Clinical Translation
Request for Applications
Pre-Clinical Acceleration Team Awards (Pre-CATA)
Funding Stream
Cohort 3
Version 1.0 - July 2026

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1. INTRODUCTION

1.1. Purpose

This document is intended to aid investigators wishing to apply for a Pre-Clinical Acceleration Team Award (Pre-CATA). Pre-CATA projects are focused on preclinical biomarker development and validation.

1.2. Clinical Translation

OICR's Clinical Translation (CT) theme advances cancer research toward meaningful clinical impact. It supports preclinical and early clinical studies that develop and validate new approaches to detect, treat and monitor cancer at its earliest and most actionable stages. Through close partnership with patients, clinicians and researchers, CT helps ensure that clinically relevant, high-potential innovations are positioned for patient and healthcare impact.

For more information, visit:

- OICR's website
- Clinical Translation's website
- Clinical Translation Pathway's website for past Pre-CATA supported trials

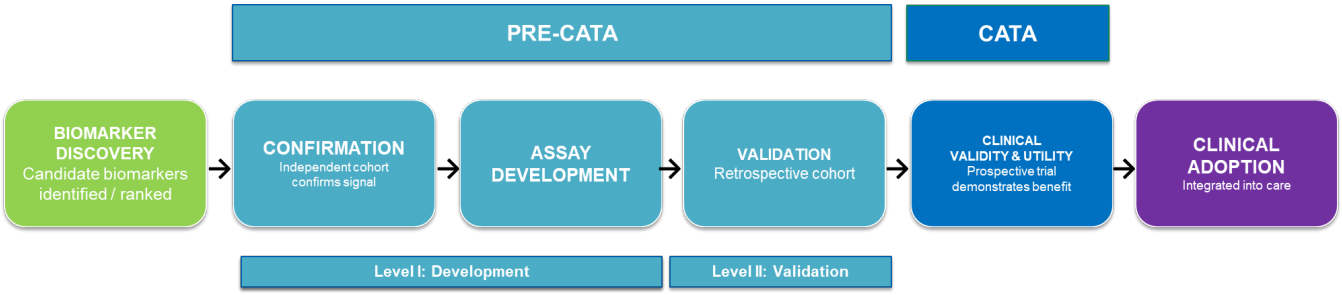
2. REQUEST FOR APPLICATIONS (RFA)

2.1. Scope

Clinical Translation's Pre-CATA funding stream is intended to accelerate promising cancer biomarkers toward clinical application. It focuses on translational projects that confirm biomarker findings, develop clinically deployable assays or validate biomarker performance using retrospective cohorts. Pre-CATA is designed to support collaborative teams that can leverage relevant patient samples, datasets and technologies to advance biomarkers toward clinical readiness. It supports biomarkers that have undergone initial discovery and possess sufficient preliminary evidence to justify translational advancement.

Funding is provided for two levels of biomarker projects, as outlined in Figure 1, Level I–Development projects are intended to support biomarker confirmation and assay development activities required to establish analytical and translational readiness. Level II–Validation projects are intended to support retrospective validation studies designed to generate evidence supporting future prospective clinical testing or clinical integration.

***Figure 1**: Clinical Translation Pathway for biomarker development and validation.*



Key elements of the Pre-CATA funding stream include studies that:

- Advance cancer detection and intervention at its early stages.
- Are driven by an unmet clinical need relevant to Ontario cancer patients, with a clear path toward clinical validation and patient impact.

- Demonstrate sufficient preliminary evidence and translational readiness appropriate for the proposed stage of development.
- Include a feasible path toward downstream prospective clinical testing or clinical integration.
- Are collaborative, multi-centre and, where possible, connected to and leverage OICR's programs, networks and resources.

