KWF
Dutch Cancer Society

Specific Guidelines for PIPELINE-2026

Version 1, April 2025

Why academic drug development?

Treatment options remain inadequate for many types of cancer, underscoring the urgent need for new and innovative cancer drugs that address unmet medical needs and improve patient outcomes.

Rapid advancements in academic research, particularly in understanding molecular pathways and the functioning of biological systems, provide the foundation for developing new drugs—defined here as originator medicinal products. Typically, the transition from academic innovation, to investigational medicinal product, to market-ready medicinal product is driven by industry. However, not all academic innovations are pursued by industry for clinical development. Factors such as scientific uncertainties, suboptimal results, and market or ecosystem failures can hinder progress of academic derived investigational medicinal products. In the case of market failure, investigational medicinal products are considered commercially unviable or high-risk due to uncertainties. Innovations may be considered non-commercially viable by industry due to the rarity of the targeted disease or affected patient group, a highly personalized medicine approach, weak Intellectual Property (IP) position, or complex production processes in a point-of-care setting. For innovations that are considered high-risk due to uncertainties, venture capital and other private parties may hesitate to invest. In these cases, more scientific evidence could mitigate uncertainties and de-risk academic innovations from market failure.

When new drugs are not, or not yet, commercially viable or interesting, academics are challenged to take on development themselves. Unfortunately, the pathway for drug development by academics remains underdeveloped and is full with bottlenecks. Failures in the ecosystem for academic drug development include social and operational reasons for early termination of drug development, such as insufficient collaboration and a lack of resources. Furthermore, capacities to generate strong business cases and regulatory strategies are often lacking. This wide range of bottlenecks hampers translational research and later phases of clinical development if academics aim to reach clinical practice themselves (academic route). If they aim to de-risk innovations and transfer development to industry (commercial route) through investor/venture capital backed up spin-offs and/or out-licensing, collaborations with industry may fail due to flaws in product design, regulatory compliance or go-to-market strategies, among others.

When market- or ecosystem failure arises for new academic innovations, academic efforts are needed to complete development trajectories and reach patients in need. Therefore, the Dutch Cancer Society (KWF) opens the call ‘PIPELINE’ to accelerate the development of academic innovations into new drugs.

Aim

The PIPELINE call focuses on advancing the clinical development of new drugs derived from academic research, with the potential to significantly improve treatment outcomes for cancer patients with unmet medical needs. Any drug that is regulated as a medicinal product within the European Union is eligible for PIPELINE.

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Ambition

KWF sees an important role for academia in the development of new drugs from academic research, when development by industry is not, or not yet, viable. We aim to alleviate bottlenecks that academics face in drug development by providing financial support for clinical trials that can be conducted in collaboration with a wide range of partners, with opportunity for regulatory and business development support. PIPELINE recurs every year.

KWF collaborates with the Centre for Drug Development (CDD) in the United Kingdom, a charity-funded drug development facility that is part of Cancer Research UK (CRUK). This collaboration enables early clinical development of new medicinal products for academics that do not desire to- or cannot initiate trials themselves, or for academics that would benefit from the expertise of CDD in phase I/IIa trials. The PIPELINE call serves as a sourcing mechanism for the CDD-KWF programme. More information on collaboration with the CDD is provided below.

We envision proposals on clinical trials that are supported by interdisciplinary teams (researchers, pharmacists, healthcare professionals), possibly in collaboration with centres in Europe, industry and/or service providers. Academics can aim to reach clinical practice with their innovations themselves. Other innovations could be de-risked for transfer to industry through the generation of clinical data. Public-private partnerships are another route for product development in this call. We stimulate the involvement of micro (academic derived) enterprises. Under specific conditions funding for projected related cost incurred by micro enterprises may be granted. More information is provided under 'Additional conditions for private partners'.

Requirements and guidance

Project and applicants

Requirements		Guidance
Research type	Research project or consortia	- Projects that consist of 1 - 3 participating parties (research project) or 4 or more participating parties (consortia). - Project duration is between 4 and 8 years. - For consortia a project manager is mandatory.
Research phase	Clinical trials ranging from phase I to III.	- Phase I to III clinical trials are eligible. For collaboration with CDD, only phase I or I/IIa trials are eligible. - Confirmatory and/or 'pivotal' trials may be considered if they fit within the indicative budget. - The development and validation of GMP manufacturing can be part of a proposal for clinical trial conduct, if the duration from start of the project to start of patient inclusion does not exceed 2 years and the total duration of the project does not exceed 6 years.

