RISE: Research **I**mpact in **S**urvivorship and **E**ngagement

Competition Guidelines

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B. Key Dates

EOI submission deadline	**May 13, 2025**
Notice of eligibility to apply / full application template online	May 16, 2025
Full application submission deadline	**July 25, 2025**
Application review period	Aug – Sept 2025
Competition results communicated to researchers	October 2025
Funding start date	December 2025

C. Competition Funders

Ovarian Cancer Canada (OCC) is the only national organization dedicated to overcoming ovarian cancer (OC). Our mission is to boldly and unapologetically take action against OC until the number of deaths from this disease is zero. Central to this is our commitment to investing in all stages of research – from bench to bedside – to drive scientific progress and advance patient-centered care in OC prevention, early detection, treatment and survivorship (https://ovariancanada.org/about-our-research).

Founded in 1945, the Cancer Research Society (CRS) is one of the only Canadian organizations exclusively dedicated to research into all types of cancer. Since its inception, CRS has supported thousands of researchers who have made significant advances in cancer prevention, detection and treatment. Thanks to the generosity of partners and donors throughout Canada, CRS has distributed over $423 million in research grants and scholarships since its inception.

D. Competition overview: a patient-driven initiative

Cancer survivorship can be defined as the state of being – including the perspectives, needs, health, and challenges – experienced by people and caregivers after a cancer diagnosis. It encompasses the physical, mental, emotional, social and financial effects of cancer from diagnosis, through treatment, and beyond.

The impetus for the RISE competition (Research Impact in Survivorship and Engagement) is for individuals with lived experience of ovarian cancer (either as a patient or caregiver), to define national priorities for ovarian cancer survivorship research and care. These priorities – and how a patient's quality of life throughout and beyond treatment is defined in practical terms – are typically determined by clinicians, not patients themselves. The RISE competition includes collaborations with the patient and caregiver community throughout the process (summarized in **Table 1**). Notably, OCC assembled a RISE National Organizing Committee (NOC), consisting of 8 patients and caregivers from 7 provinces/territories. This group has worked closely with OCC and CRS staff through virtual meetings and electronic communications to co-develop the competition framework, define research priorities based on input from the broader ovarian cancer community, and will drive final funding recommendations.

Central to this competition are results of a national survey, *"Ovarian Cancer Survivorship Survey: Understanding Patient and Caregiver Priorities"* | *"Sondage sur la survie du cancer de l'ovaire : Comprendre les priorités des patientes et des proches aidants."* This anonymous, bilingual survey was developed in partnership with the RISE NOC and members of OCC's Patient Partners in Research program. Participants were asked to indicate significant, disruptive challenges they had faced throughout their own – or their loved one's – ovarian cancer experience, how they

define quality of life, the impact and need for specific support services, and research priorities to improve long-term health outcomes and survivorship care.

Types of challenges included:

- *Physical health challenges* (e.g., fatigue, pain, neuropathy, other side effects of treatment)
- *Emotional/mental health challenges* (e.g., anxiety, depression, fear of recurrence, coping with a terminal diagnosis)
- *Financial challenges* (e.g., managing medical bills, loss of income, travel expenses related to appointments, dealing with insurance companies, accessing government programs for long-term disability)
- *Social support challenges* (e.g., isolation, difficulty asking for help, unsolicited advice, reduced social interaction)
- *Changes in family dynamics* (e.g., changes in caregiving roles, adjustment in responsibilities, short- and long-term effects on spouse/children)
- *Challenges related to positive genetic results* (e.g., fear of family reactions, pressure on relatives to get tested, family tension over testing decisions, guilt about burdening family, impact on family planning)
- *Navigating healthcare systems* (e.g., understanding treatment options, access to care, self-advocacy, coordinating care between oncologists, family doctors and other specialists)
- *Navigating the return to work* (e.g., need for flexible hours, challenges with employer support, cognitive changes or "chemo brain", difficulty with physical tasks, workplace stigma, feelings of social isolation)
- *Crisis of faith* (e.g., questioning beliefs, loss of spiritual connection, searching for a purpose or meaning, reassessment of priorities)
- *Sexual health challenges* (e.g., physical or psychological difficulties related to sexual activity, body image changes, hormonal shifts, loss of interest in sex)
- *Loss of fertility* (e.g., impact on family planning, emotional and physical effects)
- *Premature and sudden onset of menopause* (e.g., onset before age 40, hot flashes, night sweats, mood swings, other health-related effects)

Surveys were distributed to OCC's national community of patients and caregivers, through email, social media, the EN and FR OVdialogue patient portal and grassroots distribution by patients themselves. 134 responses were received between March 6-28, 2025, with a summary of key findings shown in **Figures 1-4.**

Table 1. Multi-level collaboration with patients and caregivers throughout the RISE competition.