- Research that is focused on **early-stage disease**, including:
  - Primary-diagnosed disease: Treatment-naïve stage I-III disease amenable to definitive therapy
  - Early recurrent disease: Locoregional and oligometastatic recurrence eligible for first-line therapies (systemic, surgical or ablative)

Examples of applicable Pre-CATA Level I and Level II projects may include, but are not limited to:

Level I–Development: Biomarker confirmation or assay development
- Confirmation of defined biomarkers or biomarker-derived multi-omic signatures using independent cohorts distinct from the original discovery dataset.
- Assay development projects designed to establish analytically robust, reproducible and clinically relevant biomarker measurement approaches suitable for downstream validation studies.
- Harmonization studies evaluating biomarker performance, reproducibility or analytical variability across multiple assays, laboratories or analytical methods.
- Confirmation and validation of clinically relevant imaging biomarkers, including radiomic or machine learning-based biomarker algorithms, using independent or retrospective clinically annotated cohorts.
- Development of clinically deployable companion assays intended to support patient stratification, treatment selection, disease monitoring or other clinically actionable applications in early-stage cancer.
- Projects focused on establishing analytical validity, assay transferability, fit-for-purpose performance characteristics or operational readiness required for downstream retrospective validation and future prospective clinical testing.

Level II–Validation: Biomarker validation using a retrospective cohort
- Retrospective studies evaluating the clinical performance of molecular, liquid biopsy, imaging, radiomic, digital pathology or multi-modal biomarkers using clinically annotated patient cohorts.
- Studies designed to evaluate biomarker performance characteristics relevant to precision oncology applications, including:
  - Early cancer detection
  - Diagnosis or disease classification
  - Prediction of treatment response or resistance
  - Prognostic or risk stratification
  - Detection or monitoring of recurrence
  - Disease surveillance or treatment monitoring
- Retrospective studies designed to generate evidence supporting future prospective clinical testing, regulatory advancement, commercialization or health system integration.

Projects that are out-of-scope include**:**
- Discovery projects
- Clinical trials
- Projects spanning the two in-scope levels

2.2. Eligibility

Investigators at Ontario academic centres, hospital research institutes or other government research institutions are eligible to submit applications for prioritization consideration. Applications must include investigators/team members from **multiple institutions, as well as a patient partner. OICR funding is only tenable in Ontario.**

Investigators may submit a maximum of **one application** as the Principal Investigator (PI) or Co-PI. Investigators may, however, participate in additional applications as a Co-Investigator or Collaborator.

OICR is focused on developing and supporting the next generation of cancer researchers and strongly encourages applicants to include early-career investigators/clinicians, particularly those from historically under-represented communities, as part of the project team. Further, teams should consider the inclusion of a physician and/or a biostatistician for relevant projects.

For-profit entities are **ineligible** to receive OICR funding. Any application whose personnel 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.

2.3. Term

Projects selected for funding will be provided with a funding term of up to two years, starting April 1, 2027, and ending no later than March 31, 2029.

2.4. Funding available

The total funding envelope available is approximately $900K per year ($1.8M total), with the intent to support up to four projects. Applicants can request up to $225,000 per year, inclusive of any eligible overhead.

Applicants must ensure that all proposed costs are transparent, well-justified (per line-item) and aligned with the project's objectives. Budgets will be reviewed at the Concept stage and discussed in detail during the prioritization review meeting with the review committee. Feedback will be used to develop Full Application budgets. Final awarded budgets will be informed by feedback from the review process and contingent on the total funding envelope.

All expenses must adhere to OICR's guidelines for eligible expenses, located on the OICR Funding Opportunities website.

Funding is contingent upon available funding from the Government of Ontario via the Ministry of Colleges, Universities, Research Excellence and Security.

2.5. Timeline

Information session (optional)*:	July 21, 2026, 2-3 p.m. ET
Concept submission deadline:	September 17, 2026, by 5 p.m. ET
Concept feedback to teams:	Week of November 16, 2026
Prioritized Concept meetings**:	December 1, 2026
Full Application deadline:	January 18, 2027, by 5 p.m. ET
Notification of decision:	Week of March 1, 2027
Funding start date:	April 1, 2027

**Information session: Register here. Attendance is optional and the session will be recorded and posted on the OICR Funding Opportunities website.*

***Prioritized Concept meeting attendance is mandatory for prioritized Concept teams.*

Late submissions will not be accepted.

Funding agreement execution: Funding agreements with the host institution(s) must be fully executed within 45 days. 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 this timeframe will result in the loss of funding.

For any questions, please refer to the FAQ page before contacting the OICR Scientific Secretariat office (ScientificSecretariat@oicr.on.ca).