Trial design	Interventional, prospective, using the best-fitting trial design.	Best-fitting design for the trial phase, including single-arm and controlled designs. Consider regulatory requirements, and possibly HTA requirements and PASKWIL criteria for your design. Designs that make use of validated surrogate endpoints and real world data (for example as control arm) may be considered if these adhere to requirements and criteria mentioned above. Design should include the best suitable and most representative study population, with respect to the studied disease or patient subgroup.
Lead Institute	Medical centre or research institute that must be located in the Netherlands.	Lead Institutes as well as public participating parties should fall within the following categories: Academic research groups (from universities or other higher education or research institutions); or Clinical/public health sector research groups (from hospitals/public health and/or other health care settings and health organizations).
Public participating parties	Medical centre or research institute that must be located in Europe.	A public participating party carries substantive and financial responsibility for a part of the project, plus the dissemination and/or exploitation of the results. A foreign participating party can perform parts of the work plan, when the Project Leader deems this necessary. The necessity must be justified in the description of the collaboration.
External inclusion centres	Medical centre or research institute that must be located in Europe.	- Centre outside the lead institute or participating organization(s) that only includes patients for clinical studies and has no active research role in the project. This centre has no right to the project results. An exception to this can be that an external inclusion centre retains the right on its own generated data, information, samples, knowledge and inventions. - External inclusion centres are not considered participating parties. A quotation for their services is obligatory.
Private participating parties	For-profit private partners.	- A private participating party carries substantive and financial responsibility for a part of the project, plus the dissemination and/or exploitation of the results. - Private participating parties are accepted as long as own contribution (in-cash and/or in-kind, see below 'Additional conditions for for-profit partners') as well as appropriate agreements on intellectual property

		and fair pricing are in place (for full-proposal). - Private participating parties cannot be the Lead Institute. - Micro enterprises, Not-Micro enterprises, and Large enterprises can participate in the project, yet the minimum required own-contribution differs (see 'Additional conditions for for-profit private partners'). - If a Micro enterprise carries substantive and financial responsibility for a part of the project and has ≤10 FTE, and has ≤2mln revenue, and has a ≤2mln total assets, and is located in the Netherlands with a link to a Dutch based medical centre or research institute, cost incurred by this party are eligible for funding (see 'Additional conditions for private partners'). - A concept Collaboration Agreement that illustrates agreements and rights between Lead Institute and each Private participating party needs to be provided in the full-proposal.
Co-funder	Entity that provides financial and/or material contribution (in-kind and/or in-cash) to the project.	- A Co-funder contributes by means of a financial and/or material donation for the execution of the project and does not receive funding. - A Co-funder has no active involvement in the execution of the project. - Access to project results (such as data) for a Co-funder for commercial use is only permitted upon completion of the study, under market conform conditions, which must be formalized in a Co-funder Agreement or material transfer agreement (MTA) with the Lead Institute. A Co-funder is not entitled to co-authorship. - A concept Co-funder Agreement or MTA needs to be provided in the full-proposal.
Service providers	Department or organisation that provides a necessary service for the work plan.	- Internal service providers are departments of the Lead Institute or a participating organization that provides a necessary service for the work plan, such as data management or specific analyses. External service providers are public or private organizations that provide a necessary service for the workplan, such as contract manufacturers, trial bureaus, and consultancy agencies.

		- Both internal and external service providers do not benefit from the project results and have no right to the project results. A quotation for their services is obligatory.
Patient participation	It is required to actively involve patients in the set up and execution of the trial.	Involvement of patients in the set up and execution of the trial is required. This may include, but not limited to, one or more of the following: letter of support from a patient organization, patient review of the Informed Consent Form, patient input on the protocol, dissemination of results to patients (including study participants), patient participation in steering committee. Information on patient participation is requested during the full-proposal. We encourage the project team to include a budget for patient participation. See section 4.6.6. of the KWF Guidelines 2025.