Task (row) / Group (column)	RISE NOC 7 patients 1 caregiver 7 P/T	PPiR 22 patients 2 caregivers 9 P/T	OCC national community (patients + caregivers across Canada)
Co-develop competition name, focus, framework, guideline documents & evaluation criteria	✓		
Co-develop & share survivorship survey	✓	✓	
Fill out survivorship survey (anonymous, bilingual)	✓	✓	✓
Partner with researchers to develop study plans		✓	
Review applications & provide funding recommendations	✓		

Abbreviations: ***NOC***, National Organizing Committee; ***PPiR***, Patient Partners in Research; ***P/T***, provinces and territories

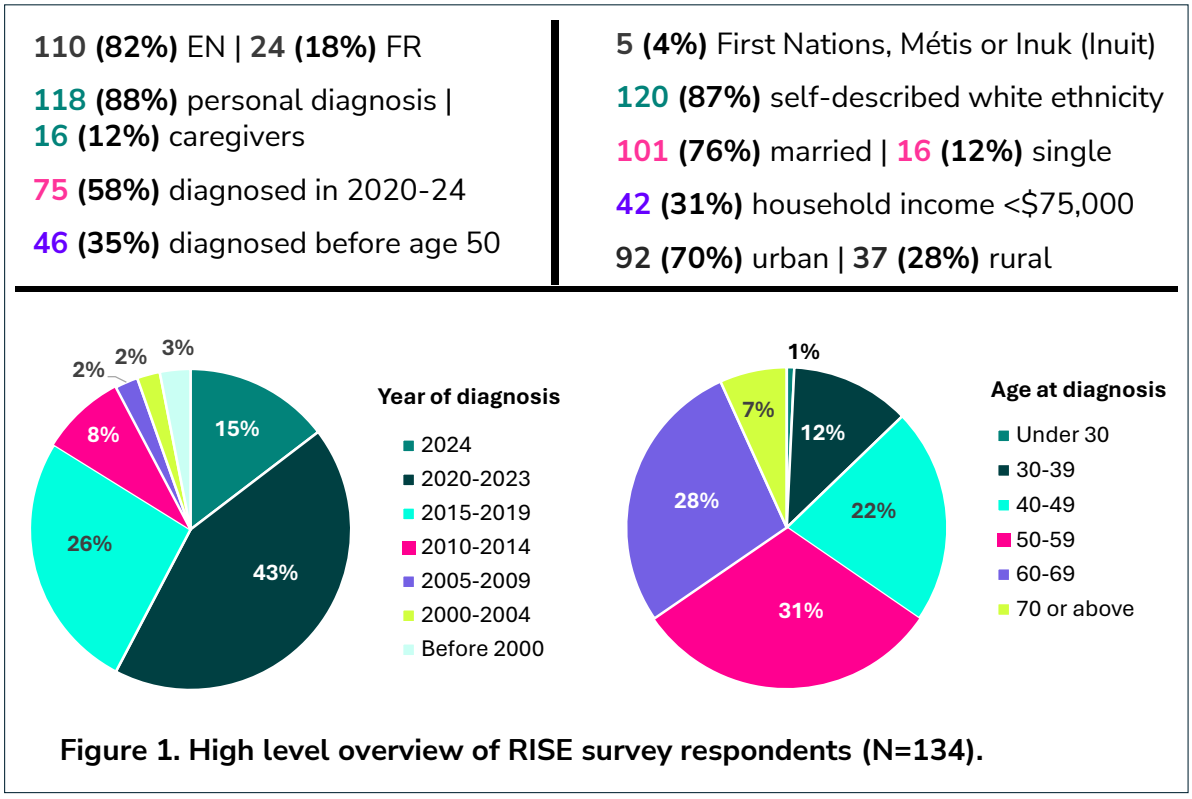

Figure 1. High level overview of RISE survey respondents (N=134).