2.6. Application 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 Pre-CATA applications must include a patient partner as part of the team and include a patient partnership plan, developed together with the patient partner. Applicants can explore patient engagement resources on OICR's Patient Partnership page, and at their home institution's website. Teams should first look to their home institution for recruiting patient partners. If support is required to identify a patient partner, contact Justin Noble, Patient Partnership and New Initiatives Lead (jnoble@oicr.on.ca).

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* are located on OICR's Funding Opportunities website.

Declaration of Research Assessment (DORA)

OICR is a signatory to the 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 (AI)

OICR aligns with the Canadian federal research funding agencies ("the agencies") Guidance on the use of Artificial Intelligence in the development and review of research grant proposals. As part of the application process, applicants will be required to clearly state if and where application material has been generated by AI.

Sensitive Technology Research and Affiliations of Concern (STRAC)

In alignment with the Tri-agency, OICR has adopted the Government of Canada's Policy on Sensitive Technology Research and Affiliations of Concern. Applicants must state whether the proposal involves research that advances a sensitive technology research area and, if so, must provide the STRAC attestation form for each named PI(s), Co-PI(s) and Co-Investigator(s) on the team.

Use of OICR's Collaborative Research Resources
OICR helps to enable research in Ontario by providing expertise, advice and access to research services. Researchers can benefit from OICR's high-end technology infrastructure, world-leading research knowledge and high-quality services and support. Where appropriate, teams are to consider collaborating with OICR investigators or leveraging use of OICR's Collaborative Research Resources.

2.7. Overview of application requirements using OICR's online submission system

Pre-CATA applications are a two-step process including a Concept submission and Full Application stage.

1. Concept submission:
Applicants submit a Concept outlining the proposed biomarker development or validation project, including its translational rationale, intended clinical use, scientific and clinical relevance, feasibility and alignment with the objectives and the funding opportunity.

The Concept stage is intended to enable assessment of:

- Translational readiness and stage-appropriateness of the proposed project
- Scientific and clinical merit
- Feasibility within the funding term
- Availability of required cohorts, biospecimen, datasets and/or infrastructure
- Potential for downstream validation or impact
- Alignment with the objectives of the Pre-CATA funding stream

2. Full Application (by invitation only):
Selected Concepts will be invited to submit a Full Application that expands on the initial Concept submission and addresses feedback provided during the review process. The Full Application is intended to provide detailed scientific, analytical and budget information required for funding consideration.

All stages are to be submitted using ReportNet, OICR's online system for managing grants and awards. For clarity, the 'Concept submission' stage will utilize the 'Letter of Intent (LOI)' form and process within ReportNet. Refer to OICR's guidelines on using ReportNet for additional information.

2.8. Accessibility and accommodations

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

2.9. Completing a Concept submission (i.e., a 'LOI' in ReportNet)

Application information
The system will pre-populate the PI's information from their ReportNet profile. Applicants will not be able to submit without first completing their user profile, including the demographic questions.

Required fields are marked with a red asterisk in ReportNet. Word/page counts, where applicable, are noted. Investigators and other collaborators can be added to the submission using the 'Invitations' tab on the left side of the screen.

- **Attestation – Research ethics**
- **Project title**

Once you have entered the project title and clicked “Save Draft” at the bottom of the application, use the “Invitations” tab in the left-hand menu to invite project team members. Invited contacts **must** accept or decline the invitation prior to the application being submitted.

- **Funding start date:** Enter the funding start date for the application, April 1, 2027.
- **Funding end date:** Enter a funding end date for the application, no later than March 31, 2029; can be a maximum of two (2) years after the start date.
- **Application type:** Select ‘Pre-CATA’
- **Pre-CATA level:** Select one from the dropdown. Projects spanning both levels are NOT eligible:
  - Level I–Development: Biomarker confirmation or assay development
  - Level II–Validation: Retrospective biomarker validation
- **Key words**
- **Cancer type**

Summary information

- **Lay summary (max. 500 words):** The lay summary MUST be co-written together with the team’s patient partner. It should outline the research question, what the study will do to answer the question, what will be measured, why the findings matter and how the findings will be used (near and longer term). It should be written in plain language that can easily be understood by non-scientists, devoid of acronyms and scientific/technical jargon. The lay summary is unlike a scientific abstract, which is written for subject peers. It will be used by patient partners during the review process. The lay summary may be shared with external parties for communications and reporting purposes, and with reviewers to identify potential conflicts of interest. If funded, the lay summary may be used to communicate the trial to the public. As such, the lay summary should be considered non-confidential.

