

JOINT TRANSNATIONAL CALL FOR PROPOSALS (2021) FOR
“**MULTIDISCIPLINARY RESEARCH PROJECTS ON PERSONALISED
MEDICINE – DEVELOPMENT OF CLINICAL SUPPORT TOOLS
FOR PERSONALISED MEDICINE IMPLEMENTATION**”



PRELIMINARY ANNOUNCEMENT

ERA PerMed is an ERA-Net Cofund, supported by 32 partners of 23 countries and co-funded by the European Commission (EC). To align national research strategies, promote excellence, reinforce the competitiveness of European players in Personalised Medicine (PM), and enhance the European collaboration with non-EU countries, 27 funding organisations have agreed to launch the fourth Joint Transnational Call for collaborative innovative research projects in Personalised Medicine (PM). This represents the third additional call not co-funded by the EC. The funding organisations participating in this call particularly wish to promote innovative interdisciplinary collaboration and to encourage translational research proposals.

The call is planned to be launched on **December 14th 2020** with a submission deadline for pre-proposals on **March 4th 2021**. It is expected that consortia invited for the full-proposal stage, will need to submit their proposal **on June 17th, 2021**.

The available budget for this call is **16 Mio€ (approx.)**.

The JCS is hosted by the Italian Ministry of Health (It-MoH) with the support of Fondazione Regionale per la Ricerca Biomedica (FRRB)

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AIMS OF THE CALL

With its fourth transnational call (non-cofunded by the EC), **ERA PerMed** fosters research and innovation activities that build close linkages between clinical research, computer science/medical informatics and research on ethical, legal and social aspects (ELSA) in the field of PM. This implies a wide range of multidisciplinary activities brought together by different

stakeholders from academia, clinical/public health research and private partners such as small and medium-sized enterprises (SMEs), policy makers, regulatory/health technology assessment (HTA) agencies and patient organisations.

The overarching goal is to improve disease prevention and disease management, based on broader and more efficiently characterised and defined patient stratification, diagnostics and tailored treatment/prevention protocols for both patients and individuals at risk of disease. Early involvement of regulatory authorities and close interaction with the different key players along the value chain should be included right from the project development phase to bridge the gap between first discoveries or inventions until market access.

Research proposals submitted under this call are expected to demonstrate the applicability of project outcomes to clinical practice and to combine clinical research with data technologies. This could be the development and application of clinical decision support tools by using artificial intelligence (AI) systems approaches, including machine learning technologies. The clinical relevance of the proposed PM approach needs to be convincingly demonstrated. Moreover, proposals must include research on ethical, legal and social aspects.

As Personalised Medicine is non-disease-specific, but rather an overall approach that can be adopted and adapted to a multiplicity of medical conditions, research projects in every disease entity are encouraged.

The involvement of partners with the respective expertise in the consortium is requested. Additionally, projects may include pre-clinical research as a prerequisite for the implementation of a PM approach into clinical practice. Multilevel health economic assessment is also considered to be important for facilitating the translation of PM approaches to healthcare and can be included in the work plan.

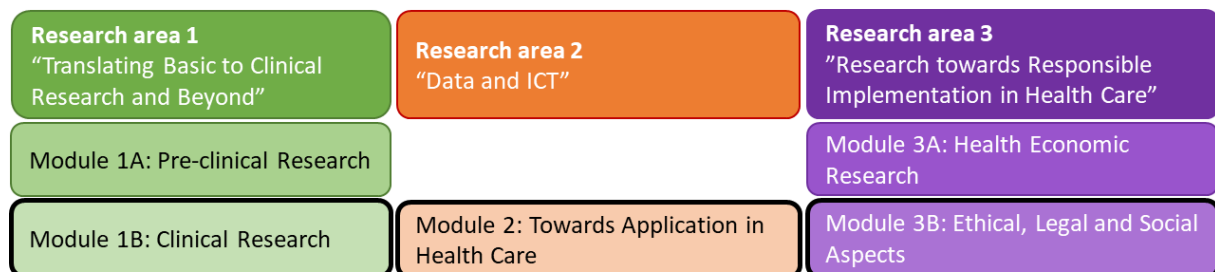
SCOPE OF THE CALL

The overall objectives of the call are to:

- Support **translational and transnational research projects** in the field of PM;
- Encourage and enable **interdisciplinary collaborations towards the implementation of PM**, combining clinical research with bio-informatics components and research on relevant ethical, legal and social aspects. Additionally, pre-clinical and health economic research can be included if the added value is outlined;
- Encourage **collaboration between academia** (research teams from universities, higher education institutions, public research institutions, research centres), **clinical/public health research** (research teams from hospital/ public health, health care settings and other health care organisations), private partners e.g. **SMEs**¹ (small and medium-sized enterprises) as well as policy makers, regulatory/HTA agencies and patient representative organisations.

¹ https://ec.europa.eu/growth/smes/business-friendly-environment/sme-definition_en

The JTC2021 is constructed around the following three research areas in order to ensure the development of specific PM approaches, taking into account the major aspects for their successful implementation in the health systems: (1) **“Translating basic to clinical research and beyond”**, (2) **“Data and Information and Communication Technology (ICT)”** and (3) **“Research towards responsible implementation in Health Care”**:



ICT: Information and Communications Technology (or Technologies)

Each proposal **MUST** address the **modules 1B “Clinical Research”, 2 “Towards application in health care” and 3B “Ethical, Legal and Social Aspects”**. The inclusion of modules 1A “Pre-clinical research” and 3A “Health Economic Research” is optional. Their added value to the proposal and the mandatory modules has to be clearly described.

	Research Area 1	Research Area 2	Research Area 3
Mandatory	Module 1B	Module 2	Module 3B
Optional	Module 1A		Module 3A

Assessment of the coherent integration and combination of the different research areas and modules in the proposals is part of the evaluation process.

GENERAL (ELIGIBILITY) CONDITIONS FOR APPLICATION

Joint research proposals may be submitted by applicants belonging to one the following categories (A, B and/or C), if eligible according to relevant regional/national funding organisations regulations for research funding:

- A. Academia** (research teams working in universities, other higher education institutions) **or research institutes;**
- B. Clinical/public health sector** (research teams working in hospitals/public health and/or other health care settings and health organisations). Participation of clinicians (e.g. medical doctors, nurses) in the research teams is encouraged;
- C. (Industry) Private partners, e.g. SME²** (small and medium-sized enterprises).

² https://ec.europa.eu/growth/smes/business-friendly-environment/sme-definition_en

Whilst applications will be submitted jointly by groups from several countries, individual groups will be funded by the individual ERA PerMed funding organisation respective of the region/country from which applicants have applied. The applications are therefore subject to eligibility criteria and regulations of individual funding organisations. Applicants are strongly advised to contact their regional/national representatives of the participating relevant funding organisation as soon as possible in order to confirm their eligibility (see also below “*Contact details of participating members*”).

Only transnational projects will be funded. **Each consortium submitting a proposal must involve at least three partners eligible for funding coming from three different countries whose funding organisations participate in the call** (see list below). All three legal entities must be independent from each other. At least two partners of the minimum three eligible project partners of the consortium must be from two different EU Member States or Associated Countries. The **maximum number of partners per pre-proposal is six** though not more than 2 partners from the same country participating in the call will be accepted in one project consortium (including those partners with own funding).

Research groups not eligible for funding (e.g. from non-funding countries or not fundable according to regional/national regulations of the participating funding organisation) may participate in transnational projects if they are able to secure their own funding. They are considered as full partners and have to be integrated in the pre- and full-proposal templates as such. **Maximum one partner with own funding** is allowed in consortia with at least 3 additional partners that are eligible for funding. The coordinator must be eligible to be funded by the participating funding organisations to this call.