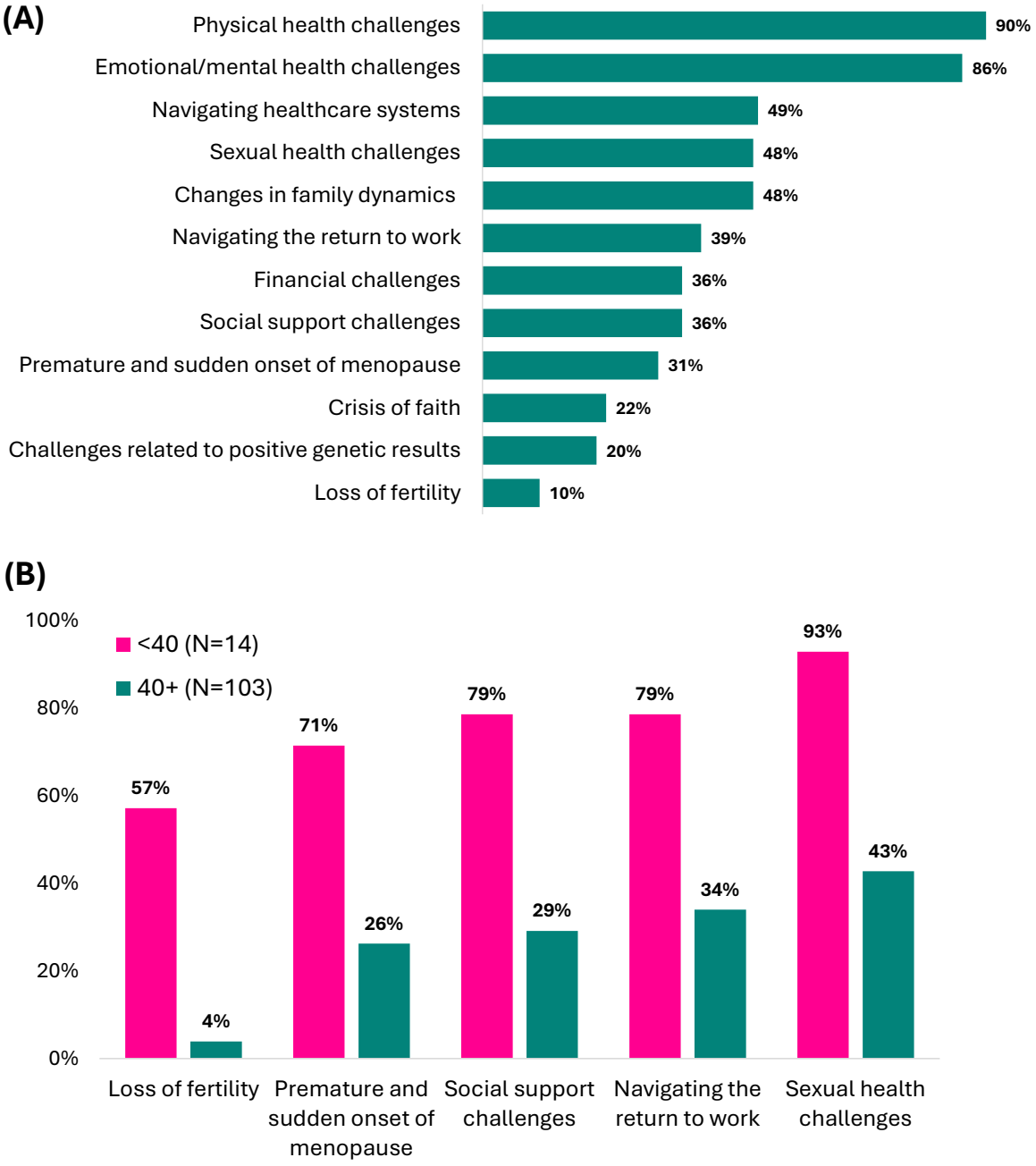

Figure 2. Significant or disruptive challenges (patient respondents).
(A) The proportion of respondents with a personal history of ovarian cancer who indicated that each challenge was significant or disruptive, in either the short or long-term. ***(B)*** Challenges more common in respondents diagnosed at a young age. Of note, emotional/mental health and physical health challenges were consistently ranked high by respondents, regardless of age at diagnosis.