Project description

The following sections should demonstrate that the proposed project is scientifically rigorous, translationally relevant, feasible within the funding term and appropriately aligned with the stage of biomarker development proposed under Pre-CATA.

- **Background, hypothesis and rationale (max. 500 words):** Provide an overview of the scientific and translational background underpinning the proposed biomarker development or validation project. Describe the unmet clinical need and intended clinical use of the biomarker. State the biomarker-related hypothesis being tested and provide the rationale for the proposed biomarker development or validation strategy, supported by relevant discovery, preclinical, translational and/or retrospective evidence, as appropriate. Outline how the proposed project advances existing knowledge, addresses a translational gap or supports downstream clinical application.
- **Relevance to scope (max. 250 words):** Describe how the proposed project aligns with the objective, translational intent and scope of the Pre-CATA funding opportunity. Clearly indicate whether the project is being submitted under Level I (Development) or Level II (Validation). Justify why the proposed work is appropriate for the selected stage of biomarker development. Describe how the proposed work supports translational advancement of the biomarker toward downstream retrospective validation, future prospective clinical testing, commercialization and/or clinical integration, as appropriate for the proposed stage.
- **Path to clinical and patient impact (max. 250 words):** Outline the anticipated path to translational, clinical, patient and/or health system impact following completion of the project. Describe how the proposed work could support downstream biomarker validation, future clinical testing, clinical decision-making, commercialization, regulatory advancement and/or future health system integration. Where applicable, describe how the biomarker may support improved cancer detection, diagnosis, patient stratification, treatment selection, treatment monitoring, recurrence detection and/or precision medicine approaches. Where applicable, briefly describe any anticipated intellectual property,

commercialization, industry partnership and/or translational development considerations that may support downstream advancement of the biomarker toward future clinical application or adoption.

- **Methodology and biomarker development/validation strategy (max. 1000 words):** Describe the overall methodological approach. This section must present a biomarker development **or** validation strategy that is scientifically justified and appropriate to the proposed disease context and biomarker stage. Concepts should include:
  - Proposed biomarker confirmation, development and/or validation strategy.
  - Biological sample type(s), imaging datasets and/or data resources to be used.
  - Biomarker assay, analytical methodologies and/or computational approaches to be used and the rationale for their selection.
  - **For Level I projects**: Emphasis should be placed on biomarker confirmation, assay optimization, harmonization and analytical readiness.
  - **For Level II projects**: Emphasis should be placed on retrospective validation methodology, biomarker performance evaluation, cohort suitability and readiness for downstream translational advancement.
- **Statistical considerations (max. 300 words):** Provide an overview of the proposed statistical and analytical approach, including cohort/sample size justification and biomarker performance analyses, as appropriate for the proposed stage of development.
  - **For Level II projects**, particular attention should be paid to statistical rigour, retrospective cohort design and biomarker validation analyses.

Feasibility

- **Biospecimen and infrastructure readiness (max. 500 words):** Describe the cohorts, biospecimens, imaging datasets and/or resources required for the project and their readiness for use. Concepts should describe:
  - Availability and accessibility of required biospecimens, cohorts and/or datasets. Where an existing biorepository is to be accessed, a Letter of Support (LOS) for the research must be provided by the biospecimen custodian.
  - Sample handling, processing, storage and analytical workflows.
  - Quality, annotation and representativeness of the proposed resources.
  - Relevant infrastructure, analytical platforms and/or research resources in place to support the proposed work. If OICR Collaborative Research Resources are to be engaged, a LOS is required. Note that if the project is awarded then OICR funds are to remain at OICR, with an inability to carry-over funds from year one to year two.
  - Any centralized or harmonized analytical infrastructure supporting reproducible biomarker analysis.
  - Existing approvals, agreements or access arrangements already in place, or to be put in place by the Full Application stage.
- **Study team and governance (max. 500 words):** Describe the composition, expertise and roles of the project team, highlighting relevant scientific, translational, clinical, statistical, technical and computational expertise. Clearly identify leadership roles, project oversight structure and operational responsibilities required to successfully execute the project within the two-year funding term.
- **Risk mitigation (max. 250 words):** Describe potential operational, scientific or logistical risk and proposed mitigation strategies.
- **Project timelines, deliverables and milestones and go/no-go decision points (max. 250 words)**: Provide milestone-driven timelines outlining key project activities, deliverables and anticipated decision points across the funding period (bullet point format is acceptable). Timelines should clearly demonstrate measurable translational progress appropriate to the proposed stage of biomarker development/validation.

