become schedules to the award agreement and used for tracking against projected deliverables and milestone and study budget.

**Form I - EX:** the Executive Summary will provide a summary of the WOO trial.

**Form II - D&M:** will allow tracking of trial progress against timely deliverables and milestones. In situations where trials are not progressing towards achievement of deliverables or accruing on target, PI will be expected to meet with the Network Co-leads to outline a remediation plan that supports study success. D&M's will include:

- Executed agreement with industry partner
- Ethics submission and approval
- Study activation (lead site)
- First patient accrued (lead site)
- Site activation (participating sites, if applicable)
- First patient accrued (partner sites)
- Interim analysis (if applicable)
- Meetings of the Data Safety Monitoring Board
- Last patient accrued (lead site)
- Last patient accrued (participating sites, if applicable)
- Study lock
- Clinical data analysis
- Correlative sample collection (start, end)
- Correlative sample analysis

**Form III - Budget:** WOO trials will be funded to a maximum of \$500,000 with funds for translational analysis (Network Cores) remaining at OICR.

## 3. NOTIFICATION OF AWARDS

Submissions recommended for funding will receive a Notice of Award outlining necessary steps to accept the award and establish a funding agreement.

## 4. ESTABLISHMENT OF AGREEMENTS

OICR will establish a funding agreement with the Institution of the Lead PI. The Lead PI's host institution will be responsible for execution of sub-agreements with other participating sites. 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, Universities, Research Excellence and Security.

**Agreements that ARE NOT executed within 45 days will lose funding.**

## 5. REPORTING REQUIREMENTS

### 5.1. Financial and Operational Status Reporting

The following schedule (Table 2) 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 trial, an explanation of variances of greater than  $\pm 15$  per cent and mitigation plans to address the budget gaps should be provided.

The OICR fiscal year runs April 1 - March 31. The quarters are as follows:

- Q1: April - June
- Q2: July - September
- Q3: October - December
- Q4: January - March

**Table 2: Financial and operational status reporting**

Period covered	Responsible party and action	
	Financial Officer	PI (or designate)
Q1 Apr-Jun	Quarterly financial report: <b>Due Jul 31</b>	Review and submit quarterly financial operational/narrative report: <b>Due Jul 31</b>
Q2 Jul-Sep	Quarterly financial report: <b>Due Oct 31</b>	Review and submit quarterly financial operational/narrative report: <b>Due Oct 31</b>
Q3 Oct-Dec	Quarterly financial report: <b>Due Jan 31</b>	Review and submit quarterly financial operational/narrative report: <b>Due Jan 31</b>
Q4 Jan-Mar	Quarterly financial report: <b>Due Apr 30</b>	Review and submit quarterly financial operational/narrative report: <b>Due Apr 30</b>
Q1-Q4 Apr-Mar	Annual fiscal year financial report: <b>Due May 31</b>	Review and submit fiscal year financial report: <b>Due May 31</b>

## 5.2. Progress and Key Performance Indicator (KPI) Reporting

All OICR supported studies are included in the reporting process as required by the Government of Ontario according to the schedule below (Table 3). Note that the deadlines indicated are moved to the next business day if they fall on a non-working day.

**Table 3: Progress/KPI Reporting**

Period covered	Responsible party and action
Q1 - Q2 (Apr - Sept)	PI (or delegate) completes and submits a Biannual Progress Report, including status updates on patient accrual and D&M: <b>Due Nov 15</b>
Q3 - Q4 (Oct - Mar)	PI (or delegate) completes and submits Biannual Progress Report, including status updates on patient accrual and D&M: <b>Due May 15</b>
Q1 - Q4 (Apr - Mar)	PI (or delegate) completes quantitative KPI report using ReportNet (OICR's online KPI reporting system): <b>Due Apr 30</b>

## 5.3. Post-Award Reporting

Within five years of the award end date, a post-award report will need to be submitted to OICR outlining additional outputs, achievements and impacts of the OICR's funding. Additional details will be provided to applicants in advance of the report being due.

## 6. COMMUNICATION WITH OICR

The obligations of the investigators to advise OICR of anticipated public dissemination, publications and media announcements will be outlined in the research agreement.

## 7. ACKNOWLEDGEMENT AND RECOGNITION OF SUPPORT

All investigators 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 study 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."

## 8. CONTACT INFORMATION

For any questions, contact the WOO Network [WOONetwork@oicr.on.ca](mailto:WOONetwork@oicr.on.ca).



## 9. APPENDIX

Appendix A: Process Map

[WOO Network Trial Lifecycle Process Map](#)