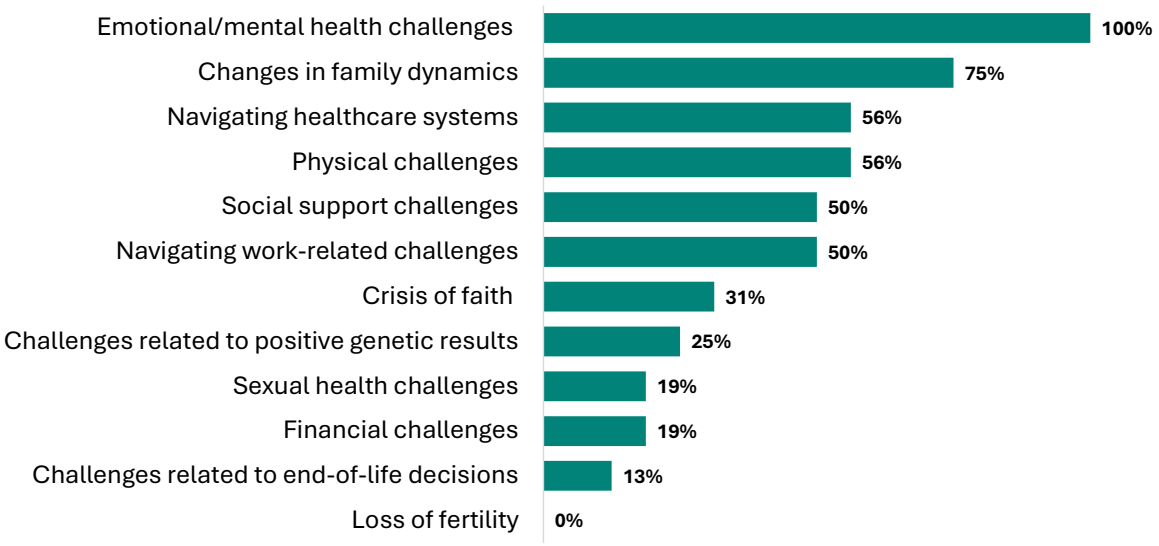

Figure 3. Significant or disruptive challenges (caregiver respondents).
The proportion of caregiver respondents who indicated that each challenge was significant or disruptive, in either the short or long-term.

PHYSICAL WELL-BEING

- ✓ improving physical recovery post-treatment
- ✓ reducing or alleviating treatment-related long-term side effects, such as neuropathy, fatigue and cognitive issues
- ✓ physical rehabilitation or therapies focused on strength, stamina and pain management

PSYCHOSOCIAL & EMOTIONAL WELL-BEING

- ✓ accessible and long-term psychological support to help patients navigate the emotional aftermath of cancer treatment and survivorship (anxiety, depression, PTSD, fear of recurrence, survivor guilt)
- ✓ resilience-building programs and interventions that can help survivors regain a sense of identity, cope with stress, and manage the emotional toll of living with cancer

RELATIONSHIPS AND FAMILY

- ✓ research to improve family support, better understanding of caregiver needs, and the emotional and financial impacts that cancer has on loved ones

TREATMENT ADVANCES

- ✓ more targeted therapies to extend survival, reduce side effects and improve quality of life (options for non-BRCA or rare types of OC, immunotherapy, personalized medicine)

HEALTH DISPARITIES & INEQUITIES

- ✓ understanding and addressing health disparities related to ovarian cancer, including geographic, socio-economic, and racial/ethnic inequities

HEALTH & LIFESTYLE

- ✓ research into healthy lifestyle interventions to improve long-term health outcomes and decrease the risk of recurrence, including nutrition, exercise, and stress reduction programs

Figure 4. Priorities for survivorship research identified by patients and caregivers. Top priorities were revealed by thematic analysis of open-text responses.

E. Project eligibility & evaluation criteria

The goal of RISE is to fund varied types of research (e.g., translational, psychosocial, mixed methods, pragmatic) that aim to **address one or more of the survivorship priorities** identified by ovarian cancer patients and caregivers in **Section D**.