Additional information

- **Patient partnership plan (max. 500 words):** Integrating patient perspectives and insight can be transformative to research planning and execution. Provide a patient partnership plan appropriate for the project. OICR expects that patient partners are engaged throughout the project lifecycle to help shape the research question, enhance study design and ensure that results are disseminated in an accessible way to patients, caregivers and the wider community. This section must be written as a stand-alone piece, assuming that the lay readers have read the lay summary but may not have read the full study description. It should be written in clear, easy to understand, lay language. The patient partnership plan must be **developed together with the patient partner.** It should include:
    - Information about the patient partner(s) that have been, and will be, partnered with on the project.
    - Roles and responsibilities of the patient partner(s); specific contributions they will make; how they will support the deliverables and milestones.
    - In addition to the plan, the patient partner is strongly encouraged to provide a **separate letter of support** which can be uploaded in the 'Attachments' section of the submission.

Concept checklist

Applicants must confirm that their Concept meets the criteria of the Pre-CATA funding stream. Concepts that do not meet these requirements may be deemed out of scope or not feasible and may not be reviewed by the panel or advance to the Full Application stage.

- The proposed project is focused on early-stage disease, including treatment-naïve stage I–III disease and/or early recurrent disease.
- The proposed project is focused on biomarker development that is beyond the discovery stage, but before validation in a prospective clinical trial.
- The proposed project clearly aligns with one eligible Pre-CATA level. Projects spanning both Levels are NOT eligible:
    - Level I–Development: Biomarker confirmation or assay development
    - Level II–Validation: Retrospective biomarker validation
- The required biospecimens, cohorts, datasets and/or data resources are available or accessible within the two-year project timeline.
- The required Letters of Support are included, as applicable, from key partners confirming feasibility and resource availability.

Attachments

- **Figures, tables and references:** Upload as one PDF.
- **Letter(s) of Support (LOS):** LOS from key collaborators, biospecimen custodians, institutional resources, data providers and industry partners (if applicable) are strongly encouraged where relevant to demonstrate feasibility and project readiness. Upload as one PDF.
- **Patient partner Letter of Support (optional):** Upload as a PDF
- **Budget,** using the Excel template provided (upload as both an Excel and PDF file).
    - Download the budget template provided in the application and complete the budget request details. Expenses must adhere to OICR's guidelines for eligible expenses, located on the OICR Funding Opportunities page.
    - Justification must be provided for each line item (i.e., add in details in the justification column).
    - The 'Other contributing funds' section should be completed as applicable. Include all leveraged funds (cash or in-kind).
- **Publications:** Compile and upload the top three publications relating to the study that reviewers should take special note of. Upload as one PDF.
- **Curricula Vitae (CVs):** Compile CVs (abbreviated CVs are encouraged) for PIs, Co-PIs and Co-Investigators and upload as one, bookmarked PDF. CVs can be in any format, but must be brief (no more than five pages), and address:

- Core CV elements: Education/training, employment, honours and awards, professional affiliations, funding in the past five years, outputs (e.g., publications, IP, presentations, etc.)
- Relevant experience for this application.

Host institution information

- Provide the contact details for the host institution administrative authority at the PI's (and any named Co-PI(s)) institution(s).
- 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 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. Combine all attestations and upload as one, bookmarked PDF.

Once all required fields are completed, select the 'Submit LOI' button at the bottom of the screen.

2.10. Completing a Full Application

Information provided at the Concept stage will be carried over to the Full Application form and will be editable. Only applicants invited to submit a Full Application following the Concept review will be provided with access to the Full Application form.

