

STEP1: SHORT PROPOSAL

DKTK JOINT FUNDING 2025

PILLAR 1 THERAPEUTIC INNOVATIONS

! GENERAL GUIDELINES

The project proposal for **Pillar 1 - Therapeutic Innovations** must be submitted within this template and following the guidelines:

- To be eligible for funding, applicants need to have their **main employment at a DKTK partner institution**
- **At least 2 DKTK partner sites** must participate in the project
- Rename this template as follows: **DKTK_JF2025_Pillar1_ShortProposal_ACRONYM_LAST NAME**
- The submission **deadline** is **February 18, 2025, 13:00 CET**, with no possibility of late submissions
- Do not upload additional files
- Adhere to the character limitations
- Access and upload your proposal using [this link](#)
- Adhere to additional guidelines outlined in the [FAQs](#)

Please note that Short Proposals that do not fit the guidelines and out-of-scope projects will not be considered for evaluation.

----- Please fill out the sections below. We recommend using Adobe Reader and regularly saving your PDF locally on your computer. -----

1. PROJECT IDENTIFIER

Please provide a title for the project (up to 200 characters) and its publicly recognized acronym or abbreviation (up to 7 characters).

Project title Acronym

2. APPLICANTS

Overall Project Coordinator
 The Overall Project Coordinator acts as primary contact person and is responsible for project coordination across participating sites and for annual project reporting. The Overall Project Coordinator must be a DKTK Faculty member, Investigator, or School of Oncology Fellow.

First name Last name Partner site Main employer E-Mail address

Local Project Coordinator(s)
 Each participating DKTK site must appoint at least **one Local Project Coordinator**. If multiple are listed for one site, one must be selected as the **primary** contact and person coordinating the local project activities. Non-DKTK members may be listed, if they qualify to obtain DKTK Investigator status. For details, see the [FAQ](#) section or contact dktk-jointfunding@dkfz.de.

First name	Last name	Partner site	Main employer	E-Mail address	Primary
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Only in the case of additional Local Coordinators, please provide their first and last name, partner site, main employer, and email address, separated by ";". For example: Jane Doe, partner site AB, Universitätsklinikum XYZ, jane.doe@XYZ.de; John Doe, partner site CD...

External Research Partners
 If applicable, list researchers who will contribute to the project, but are not located at a DKTK partner institution. Please note that budget can not be allocated to external research partners.

First name	Last name	Institution	E-Mail address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

External Service Providers
 Optional: Do you plan to include external service providers? More comprehensive information can be provided at the Full Proposal stage.

(Company) Name	Comment
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

3. RESEARCH SUMMARY

Background and significance

Please provide an overview of the research proposal's background and significance, ensuring that the following questions are addressed (max. 3500 characters incl. spaces): i) What unmet medical need(s) does this research address? ii) What are the envisioned future applications or clinical trials for this research? iii) What is the novelty and translational potential of the project? iv) What advantage does the envisioned intervention or application offer over existing therapies? [For more info, see our FAQ.](#)

Proof of concept and previous work

Please describe the preliminary data and proof of concept obtained so far, including assessment of feasibility (max. 2000 characters, incl. spaces). Address how each entry **criterion** is met (max. 250 characters). Clearly indicate entry criteria that are not met or are not applicable. [See our FAQ.](#)

1 Mode of Action (MoA) / Target disease

1 Validated target *(for systemic treatment or combined therapy)*

1 On target activity *(for systemic treatment or combined therapy)*

1 *In vitro/In vivo* efficacy in multiple models

1 Predictive Biomarker hypothesis

Please note that further entry criteria are available on the next page

Proof of concept and previous work (continued)

1 Clinical pharmacology: achievable concentrations / PK in humans (for systemic treatment or combined therapy)

1 Diagnostic / toxicological data

1 Pharma interest in supporting trial in case preclinical package looks promising/is available (for systemic treatment or combined therapy)

1 Target cohort (specify patient cohort)

1 IP information, intellectual ownership

If your project has specific requirements (e.g. for technology developments), you may suggest additional criteria and provide comments on each (max. 250 characters per criteria). [For more info, see our FAQ.](#)

Research Plan

Please describe your primary hypothesis and provide a brief description of the experimental approach including specific aims. The research plan should provide clear deliverables and timelines for a max. two-year research period. Describe for each investigator, which specific contribution is essential for the success of this project (max. 4000 characters incl. spaces).

4. DECLARATION AND DATA PROTECTION CONFIRMATION

With my signature, I (Overall Project Coordinator) declare that all information in this Short Proposal is correct and that the proposal has not been submitted elsewhere for funding.

Name of the Overall Project Coordinator

I (Overall Project Coordinator) confirm, that all listed investigators have read and agreed with this proposal, and with the data protection information as stated in the DKTK Joint Funding Call 2025 information sheet.

Signature of the Overall Project Coordinator

Please place your signature here, e.g., using the Fill & Sign tool.

Please upload your signed proposal via this [link](#) by February 18, 2025, 13:00 CET. For support, contact dktk-jointfunding@dkfz.de.