Note that projects may cover any part of the survivorship continuum, from diagnosis to end-of-life care. It is also recognized that many topics (e.g., quality of life, palliative care) encompass many of these elements listed above.

The following types of projects are **not** eligible for funding through this competition:

- Randomized controlled clinical trials.
- Policy development or advocacy: For example, a proposal to create a new national policy for mandatory post-treatment care (e.g., Rehabilitation programs or counseling) or a study advocating for changes to cancer screening guidelines.
- Analysis of policy impact on health systems: Projects examining system-level economic effects, such as budgets, insurance coverage, or treatment reimbursements, without directly assessing patient outcomes.
- System efficiency/inefficiency analysis: Studies focused on healthcare system inefficiencies caused by outdated policies or regulations, long wait times, or fragmented care, rather than on improving survivorship experiences.
- Cost-benefit analysis of a proposed government treatment program: Evaluations of a program's economic feasibility (e.g., treatment subsidies) without assessing its impact on patient health or survivorship outcomes.

The criteria listed below will be considered when evaluating applications; more details on evaluation by academic and patient reviewers can be found in **Section N:**

- Scientific merit
- **Project fit, including relevance to patient- and caregiver-identified priorities for survivorship care and research**
- Feasibility, including research team/environment and realistic budget and timelines
- Potential for impact
- Importance
- Patient engagement plan
- Lay summary

F. Patient engagement in research

All projects funded through this competition are **required** to meaningfully engage patient partners throughout the study period, for instance through co-developing research questions and study design, ensuring recruitment methods are feasible and acceptable to the patient population, interpreting results and knowledge translation (see **Annex A** for additional examples and considerations).

Applicants may choose to collaborate with local patient partners within their community and/or send an inquiry to OCC's Patient Partners in Research (PPiR) program to facilitate patient-researcher partnerships. PPiR members who are serving on the RISE NOC, reviewing RISE applications, or with other potential conflicts of interest will not be matched to research teams.

To collaborate with members of PPiR, please send an email to Dr. Jessica Lawson (jlawson@ovariancanada.org) with the subject line **"PPiR Research Inquiry"** and a brief description of the research engagement (here) as well as some general availability/timeframe for a follow-up meeting. **Please note that requests will be processed on a first-come, first-served basis;** we cannot guarantee the fulfillment of last-minute requests. FAQs for researchers interested in collaborating with OCC's PPiR team can be found here.

G. Study term & budget

Applicants can apply for **$100,000 over 2 years,** with up to two applications being funded through this competition. Funding is anticipated to start in December 2025, upon execution of the funding agreement with the Principal Applicant's host institution.

Eligible expenses

- Salary support to staff (e.g., research coordinators, assistants, associates, technicians) or trainees (e.g., graduate students and post-doctoral fellows) responsible for the work;
- Research consumables and service costs (e.g., core facilities) required to carry out the work;
- Costs associated with data collection and analysis;
- Reasonable costs associated with facilitation of focus groups or compensation for research participants;
- Costs related to engaging patient partners in the planning and implementation of the project, including but not limited to honoraria for patient partners (see here for guidance);
- Costs related to sharing of materials/data to facilitate multi-institutional collaboration;
- Publication fees up to $4,000;
- Up to $2,000 per year for attending meetings, seminars or conferences (e.g., registration, travel, accommodation).

Ineligible expenses

- Remuneration of Principal Applicant, Co-Applicants or Collaborators (with the exception of patient partner honoraria);
- Purchase of equipment;
- Indirect costs to institutions;
- Sabbatical or parental leave;
- Publication fees in excess of $4,000;
- Meeting, seminar or conference expenses in excess of $2,000 per year.

H. Applicant eligibility criteria

Study principal applicant/s must be able to hold research funds at a Canadian academic institution. This can include independent investigators or **senior trainees with an MD or PhD (e.g., postdoctoral fellow, scientific associate, staff scientist, clinical fellow).** Note that principal applicants will be asked to confirm that they are able to receive and manage research funds at their institution as part of the application process. Study co-applicants and collaborators may be affiliated with institutions outside of Canada; however, cross-Canada collaborations are preferred, and funds must be spent within Canada.