At the full-proposal stage, a consortium might be increased up to seven partners in total only by inclusion of a partner coming from an underrepresented country. A list of underrepresented countries will be provided to coordinators invited for full-proposals submission.

Number of partners in the proposal*	Pre-proposal				Full-proposal (only by inclusion of one underrepresented country)
	3	4	5	6	7
Maximum number of partners with own funding	0	1	1	1	1
Maximum number of partners per country	1	2	2	2	2

* minimum 3 partners eligible for funding from three different countries participating to the call

ICPERMED PARTNERING TOOL

If you are looking for potential partners, please have a look also at the **ICPerMed Partnering Tool**: <https://partnering.pt-dlr.de/ICPerMed>

PARTICIPATING MEMBERS, ASSOCIATED COUNTRIES AND REGIONS

The following countries (20) are already participating in the preparation of the call: Austria*, Belgium, Croatia, Denmark, Finland, France, Estonia, Germany, Hungary, Israel, Italy, Latvia, Luxembourg, Norway, Panama, Poland, Romania, Spain, Sweden and, Turkey.

The following regions (5): Saxony (Germany), Lombardy (Italy), Tuscany (Italy) and Catalonia (Spain) and Navarre (Spain); and one Charity (AECC-FC) (contact list is provided in Annex 1).

*decision on participation still pending

Please Note:

The information provided in this pre-announcement is indicative and may be subject to changes and is not legally binding to funding organisations. Additional funding organisations might join the call before the official publication.

Interested applicants are encouraged to initiate scientific contacts with potential project consortium partners to prepare an application.

Final call information is expected to be published on the ERA PerMed website by December **2020**.

ANNEX 1: CONTACT DETAILS OF PARTICIPATING MEMBERS

Country	Funding Organisation	Contact point	Email
AUSTRIA	FWF (TBD)	Milojka Gindl	mailto:milojka.gindl@fwf.ac.at;
BELGIUM	F.R.S.-FNRS	Joël Groeneveld Florence Quist	joel.groeneveld@frs-fnrs.be florence.quist@frs-fnrs.be
CROATIA	MSE	Mateo A. Bosnić	MateoAnte.Bosnic@mzo.hr
DENMARK	InnoFond	Ejner Moltzen Martin Kyvsgaard	Ejner.moltzen@innofond.dk martin.kyvsgaard@innofond.dk
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ESTONIA	ETAg	Maarja Adojaan Margit Suuroja	Maarja.Adojaan@etag.ee Margit.Suuroja@etag.ee
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GERMANY	BMBF/DLR	Katja Kuhlmann Lorna Moll	permed@dlr.de
GERMANY	BMG	tbd	tbd
GERMANY (SACHSEN)	SMWK	Eva-Maria Stegemann Gabriele Süptitz	permed@smwk.sachsen.de
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ITALY (LOMBARDY)	FRRB	Carmen De Francesco Giusi Caldieri Paola Bello	bandi@frrb.it
ITALY (TUSCANY)	TUSCREG	Donatella Tanini Teresa Vieri	erapermed@regione.toscana.it
LATVIA	VIAA	Maija Bundule Uldis Berkis	Maija.Bundule@viaa.gov.lv Uldis.Berkis@viaa.gov.lv
LUXEMBOURG	FNR	Marie-Claude Marx	marie-claude.marx@fnr.lu
NORWAY	RCN	Karianne Solaas	kso@rcn.no
PANAMA	SENACYT	Anabella Vásquez Fábrega	avasquez@senacyt.gob.pa
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ROMANIA	UEFISCDI	Cristina Cotet	cristina.cotet@uefiscdi.ro

SPAIN	ISCIH	Cristina Nieto García Mauricio Garcia-Franco Marina Moreno Llanos	eranetpm@isciii.es
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SPAIN (NAVARRRE)	GN	Sara Torres	storresl@navarra.es
SWEDEN	SRC	Johan Nilsson	Johan.Nilsson@vr.se
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