Product

Requirements		**Guidance**
Intervention	New investigational medicinal products (e.g. new chemical/biological entity, originator products)	Investigational medicinal products intended to be used for treatment in humans (including but not limited to monotherapy, treatments in combination with standard treatment, (neo)adjuvant therapy, add-on therapy). These need to be new, originator products, meaning they have never been registered in any market before.
Product type	All types of investigational drugs that fall under the EU definition of 'medicinal product' (small molecules, biologicals, advanced therapy medicinal products).	Products are required to fall under the definition of 'medicinal product' in the EU pharmaceutical legislation[1]. If it is unclear whether the product is a medicinal product, it may not be eligible.
Target Product Profile	A (preliminary) Target Product Profile (TPP) is mandatory.	- Key elements of a TPP are requested for the pre-application and pre-proposal. - A (preliminary) TPP is mandatory for the full-proposal.
Indication	All cancer types, including rare- and paediatric cancers	- All cancer types can be targeted, including paediatric, orphan, and non-orphan cancer types. - The target patient population (currently or in the future) needs to be specified. - Patient stratification or inclusion for therapeutic intervention(s) based on

[1] Article 1 of Directive 2001/83/EC.

		defined biomarkers or targets, as part of an interventional trial with relevant endpoints is allowed.
Scientific rationale	(Pre)clinical research supports expected safety and/or efficacy outcomes.	- Outcomes from most relevant preclinical efficacy/ pharmacology/pharmacokinetics/ toxicology and clinical data that support expected safety and efficacy outcomes are mandatory in the pre- and full-proposal.
Added clinical value	Product development addressing unmet medical needs, with added value to the patient with respect to clinical safety and/or efficacy compared to current standard treatment.	- Unmet medical need is defined as addressing a life threatening or severely debilitating disease, which is associated with a remaining high morbidity or mortality under current standard treatment. - Added value to the patient is defined as: 1) a significant reduction in severe side effects, and/or 2) a meaningful expected reduction in disease morbidity or mortality for the relevant patient population as a result of treatment with the experimental product, in comparison to current standard treatment. The threshold for 'meaningful' has been defined in the PASKWIL criteria. - Unmet medical need and added value to the patient need to be substantiated with argumentation of prognosis and (expected) clinical outcomes.
Development plan and go-to-market/ implementation strategy	Clear development trajectory with supporting regulatory strategy and business development towards clinical use, including risk assessment.	- The planned development trajectory needs to extend to the end goal; to reach the patient in clinical practice. - The development plan needs to describe the planned development trajectory and a regulatory strategy towards marketing authorization. - The development plan needs to describe business development and a go-to-market/ implementation strategy, including a comparison of your product to similar approaches, rights to further develop and freedom to operate, fair-pricing strategy, and a clear and feasible GMP manufacturing strategy. - Clearly described responsibilities for all involved parties are required. - Costs to execute the development plan and go-to-market/implementation strategy are fundable and can be part of the

		budget (e.g. manufacturing, regulatory fees, consultancies), yet costs of internal TTO support cannot be funded.

Out of scope

- Repurposing of registered medicinal products for new indications.
- Combination therapy of registered medicinal products only.
- Preclinical research cannot be part of the project.
- Private parties as a Lead Institute, or industry sponsored trials.
- (Early) diagnosis of (recurrent) disease and/or monitoring during therapeutic interventions and/or patient stratification for therapeutic interventions, without interventional and drug development set-up (e.g., observational research).
- Investigational products with no or limited freedom to operate.

Additional conditions for for-profit private partners

KWF distinguishes between different roles for for-profit private partners, based on their responsibilities and contribution to the project. For-profit private partners can either be Private participating parties, Co-funders, or Service providers.

A *Private participating party* carries substantive and financial responsibility for a part of the project, plus the dissemination and/or exploitation of the results. If a for-profit private party is responsible for the manufacturing, and/or has ownership of, or rights to, the investigational medicinal product that is provided in-kind, this party is also seen as participating party. Access to data and rights for commercialisation of data need to be formalized in a Collaboration Agreement and need to adhere to KWF's standard Terms and Conditions. According to international guidelines, a participating for-profit private party can also have co-authorship in a publication if a scientific contribution has been made.

A *Co-funder* provides financial and/or material contribution (in-kind and/or in-cash) to the project but has no active involvement in the execution of the project. If a for-profit private party is responsible for the manufacturing and/or has ownership of an additional compound (i.e. add-on) that is used next to the investigational medicinal product, and this compound is provided in-kind, and has no further responsibility for the project, this party is also considered a co-funder.