I. Multiple applications

There are no limits on the number of applications submitted, as either a principal applicant, co-applicant or collaborator.

J. Two-stage application process

Ovarian Cancer Canada will administer and manage the competition. All applications must be submitted in English to facilitate peer review by international reviewers. The application process is comprised of two stages: **(1)** submission of an Expression of Interest (EOI) and, if eligible, **(2)** submission of a Full Application.

All principal applicants **must submit an EOI** (described in **Section K**). EOIs will undergo a basic administrative review led by OCC, to confirm eligibility and to guide recruitment of academic reviewers. Once the EOI has been reviewed, the applicant will be notified via e-mail as to whether they are eligible to submit a Full Application (described in **Section L**). Both the EOI and Full Application must be submitted by email as a single PDF to jlawson@ovariancanada.org by the dates indicated below:

- EOIs must be received by **May 13, 2025** @ 11:59 pm (ET)
- Full Applications must be received by **July 25, 2025** @11:59pm (ET)

Submission deadlines will be strictly enforced. Only EOIs and Full Applications received by the submission deadline will be considered.

K. EOI submission instructions

To be considered complete, the following information must be compiled into a single PDF document and emailed to jlawson@ovariancanada.org with the subject line **"RISE Competition_EOI_lastname"** by **May 13, 2025 @ 11:59 pm ET.**

- Principal applicant – *name and affiliation*
- Project title
- Brief scientific summary (max 500 words) – *high-level overview of research objectives, methodology and anticipated outcomes*
- Brief lay summary (max 300 words)
- List of co-applicants and collaborators – *names and affiliations. Note: additional names can be added at the Full Application stage*

L. Full application submission instructions

Only applicants who have submitted an EOI will be invited to submit a Full Application. To be considered complete, the following information must be compiled into a single PDF document and emailed to jlawson@ovariancanada.org with the subject line **"RISE Competition_Full Application_lastname"** by **July 25, 2025 @11:59pm ET**:

1) **Application form** – includes basic project information and applicant demographics. Will be available at https://ovariancanada.org/for-researchers on or before May 16, 2025.

2) **Written components** – description and page limits indicated below. *Formatting guidelines for each: single-spaced, minimum of ¾" (2 cm) margin all four sides, 12pt font. Please note that non-compliance to the guidelines could lead to an administrative rejection of a submitted application prior to its scientific evaluation.*

   a) **Scientific abstract (max 1 page).** Describe the rationale, research aims, methodology, anticipated outcomes and their potential impact for patients.

   b) **Lay summary (max 1 page).** Summary of the research project in lay terms, to be understood by those who are not in academic research.

   c) **Research proposal (max 5 pages).** Describe the proposed research project, considering the following elements:
      - Rationale and background;
      - Proposed aim(s)/objectives and hypotheses;

- Study design/methodology and analysis plan;
- Patient engagement plan;
- How the proposed project fits eligibility/evaluation criteria;
- Significance of the proposed research and expected outcomes;
- Study timelines.

d) **Research team (max 1 page).** Describe the expertise and contributions of the applicant, co-applicant(s) and other key personnel involved in the proposed research.

e) **Budget summary and justification (max 2 pages).** All budget items, including salaries and stipends, must be justified in terms of the objectives and milestones of the project. For every item in the budget, the applicant must provide a complete breakdown of the amounts requested for the project. Where there are subprojects, clearly itemize the budgetary requirement for each one.

3) **Figures & Tables (max 3 pages).** Preliminary data and/or study schema.

4) **References (no page limit).** List of references cited in the Research Proposal.

5) **Letters of Support (no limit).** *Mandatory:* From lead institution, ensuring that the necessary infrastructure support is available for the project and that the principal applicant is able to hold research funds; *Optional:* From collaborators, service providers and patient partners, as applicable.