In addition to the information collected at the Concept stage, the following information will be required for a Full Application:

Summary information

- **Scientific summary (max. 500 words).** Write in a non-confidential format as this may be used for award communication).

Equity, Diversity and Inclusion (EDI) considerations and plan

OICR requires that all team members complete, at minimum, **Course 1: Sex and Gender Considerations in Biomedical Research** from the CIHR Institute of Gender and Health's Sex and Gender Training Modules prior to submitting their application; teams working with human participants or human data should also complete Courses 2 and 3 as applicable. Access them via CIHR's training tools page.

EDI plans will be evaluated for each application and the evaluation counted in the overall score/recommendation. Feedback on the proposed approach and opportunities for improvement will be provided to applicants. Progress towards meeting objectives of the EDI plan will be evaluated as part of progress reviews.

- **EDI considerations**
- **EDI plan (max. 300 words):** Outline how the project will align itself to the EDI principles outlined above with regard to the project team, knowledge users (such as patients, clinicians and other healthcare professionals, health technology assessment agencies and health policy decision makers) and the conduct of the study. At minimum, teams should:
  - Describe how the project will draw samples and/or patients from diverse populations (where appropriate), specifically historically underrepresented populations. If this is not possible, please explain. For the purposes of this plan, "historically underrepresented" groups include, but are not limited to: women and gender-diverse people; First Nations, Inuit and Métis Peoples; racialized persons and members of visible minorities; persons with disabilities; and members of LGBTQ2S communities.
  - Describe how sex and/or gender will be integrated into the design, methods, analysis and reporting of the study. For research involving cells, tissues or animals, identify the sex of the

materials and models to be used, describe how data will be disaggregated and analyzed by sex, and confirm that sample sizes are adequately powered for any planned sex-based analyses. Where a single-sex design is proposed, or where accounting for sex is not relevant, provide a justification.
    - Describe whether the project may be of particular benefit to any historically underrepresented groups, and what those benefits may be.
    - Include specific, actionable and measurable and time-bound tactics and address multiple areas wherever possible (e.g., outline tactics relating to both research team recruitment and dissemination of results).
    - Where the research involves First Nations, Inuit or Métis Peoples, their communities, or their data, describe how the project will respect Indigenous self-determination and data sovereignty, including adherence to the First Nations principles of OCAP® (Ownership, Control, Access and Possession) and the requirements of Tri-Council Policy Statement 2, Chapter 9.

The EDI plan must include measurable deliverables and reportable milestones. It is not sufficient to state that the team will follow home institution EDI policies.

Full Application proposal update

- **Response to reviewer feedback (max. 500 words):** Provide a summary of how the team has addressed feedback received during the Concept stage review.
- **Project schema/workflow (upload as one PDF):** Provide a diagram that aligns with the methodology described within the application. The diagram should outline prior work, proposed activities, key outputs and the projected path toward downstream translational advancement.

Note: All fields under “Project description” and “Feasibility” from the Concept stage will appear and be editable.

Additional information

- **Differentiation (max. 250 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, OICR’s commercialization partner, should the proposal be funded.
- **Data management plan (max. 500 words):** If applicable, applicants must provide a data storage requirements and retention plan, specifying how much data will be generated or transferred into OICR 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, located on the OICR Funding Opportunities website for more information.
- **Use of Artificial Intelligence (AI; max 200 words):** If applicable, applicants must clearly state if and where application material has been generated by AI.

Sensitive Technology Research and Affiliations of Concern Attestation

Regulatory requirements

Common Scientific Outline

Attachments

- **Figures, tables and references:** If applicable, update the file from the Concept stage and upload as one PDF.

- **Letters of Support:** If applicable, update the file from the Concept stage with newly obtained or updated letters that were not available at the Concept stage, and upload as one PDF.
- **Patient partner Letter of Support**: If applicable, update the file from the Concept stage and upload as one PDF.
- **Budget:** If applicable, update the files from the Concept stage and upload as **both an Excel and PDF file.**
- **Deliverables and Milestones:** Download the template provided in the application and upload as **both an Excel and PDF file.**
    - Deliverables are pre-defined outputs or outcomes that describe what success looks like for the project. When achieved, deliverables must provide meaningful impact towards achieving the goal of the proposal. Milestones are points in the research plan that facilitate measurement of progress towards the achievement of the deliverable. These deliverables and milestones will be used to measure research progress during progress updates.
    - Specify high-level deliverables that are projected to be achieved during the funding term.
    - For each deliverable, specify at least two associated milestones. 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).
    - Include deliverables and milestones for the EDI and patient partnership plans.

