Massachusetts General Hospital
Corporate & Foundation Relations
Office of Development

PRIVATE FUNDING OPPORTUNITIES: JUL 14, 2017

Please contact Corporate & Foundation Relations in the Office of Development at devcfr@mgh.harvard.edu if you wish to submit a proposal in response to any of these opportunities. Note that proposals are still routed through the standard InfoEd/Research Management process.

*Please be aware that any grant that brings in less than **15% in indirect costs (IDC)** will need to be supplemented up to the 15% equivalent by existing investigator or departmental sundry funds. Resolution of this issue must occur prior to submitting a proposal. Training fellowships from foundations, public charity, and non-profit organizations are excluded from this minimum IDC requirement.*

1. Understanding, Preventing, and Managing Immunotherapy-related Adverse Events (irAEs) Associated with Checkpoint Inhibition for Melanoma and Other Cancers, American Cancer Society (ACS) New

Purpose: To facilitate research focused on prevention, risk, early detection, and management of short- and long-term immune-related adverse events (irAEs) associated with FDA-approved or late-stage development checkpoint cancer immunotherapies for melanoma and other cancers.

Expected outcome: The funded research is expected to inform approaches that will improve the overall benefits of checkpoint inhibition for patients with melanoma and other metastatic cancers and lay the groundwork for more effective use of these life-saving treatments.

Focus of the RFA: Research towards the prevention, early detection, reduction and/or management of life-altering and/or outcome-limiting side-effects of checkpoint inhibitor therapy is needed. A critical gap in management of irAEs is early identification of which patients are at greatest risk for various irAEs, which patient features are indicative of irAEs, the time course of clinical manifestation and if prevention strategies can limit side-effects without diminishing efficacy.

Research topics of interest include, but are not limited to:
Biological basis and mechanism of irAEs: Molecular, epigenetic, and genetic factors causing adverse events

- Elucidation of the molecular, cellular, or microenvironmental mechanisms underlying irAEs

- Biobehavioral mechanisms connecting metabolic pathways with symptom and symptom clusters to inform interventions to reduce adverse events and improve the management of symptoms

Prevention: Causes, risk factors, drug interactions

- Elucidation of environmental, epidemiological, biological factors and the temporal nature in which they influence irAEs that lead to prevention or early intervention strategies.
- Exploring links between the biological mechanisms and manifestations of symptom clusters, their onset and severity over time

Detection and biomarkers: Identification and use of biomarkers and personal characteristics (e.g. demographics, inherited mutations status, pre-existing diseases) to better predict which patients are at greatest risk and tailor care.

- Development of screening methods and identification and validation of diagnostic, predictive or prognostic biomarkers.
- Using existing or new data sources to understand irAE causes and management

Measurement of symptom clusters: Distinguishing symptoms related to immunotherapy vs. the cancer itself or other co-morbid chronic disorders require measurement tools to assess and quantify the magnitude of adverse events.

- Characterizing symptom clusters to include patient's symptom experience, temporal characteristics of the symptoms within a cluster, and phenotypic and molecular mechanisms associated with symptoms within the cluster.
- Changes in symptom clusters over time, measurement of and severity and corresponding analytic strategies

Clinical translation: Enhancing care to improve tolerability of therapy and manage adverse events

- Projects emphasizing the translation of scientific findings to new strategies for the clinical management of irAEs
- Test novel methods for care delivery to managing irAEs
- Comparative analysis of side effect profiles of different checkpoint inhibitors, different disease settings or different dosing schedules
- Development of pharmacological approaches with existing or new agents that improve tolerability and preserve efficacy.

Award Amount:

- Multidisciplinary Team Award at $1 million for up to three years w/10% indirects
- Pilot Awards at $200,000 each for two-year periods

Multidisciplinary Award LOI Deadline: Aug 1, 2017

Pilot Award Application Deadline: Oct 16, 2017

Website: https://www.cancer.org/content/cancer/en/research/we-fund-cancer-research/apply-research-grant/grant-types/rfa-immunotherapy-related-adverse-events.html

2. Translational Research Program (TRP), Leukemia & Lymphoma Society (LLS)

The LLS Translational Research Program was created in 1995 with the goal of accelerating clinical applications of laboratory findings relevant to improved diagnosis and management of leukemia, lymphoma, myeloma and other hematopoietic malignancies. In particular, the LLS Research staff and Medical and Scientific Affa irs Committee encourage the submission of research proposals that are designed to accomplish one of the following:

1. Personalized medicine approach for cancer treatment. Advances in cancer care have significantly improved lives of patients with hematologic diseases such as CLL, CML, Hodgkin Lymphomas, and ALL. LLS believes that, with time, complete cures can be achieved for certain diseases or subtypes of diseases. Therefore, LLS will continue to support research that may revolutionize cancer care for any hematologic disease through the use of state of the art technologies for molecular profiling, early disease detection, prognostic/predictive biomarkers, development of liquid biopsy technology and novel target identification, and patient selection.
2. Development of novel therapies and/or novel therapeutic strategies including those that target mutational and epigenetic events within the microenvironment. LLS is especially interested in novel immunotherapy approaches. Such therapies can be applicable to any hematologic malignancies but emphasis is warranted in the following areas:
    a. Aggressive subtypes of Non-Hodgkin Lymphoma including but not limited to DLBCL, tFL, PTCL, and ALCL
    b. Indolent lymphoma including but not limited to CLL, FL, WM (therapies with the potential to provide significant extension of lives of patients or total disease control in defined subtypes)
    c. Myeloid disorders including MPN/MDS/AML as well as lymphoid disorders such as ALL
    d. Multiple Myeloma and pre-emergent conditions
3. Improvements of safety and efficacy of stem cell transplantation.
4. Long-term outcome assessment following therapies.
5. Progress in understanding neoplastic stem cell growth and differentiation as well as cancer cell/microenivronmental interactions especially with translation to novel therapies.
6. While significant progress has been made against some of the pediatric diseases, LLS recognizes and calls for proposals designed to advance therapies in pediatric indications with novel approaches or to minimize therapy-related effects of existing treatments.

Award Amount: $200,000 paid over 3 years
Indirect Costs: 11.1%
LOI Deadline: Sep 29, 2017
Website: http://www.lls.org/research/translational-research-program

3. Research Grant Program, Oxalosis and Hyperoxaluria Foundation (OHF) New

The OHF seeks to support research that will ultimately lead to new diagnostics, treatments, and a cure for Primary Hyperoxaluria and related Hyperoxaluria conditions.

Award Amount: $200,000 paid over 2 years
Indirect Costs: 10%
Application Deadline: Nov 1, 2017
Website: http://ohf.org/grants-funding/