6) **Abbreviated CV / Biosketch.** Required for the principal applicant and all co-applicants (including academic and/or patient partners). No specific format is required; however, the following information must be included:

Academic applicants:

- Academic degrees
- Details of employment since graduation, including post-doctoral research/clinical fellowships
- 3-5 research and clinical contributions
- List of publications (including submitted manuscripts and manuscripts in preparation) during the last 5-full time or equivalent working years
- Grant support received in the past 5 years + relevant pending support – please note any potential overlaps with the current submission

Named patient partners:

- Personal Statement: *Briefly describe why your personal and/or professional experience make you particularly well suited for your role in the proposed project (250 words).*
- Experience, Leadership, Engagement: *List personal and professional experience relevant to the project/study topic, including participation with community and volunteer organizations and membership or leadership in relevant organizations and advisory groups.*
- Engagement in Research/Implementation: *Outline past engagement in patient-centered outcomes project/studies, including participation in an advisory capacity, publications authored or co-authored and presentations made.*

7) **Completed Sensitive Technology Research Area Declaration form (see Section M)**

M. Sensitive Technology Research Area Declaration

OCC has developed a *Research Safeguarding Policy* (here), to ensure that all OCC research activities which receive full or partial federal research funding comply with the Government of Canada's guidelines about the integrity and security of sensitive technology research. This includes diligence in identifying sensitive technology research areas, scrutinizing researcher affiliations, and adhering to attestation and validation requirements in grant applications.

In accordance with Strategic Science Fund requirements, all Principal Applicants must review this policy and complete and submit a *Sensitive Technology Research Area Declaration Form* (here) on behalf of the study team, as part of the application process.

N. Application review process

All Full Applications will undergo a two-stage evaluation process by Canadian and/or international clinical and scientific experts ("academic reviewers") and individuals with lived experience of ovarian cancer as patients or caregivers ("patient reviewers"). The selection of reviewers will be made based on expertise and compliance with OCC's Research Conflict of Interest (COI) and Confidentiality Policy (here). All committee members will be required to sign a Research Policy Declaration Form (here), prior to receipt of their assigned applications.

Each proposal will **first be screened by 2-3 academic reviewers with relevant expertise** to assess scientific merit, project fit and feasibility (academic triage; pass/fail). Proposals that pass this initial screen will be formally evaluated by at least 2 patient reviewers based on the following criteria: **impact (40% of score), importance (30%), project fit (10%), lay summary (10%), and patient engagement plan (10%)**. At the final committee meeting – attended by the

assigned patient reviewers, independent Competition Chair and representatives from OCC and CRS – each proposal will be discussed, and a consensus score will be reached through live voting by patient reviewers. Final application scores and rank order will be reviewed by OCC and CRS leadership, with funding recommendations made to the CEO/Board of Directors for approval.

O. Research ethics & institutional policies

Prior to commencing funded research activities, researchers shall ensure that the research protocol is consistent with the principles set out in the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* and is reviewed and approved by the Research Ethics Board at each participating institution. All Research Ethics Board approval letters shall be forwarded to OCC's Director, Research at atone@ovariancanada.org.

It remains the responsibility of the principal applicant, co-applicants and collaborators to respect the rules and policies of their institutions.

P. Reporting requirements

All funding recipients will be required to provide regular updates on progress to OCC and CRS as a condition of funding. Reporting templates and deadlines will be provided to recipients upon notice of funding.

Q. Contact

For questions regarding the competition, please contact Dr. Jessica Lawson (Research Coordinator; jlawson@ovariancanada.org)

For other questions related to research at OCC, contact Dr. Alicia Tone (Director, Research; atone@ovariancanada.org)

Annex A: Patient engagement guidelines

The Patient Partners in Research (PPiR) program was developed in 2020 by OCC to keep the voices of those with lived experience at the forefront of research, and has since become an integral component of all research at OCC. Engaging ovarian cancer patients as partners in research reflects our philosophy that the relevance, importance and impact of scientific and clinical inquiry can be enhanced by valuing the input and viewpoints of those affected by this disease. The PPiR program is led and managed by two OCC research staff and two patient advocates. Our PPiR team includes a diverse representation of ovarian cancer types, age, sexuality, cultural backgrounds, and geography with each member bringing their unique perspective and shared experiences as ovarian cancer patients, caregivers or loved ones.