Once all required fields are completed, select the 'Submit Application' button at the bottom of the screen.

3. REVIEW PROCESS

3.1. Administrative review

An administrative review may be completed by the OICR Scientific Secretariat to assess the submission for conformity with the guidelines. Relevant points from the review will be shared with the PI.

3.2. Concept and Full Application review

The review process will take place in three stages, overseen by the Pre-CATA Review Committee, which is composed of:

- Members of CT's Scientific Advisory Committee
- Members with expertise in biomarker development and validation
- Members of OICR's Patient Community

The review stages are outlined below:

Stage 1: Concept feasibility and scope review

The Committee will evaluate each submitted Concept against the defined feasibility criteria and alignment with the scope of the funding competition (refer to **Appendix I**). Concepts that do not meet the criteria or are not deemed to be of sufficiently high priority or merit will not advance. All submitted Concepts will receive feedback.

Stage 2: Concept discussion with the Committee

Prioritized Concepts that pass the initial review will be invited to meet with members of the Pre-CATA Review Committee. The purpose of this meeting is to:

- Clarify aspects of the Concept submission.
- Confirm feasibility/fit eligibility and project timelines.
- Justify the study budget.

- Discuss areas needing further development.

Once all meetings have been completed, the Committee will determine which Concepts will be invited to submit a Full Application. All applicants will receive feedback.

Stage 3: Full Application review
The Committee will review submitted applications to ensure alignment with the expectations discussed during the meeting with the team.

Appendix I provides an overview of the criteria that will be used by the Committee to evaluate each Concept and Full Application.

3.3. Notification of Decision

A meeting report summarizing the discussion and recommendation of the Pre-CATA Review Committee will be prepared by a Scientific Officer and distributed as part of the Notification of Decision (NOD) that will be provided by March 2027.

Recommendations and/or decisions made by the Committee, OICR and/or the OICR Board are final.

4. ESTABLISHMENT OF AGREEMENTS

OICR will establish a funding agreement with the 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, 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 1**) will be used for financial and operational status reporting. Note that deadlines falling on a non-working day will be moved to the next business day. A quarterly reporting template and instructions will be available on the OICR online financial reporting system, CaAwardNet.

Financial Officers 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.

The OICR fiscal year runs from April 1 - March 31. The quarters are as follows:
- Q1: April - June
- Q2: July - September
- Q3: October - December
- Q4: January - March

***Table 1**: Financial and operational status reporting*

Period covered	Responsible party and action	
	Financial Officer	PI (or designate)
Q1 April-June	Quarterly financial report Due: July 31	Review and submit quarterly financial and operational status report. Due: July 31
Q2 July-September	Quarterly financial report Due: October 31	Review and submit quarterly financial and operational status report. Due: October 31
Q3 October-December	Quarterly financial report Due: January 31	Review and submit quarterly financial and operational status report. Due: January 31
Q4 January-March	Quarterly financial report Due: April 30	Review and submit quarterly financial and operational status report. Due: April 30
Q1-Q4 April-March	Annual fiscal year financial report Due: May 31	N/A

5.2. Progress and Key Performance Indicator (KPI) reporting

All projects will be included in OICR's annual reporting process, as required by the Ministry of Colleges, Universities, Research Excellence and Security according to the schedule below (**Table 2**). Note that deadlines falling on a non-working day will be moved to the next business day.

***Table 2**: Reporting requirements*

Report	Period covered	Due date	Person(s) responsible	Action
Progress update	Q3-Q4	Q1	PIs/Co-PIs	Provide status updates on study progress and D/Ms
Progress update	Q1-Q2	Q3	PIs/Co-PIs	Provide status updates on study progress and D/Ms
KPI report	Fiscal year: April-March	April 30 of the subsequent fiscal year	PIs/Co-PIs	Provide quantitative KPIs using ReportNet (OICR's online submission system)

5.3. Post-award reporting

Within five years of the award end date, applicants will be required to submit a post-award report 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 and recipient institutions must acknowledge and credit the contribution/support, in whole or part, of OICR and the Government of Ontario 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/subprojects 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, please refer to the FAQ page before contacting the OICR Scientific Secretariat office (ScientificSecretariat@oicr.on.ca).