Access to project results (such as data) for a co-funder for commercial use shall be permitted only upon completion of the study, and under market conform conditions, which must be formalized in a co-funder agreement or material transfer agreement (MTA). A co-funder is not entitled to co-authorship, as the party does not provide a scientific contribution to the project.

A *Service provider* is a for-profit partner that is involved in the project on a fee-for-service basis. Service providers have no obligations to own-contribution and have no rights to any results from the project.

There is a maximum hourly rate for payroll costs for service providers which can be found in the KWF Tarievenbeleid 2025. The Project Leader is responsible for the inclusion of any VAT.

If projects require expert support from a service provider, and a higher hourly rate is applicable, a request needs to be included in the application for the project. This request needs to include a motivational and financial argumentation to request funding for a particular service provider, including at least two quotes from comparable service providers. More information can be found in the KWF Tarievenbeleid 2025.

In the PIPELINE call, the role of for-profit private partners needs to be clearly defined in the project. Please note that concept agreements that are required for participating parties and co-funders such as concept Collaboration Agreements, Co-funding agreements or MTA's, should reflect this role. These concept agreements and statements of agreement by lead institute and private party need to be submitted in the full proposal.

In case of uncertainty around the role, rights, and responsibilities of the involved for-profit private partner, please contact KWF via pharmaceuticals@kwf.nl before submission.

Funding opportunities and own-contribution responsibilities for for-profit participating parties.

Large enterprises
If the for-profit private partner is a participating party, has >250 FTE, or >50mln in revenues, or >43mln in total assets, the party is considered a Large enterprise. Large enterprises must make a financial own-contribution with a minimum of 50% in-cash (see Figure 1).

Not-micro enterprises
If the for-profit private partner is a participating party, has >10 FTE, and/or >2mln in revenues, and/or >2mln in total assets, and thus does not classify as Micro enterprise (i.e. Not-micro enterprise), this party must make a financial own-contribution with a minimum of 20% in-kind and/or in-cash (see Figure 1).

Micro enterprises
If the for-profit partner is a participating party, has ≤10 FTE, and ≤2mln in revenues and ≤2mln in total assets, this party is considered a Micro enterprise. Micro enterprises can request up to 20% direct funding of the total project budget. The budget requested by the micro enterprise must be matched by an equivalent or greater own contribution (in-kind). The minimum and maximum required own contribution is 5% and 20%, respectively (see Figure 1). For example, if a micro enterprise requires €300k in materials and FTE to participate in the consortium, up to 50% of these costs (€150k) may be requested from the KWF budget (matching KWF and own contribution), provided that €150k ≤ 20% of the total project budget (see Figure 1). The micro enterprise can request budget for: reagents, compensation for product (at cost price), FTE and hiring of external expertise.

For micro participating enterprises that request funding the following *additional conditions* apply:

- The micro enterprise should provide information that supports the micro enterprise status.
- The micro enterprise must provide evidence to confirm it is not experiencing financial difficulties.
- The micro enterprise actively participates in the execution of the scientifically driven project.
- The requested costs must be clearly linked to the project deliverables and milestones.
- The micro enterprise is not yet profitable (meaning the micro enterprise is not generating a profit yet and still operating at even/loss).