The role of the PPiR program is to train and match patient partners to research opportunities with the goal to complement and maximize the impact of research being done by Canadian researchers. All team members are required to complete the Science of Cancer online course, in addition to task-specific training dependent on the engagement opportunity. Some examples of activities that PPiR team members have participated in include:

- Serving as patient reviewers on grant funding (pre-clinical and clinical) and trainee award review panels
- Participating as embedded research team members on OCC-funded projects (both clinical and pre-clinical). Roles have included:
  - Review of grant applications and submission of letters of support;
  - Consultation on research study design, research questions, eligibility criteria and recruitment plans;
  - Review of lay language material (e.g., public summary, recruitment materials and informed consent forms);
  - Evaluation of patient surveys;
  - Participation in working groups led by research teams;
  - Co-development of patient decision aids and educational tools/modules;
  - Attendance at regular team meetings;
  - Review of manuscripts, meeting abstracts and other knowledge mobilization materials.
- Consulting on strategic planning, PPiR program guidelines, research partnership agreements, programmatic design and patient engagement best practices
- Participating as speakers and/or panelists at OCC events and external research conferences
- Participating on graduate student advisory committees
- Sharing their experiences and learnings with research teams and clinical trainees
- Participating in research and system advocacy alongside OCC staff and members of the research community

The goal of PPiR is to build sustainable partnerships between patients and researchers, so that patient partners are updated regularly on the research progress and how their contribution is shaping the research project. Please consider the following when designing your patient engagement plan:

- Use the buddy system: we recommend including **two** patient partners for your study; this helps them feel more comfortable and mitigates the impact of members' changing health status on the dynamics of the research team.
- For long-term partnerships, Ovarian Cancer Canada will schedule check-ins every 6 months to ensure the partnership is successful. Research teams are encouraged to have a closing meeting, where they present the results and conclusions of the research study as well as share how the input of patient partners has impacted their research project. Patient partners may also present their own reflections on their experience collaborating on the research project, to help researchers hone their patient engagement skills.

- Ask yourself these questions:
  - Why is this a good research opportunity to engage patients?
  - What will the role of the patient partner(s) be?
  - How will their input be used in the research process?
  - Are there any requirements to participate in the research opportunity? (e.g., living in a specific geographical region)
  - Do the patient partner(s) need to have any specific experiences that they can speak to? (e.g., specific ovarian cancer type, experience with a specific treatment)
  - Will OCC need to provide task-specific training to best prepare the selected patient partner(s)?
  - What level of participation is required from the patient partners (hours/month)?
  - What stage will the patient partner(s) begin to participate in the research process?
  - How long will the patient partner(s) be involved?
  - Is this a one-time engagement event or are there regular meetings?
  - Will patient partner(s) be compensated? *Note: this is not a strict requirement; however, patient partners should be made aware from the beginning*.

- Below are some helpful resources on patient engagement in research:
  - Farrell AC, Lawson JA, Ovarian Cancer Canada's Patient Partners in Research Team, Ross A, Tone AA. Advancing Research Alongside Patient Partners: Next-Generation Best Practices for Effective Collaboration in Health Research. Current Oncology. 2024; 31(11):6956-6978. PMID: 39590144

- Richards DP, Poirier S, Mohabir V, Proulx L, Robins S, Smith J. Reflections on patient engagement by patient partners: how it can go wrong. *Res Involv Engagem.* 2023 Jun 12;9(1):41. PMID: 37308922
- Richards DP, Cobey KD, Proulx L, Dawson S, de Wit M, Toupin-April K. Identifying potential barriers and solutions to patient partner compensation (payment) in research. *Res Involv Engagem.* 2022 Feb 23;8(1):7. PMID: 35197113
- Liabo K, Boddy K, Bortoli S, Irvine J, Boult H, Fredlund M, Joseph N, Bjornstad G, Morris C. Public involvement in health research: what does 'good' look like in practice? *Res Involv Engagem*. 2020 Mar 31;6:11. PMID: 32266085
- Richards DP, Jordan I, Strain K, Press Z. Patients as Partners in Research: How to Talk About Compensation With Patient Partners. *J Orthop Sports Phys Ther.* 2020 Aug;50(8):413-414. PMID: 32736501
- Richards DP, Birnie KA, Eubanks K, Lane T, Linkiewich D, Singer L, Stinson J, Begley KN. Guidance on authorship with and acknowledgement of patient partners in patient-oriented research. *Res Involv Engagem.* 2020 Jul;2(6):38 PMID: 32637153
- *"A How-to Guide for Patient Engagement in Research"* (Canadian Institutes of Health Research; link)