9. 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 journal impact factor. Furthermore, OICR reviewers are asked to consider the influence of candidates' publications in advancing knowledge in a given field (or throughout biology).

Pre-CATA submissions will be reviewed by both scientific and patient partner reviewers.

For patient partner 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

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

Table 3: 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 • 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.

For scientific reviewers:
Applications will be reviewed using the following evaluation criteria:

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

Table 4 provides a description of each criterion. **Table 5** is to be used for scoring. The merit of each project will be evaluated against the listed criteria, where applicable.

Table 4: Evaluation criteria
Relevance • Clearly aligns with the objectives, translational priorities and scope of OICR's strategic plan and the Pre-CATA funding opportunity. • Addresses a specific, well-defined unmet clinical need in cancer detection, diagnosis, treatment selection, treatment monitoring, recurrence detection and/or precision oncology. • Is appropriate for the selected stage of the biomarker (Level I–Development or Level II–Validation). • Provides a strong scientific and translational rationale supporting the proposed biomarker and strategy (development or validation). • Clearly defines the intended translational and/or clinical application of the biomarker. • Progresses the biomarker toward downstream translational advancement.
Excellence • Proposed research is innovative and of international calibre; demonstrates scientific rigor and a high-quality biomarker strategy, appropriate for the biomarker stage (development or validation), with a cohesive plan that will lead to meaningful results. • Utilizes appropriate and robust assays, analytical methodologies and/or computational approaches. • Project aims are well defined and attainable. • Statistical justification is provided to support the hypothesis and project design. • Includes a strong and well-justified project design that appropriately considers potential scientific, analytical and/or methodological limitations.
Potential for impact • Has the potential to advance the biomarker toward downstream translational advancement. • Addresses a key evidence gap in biomarker development or validation. • Demonstrates potential for future downstream clinical testing. • Has the potential to improve future cancer patient management, clinical decision-making and/or health systems outcomes. • The EDI and patient partnership plans are appropriate to support the impact of the project.
Feasibility • Can realistically be completed within the funding term. • Demonstrates availability, accessibility, quality and readiness of required biospecimens, cohorts, imaging datasets and/or data resources. • Demonstrates operational readiness of the proposed assay, analytical methodologies, technologies and/or computational approaches. • Includes access to infrastructure, expertise, platforms, research resources and collaborations necessary to successfully execute the project. • Includes appropriate and feasible timelines, deliverables and milestones (D/M) and go/no-go decision points. D/M are appropriately defined to allow for monitoring of progress against project aims. • Appropriately identifies key operational, analytical and/or scientific risks and includes realistic mitigation strategies. • Demonstrates feasibility and sufficient maturity of any required external partnerships, agreements, approvals, resource access arrangements and/or third-party dependencies relevant to successful project completion. • The budget is fully justified and appropriate to support the project.

Table 4: Evaluation criteria
Leadership, team and collaboration • The team, and its leadership, have the necessary range of disciplines and experience necessary to conduct the project. • The project leadership is recognized in the cancer research community and has appropriate qualifications, experience and record of publications. • The project leadership has led or contributed to research that has resulted in improvements in clinical practice. • Opportunities for early career investigators/trainees are supported. • The patient partnership plan clearly articulates the role of all integrated patient partners. • The approach for alignment with the principles of EDI within the project team is clearly articulated.

Scientific reviewers will submit a preliminary overall score along with their written reports. At the Chair's discretion, these preliminary scores may be used to triage proposals. During the review meeting, both scientific reviewers and patient partner reviewers will provide a final overall score following the discussion of each project. **Table 5** outlines the scoring breakdown and corresponding descriptions.

Table 5: 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**	Strong 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**	Strong but also some moderate weaknesses. The project excels in some criteria and reasonably addresses all others. Significant 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 moderate weaknesses identified**	Some strengths but moderate or major weaknesses identified. 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.