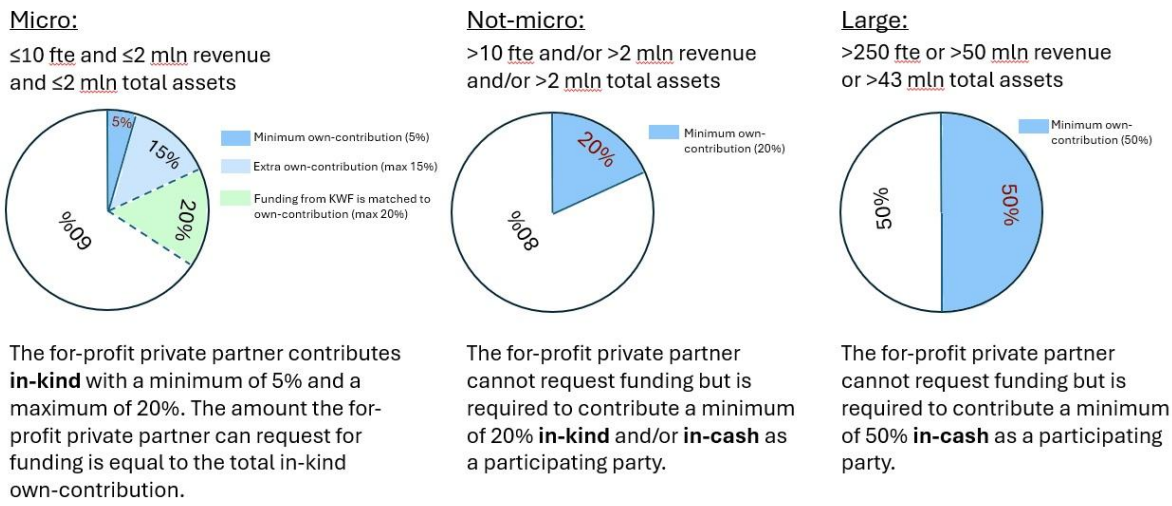

Figure 1. Schematic overview of funding opportunities and own-contribution responsibilities for for-profit private partners.

- The micro enterprise is a spin-off from a Dutch knowledge institution.
- The micro enterprise must be registered by the Chamber of Commerce (KvK) in the Netherlands and proof of registration is requested in the full proposal.
- KWF reserves the right to request additional information regarding the micro enterprise if necessary.

The following *general conditions* apply to micro enterprises that request funding:

- Funding is allocated to the lead institute, and payments to the micro enterprise are processed through the lead institute.
- The micro enterprise receives funding and is included as a participating party in the project and therefore must agree to KWF's funding conditions.
- Personnel costs for micro enterprises can only be requested according to the KWF salary scales (see section 4.6.1. of the KWF Guidelines 2025).
- The knowledge institution must retain the right to publish.
- Conditions regarding data ownership must be established, ensuring that the lead institute retains ownership of the clinical trial data, with the micro enterprise having option rights under market-conform conditions.
- KWF requires access to any licensing agreements between the knowledge institution and the micro enterprise.
- An exit clause must be included in any potential licensing agreement.

Collaboration with Centre for Drug Development

KWF collaborates with the CDD for early clinical trial development (phase I or I/IIa trials). The PIPELINE call serves as sourcing opportunity for eligible projects within this collaboration. The CDD-KWF collaboration is set up to enable drug product development that originates from academic research, in which the academic party does not desire to- or lacks experience to initiate phase I/IIa clinical trials themselves, or for academics that would benefit from CDDs' expertise in phase I/IIa trials. The CDD is CRUK's drug development facility with preclinical and medical sciences, regulatory affairs, quality assurance, project management, legal, drug safety, clinical operations and data

management capabilities. These capabilities are used to coordinate and monitor phase I or I/II conduct trials for promising new medicinal products.
After early clinical research is completed, the CDD aims to license successful products out to the pharmaceutical industry for further development and market authorisation, under strict socially responsible terms. The CDD uses a case-by-case approach how to license out in order to reach patient access. Throughout this process, there is ample room for dialogue between the academic party and the CDD. KWF aims to enable product development via a semi-commercial route with the CDD-KWF collaboration, while stimulating socially responsible terms.

PIPELINE projects will only enter a CDD evaluation procedure with approval of the Project Leader. If projects are selected for development by the CDD, they will no longer proceed in the PIPELINE call. Instead, they with enter the CDD-KWF programme. Projects that are granted in collaboration with the CDD will be funded under separate terms and conditions (see below 'Terms and Conditions'). More details regarding the submission and evaluation procedure can be found in the section below.

Submission procedure

The call has a pre- and full proposal submission procedure. Both the pre- and full proposal must be written in English and submitted exclusively by the Lead Institute through the electronic submission system (Grant Management System - GMS). Please note that registration of the Project Leader and Lead Institute in GMS is required prior to submitting your application. It is recommended to register as soon as possible. If you are new in the system your registration must be approved by KWF. Please check at least six weeks before the pre-proposal deadline if your registration is approved. Instructions can be found in the KWF Guidelines 2025.

Pre-proposal

This call starts with a pre- proposal. The pre-proposals must be written in English and submitted no later than 12:00h on July 8, 2025. Pre-proposals need to adhere to the requirements and scope of the call (see above). KWF will check the eligibility of all pre-proposals before evaluation starts. Pre-proposals that are not considered eligible are rejected without further review.

All submitted pre-proposals are evaluated by the PIPELINE Scientific Evaluation Committee (SEC) with drug development expertise (including pre-proposals that are selected for evaluation by CDD). Pre-proposals are evaluated on scientific excellence, developmental potential and patient impact potential. See below for the evaluation criteria. Pre-proposals will not be evaluated by a Patient Advisory Committee (PACO).

Collaboration with the CDD

There are two sourcing mechanisms of PIPELINE projects for possible CDD collaboration; 1) the applicant can express interest in collaboration in the pre-proposal application form, and 2) KWF may regard a PIPELINE project as a suitable candidate for CDD collaboration. If KWF regards a pre-proposal suitable for collaboration with CDD, KWF will contact the Project Leader to discuss interest and explore collaboration opportunities. No project details will be shared with CDD prior to approval from the Project Leader. Projects that are selected for evaluation by CDD do *not* leave the KWF pre-proposal evaluation procedure and are evaluated by the SEC and CDD in parallel.

Details on the CDD evaluation procedure are shared with PLs after opting for CDD collaboration. In short, it involves four different steps, including stage 1 review, stage 2 review, evaluation by the New Agent Committee (NAC) and data verification. More information is provided in the CDD-KWF programme.

Decision on pre-proposals

The outcome of the SEC evaluation procedure of the pre-proposal is communicated to all applicants in week 39 of 2025 (22-26 September, 2025).

Full-proposal

After ending the pre-proposal phase, the submission procedure continues with a full-proposal phase. Full-proposals are accepted by invitation only upon positive evaluation of the pre-proposal by the SEC. The full-proposals must be submitted no later than 12:00h on December 9, 2025. KWF will check the eligibility of all full-proposals before evaluation starts. Applicants that did not receive an invitation to submit a full-proposal based on their pre-proposal are considered non-eligible and will be rejected. The lead institute of the non-eligible full-proposal is informed accordingly and there will be no possibility to object to this decision.

Please ensure that the role of participating parties, co-funders and service providers is clearly described, together with a matching budget. It is important to meet the requirements for for-profit partners in the full-proposal (see ' Additional requirements for private partners'). If roles are unclear in the application or draft agreements, or not agreed upon by the lead institute or for-profit partner, or the full-proposal does not meet the requirements for private partners, the full-proposal is considered non-eligible and will be rejected before SEC evaluation.

The information provided in the pre-proposal application is binding for the entire application process. Any substantial changes between the pre-proposal and the full-proposal, such as composition of the consortia and other participating parties or objectives of the project, must be communicated in advance of submission. KWF will determine whether the submission procedure can be continued with substantial changes. Yet, it is allowed to make improvements between the pre- and full-proposal following advice from the SEC, regulatory authorities (see below), or other insights. Such improvements and supporting argumentation need to be indicated in the full-proposal application form.

Please note that all participating parties, including medical centres, research institutes and private participating parties, that are not yet registered in KWF-GMS must submit a registration request via KWF-GMS no later than 6 weeks before closing date of the full-proposal period. Instructions can be found in the KWF Guidelines 2025.

The full-proposals are, similar to evaluation of pre-proposals, evaluated by the SEC on scientific excellence, developmental potential and patient impact potential (see below for evaluation criteria). The full-proposals are also evaluated by external reviewers and a Patient Advisory Committee (PACO).

Pre-grant scientific advice

KWF aims to alleviate bottlenecks that academics face in drug development. Therefore, we offer the opportunity of pre-grant scientific advice to applicants during the full-proposal phase of writing. Costs are covered by KWF.

Pre-grant scientific advice entails a regulatory feasibility check on the project proposal and regulatory strategy based on the information provided in the pre-proposal, prior to the funding outcome of the full-proposal phase. This will be performed by Dutch regulatory authorities (College ter Beoordeling van Geneesmiddelen (CBG)). Written feedback will be provided to full-proposal applicants that wish to receive pre-grant scientific advice.

Applicants that participate in pre-grant scientific advice need to give permission in the pre-proposal application form to share their pre-proposal with regulatory authorities. KWF will only share pre-proposals with regulatory authorities upon approval of the lead institute.

It is strongly recommended to obtain pre-grant scientific advice. Advice from regulatory authorities will be provided in the beginning of the full-proposal writing period, which allows to improve the full-proposal. Please note that the advice from regulatory authorities will be shared with the SEC during the final evaluation of the full-proposals.

Interview

The SEC will convene in the week of 9-13 February, 2026 for the full-proposal Board Meeting. For each full-proposal, an oral interview will be scheduled for explanation and clarification of certain aspects of the full-proposal as part of the evaluation procedure. Full-proposal applicants will receive an invitation well in advance before the Board Meeting. The scheduled date and time cannot be changed. It is the responsibility of the Project Leader and team members (max. 5 participants) that will join to be available at the scheduled date and time. Applicants will not have access to evaluation reports prior to the interview.

Decision on full-proposals

The outcome of the evaluation procedure of the full-proposal is communicated to all applicants in week 11 of 2026 (16-20 March, 2026).

Evaluation criteria

Scientific Evaluation Committee (SEC)

In both the pre- and full-proposal evaluation, the SEC will use the following criteria to evaluate proposals:

1. Scientific excellence
    a) Scientific quality: including sound trial design (i.e. statistics, methodology) and scientific background, previous research and evidence supporting the objective of the trial (i.e. state of the art).
    b) Feasibility: including feasible workplan and recruitment plan, good quality project team or consortium, project management.
    c) Proven safety and anti-tumour effect, or a strong rational in favour of safety and proposed anti-tumour effect (available data showing safety and efficacy for the investigational medical product in relevant preclinical research and/or the targeted patient population).

2. Developmental potential
For this call, the chance of success after the project and the quality of the development plan are equally important as the quality of the project plan. This includes evaluation of the quality and the risk assessment of:
    a. Proposed development trajectory and Target Product Profile.
    b. Regulatory strategy up to market authorisation.

c. Business development plan and go-to-market and implementation strategy (either academic or commercial).

3. Patient Impact potential
Which may be impacted by:
a) Close-to-patient/clinical implementation innovations.
b) Targeting an unmet medical need.
c) Added clinical benefit, with respect to clinical safety and/or efficacy compared to current standard treatment.

Available input from the CDD, external reviewers, and pre-grant scientific advice are all external sources for the SEC committee members in their evaluation.

Patient Advisory Committee (PACO)

The full-proposals only (not pre-proposals) are evaluated by the PACO. The PACO consists of members that are current or former cancer patients with a variety of indications and stages of the disease and have higher-education qualifications or experience. PACO members use the Dutch summary to review the project proposal from the patient perspective on relevance, feasibility and patient involvement using the following criteria:

1. Relevance:
a) does the objective of the project proposal match the needs/wishes of cancer patients or the general public?
b) does the envisaged result offer sufficient added value compared to the current status quo?

2. Feasibility:
a) Is the burden placed upon participants in the study acceptable, considering the envisaged results?
b) Has sufficient consideration been given to ethical aspects, the implementation of the results, or the realization of any necessary follow-up action?
c) Will (enough) patients be willing to participate in this study?

3. Patient involvement:
a) To which extent are patients involved in the design of the project proposal, the execution of the study and the dissemination of results?
b) Have patients, patient organizations or patient representatives actively been participating in the design and execution of the study?
c) How have their efforts been incorporated in the study?

The advice issued by the PACO will be included in the review of the project proposal along with the other review reports. Members of the PACO will attend the board review meeting. A PACO member will also be present at the interview.

Terms and Conditions

Granted KWF projects will be funded under the KWF Funding Terms and Conditions 2025. Additional project specific conditions may be applied.

Projects that are granted within the CDD-KWF programme will be funded under separate terms and conditions. For each granted project, a project specific Project Agreement will entail all agreed terms and conditions between applicants and the CDD. In this process, there is ample opportunity for discussion between applicants and the CDD, on both the

execution of the trial and the future development trajectory. KWF will oversee adherence to KWF goals and standards in projects funded within the CDD-KWF programme, including adherence to socially responsible terms.

Timelines

Pre-proposal opens:	April 29, 2025
Pre-proposal closes:	July 8, 2025 (12.00 noon)
Full-proposal opens:	September 30, 2025
Full-proposal closes:	December 9, 2025 (12.00 noon)
Funding decision:	March 17, 2026

Indicative budget:

The budget indication per proposal is 1 – 5 million euro.