

2026 LCRF | AstraZeneca Research Award on Strategies Using Patient Advocacy to Improve Outcomes in Small Cell Lung Cancer

1. Program Summary

Lung cancer is responsible for more deaths worldwide than any other cancer, accounting for an estimated 124,730 deaths annually in the United States alone.¹ Small cell lung cancer (SCLC) represents 13-15% of lung cancer cases with a 5-year survival rate of less than 7%.^{1,2} In the past two decades, there have been significant advances in the treatment of NSCLC, especially with the discovery of targeted therapy directed toward specific oncogene abnormalities in subgroups of NSCLC. Unfortunately, SCLC is a very different disease, and there has been a veritable drought in both the understanding of the biology of SCLC and advancements in treatment. Recently, there have been some modest advances both with understanding the biology of the disease and some improvements in treatment with the use of immunotherapy and novel agents such as tarlatamab.³⁻⁶

Patient advocacy is crucial in advancing health care, research activities, and health care policy. Advocacy can take many forms anywhere from individual efforts to more organized group participation. Patient advocacy can support a cause, idea, or policy through knowledge acquisition and sharing, personal contact, or organized activities, and is essential for achieving support to make progress against the disease.⁷ Diligent patient advocacy has been responsible for advancements in a number of diseases, including HIV/AIDS, breast cancer, and Alzheimer's disease. Despite it being the leading cause of cancer deaths in the US, lung cancer has the smallest advocacy score of any major disease.⁸ There are many challenges that need to be faced. Lung cancer patients themselves may not be up to participating in advocacy efforts because of poor functional status and large symptom burden which makes it difficult to even complete activities of daily living. One of the biggest barriers to developing effective advocacy initiatives has been the perception and reality of lung cancer stigma. Lung cancer stigma can be conceptualized as a multifaceted phenomenon, in which patients perceive devaluation by others.⁹ This acts as a barrier to advocacy which often requires outward-facing disclosure and potential judgment from others.⁷

Even though lung cancer has lagged behind with regard to advocacy efforts there have been several organizations that have emerged particularly with the development of molecular tumor testing. It is no surprise that considering the paucity of research and clinical advancements for SCLC that advocacy for

¹American Cancer Society. Cancer Facts & Figures 2024, Atlanta: American Cancer Society; 2024.

²Megyesfalvi Z, Gay CM, Popper H, et al. *CA Cancer J Clin.* 2023; 73(6): 620-652.

³Horn L, Mansfield AS, Szczesna A, et al. *N Engl J Med.* 2018; 379(23): 2220-2229.

⁴Paz-Ares L, Dvorkin M, Chen Y, et al. *Lancet.* 2019; 394(10212): 1929-1939.

⁵Cheng Y, Spigel D, Cho BC, et al. *N Engl J Med.* 2024; 391(14): 1313-1324.

⁶Ahn MJ, Cho BC, Felip E, et al. *N Engl J Med.* 2023; 389(22): 2063-2075.

⁷Price SN, Shen M, Rigney M, et al. *Oncol Nurs Forum.* 2023; 49(6): 553-563.

⁸Best RK. Oxford University Press. 2019; 10.1093/oso/9780190918408.001.0001.

⁹Hamann HA, Ostroff JS, Marks EG, et al. *Psychooncology.* 2013; 23(1): 81-92.

this patient group is an area of urgent unmet need.

This grant mechanism will focus on furthering the development of strategies towards improving the outcomes of SCLC patients through patient advocacy. Work supported through this mechanism will address important areas of need across the entire care continuum and have the immediate potential to increase research efforts, quality of life and survivorship.

The overarching theme of the proposals should be centered around using patient advocacy as a tool to develop strategies toward improving outcomes for patients with SCLC. We will encourage applications on a wide variety of topics related to SCLC, including but not limited to the following:

- **Patient-Centric Care Models**
 - Develop and implement care models that prioritize patient needs and preferences, integrating innovative approaches from diagnosis through survivorship
- **Advanced Screening and Diagnostic Technologies**
 - Create comprehensive survivorship care plans addressing long-term healthcare needs, focusing on follow-up care, monitoring for recurrence, and managing chronic side effects
- **Access and Equity**
 - Investigate barriers to accessing quality care, clinical trials, screening and biomarker testing for SCLC patients and purpose solutions to ensure equitable healthcare delivery for diverse populations
- **Technology Integration**
 - Explore the use of digital health tools and technologies to facilitate better patient-provider interactions, personalized care, and continuous monitoring during the care continuum
- **Patient Feedback Mechanisms**
 - Establish robust feedback systems to gather patient insights and experiences and use this data to inform continuous improvements in care delivery, diagnostic technologies, treatment approaches, clinical protocols and accessible repositories to facilitate broad research collaboration

2. Budget Requirements for Proposals

The 2026 Strategies Using Patient Advocacy to Improve Outcomes in Small Cell Lung Cancer will grant a minimum of one award of \$250,000 for a period two years (\$125,000 per year).

Additional budget requirements and considerations include the following:

- The LCRF grant must be the primary source of research support for the proposal. Additional secondary funding (e.g., for core services support) is also permitted.
- Direct patient care costs reimbursable by other sources may not be included.
- There is no limit on the amount of salary support that may be requested. However, appropriate justification for all budget items is required. Any salary requests more than 20% of the budget for a particular project, must be explicitly justified.

- Any equipment costs must be limited and directly applicable to the research project (i.e. large, general equipment costs are not permitted).
- Travel and publication costs are permitted.

3. Applicant and Research Project Eligibility Criteria

- The proposal must include studies in SCLC patients
- Investigators must be affiliated with an academic/community/institution/practice or a not-for-profit organization that is involved with the care of SCLC patients
- Investigators can be at any level in their careers. These investigators can include physicians, nurses, or any individual/team involved in the process of the evaluation/treatment of SCLC patients. One team member should be designated as the principal investigator.
- Applicants from US-based institutions are eligible to apply and may hold any residency/citizenship status
- A patient/patient advocate needs to be part of the research team applying for the grant and this individual should have a role in the design of the research. LCRF encourages that the patient advocates involved in the design of the research should be compensated and this should be included in the proposal budget
- Applicants are prohibited from applying if they are currently receiving funding from the LCRF. Applicants are prohibited from applying in more than one of LCRF's funding tracks in the same cycle. Restrictions are limited only to the funding and/or application status of the individual applicant. Applicants may still apply even if other members of their team have received or are applying for LCRF funding
- The proposed research should have potential applicability to a larger patient population

4. Data Sharing and Open Access Policy

LCRF is committed to promoting open science by helping to increase access to investigators' findings and improving collaboration and data sharing among the lung cancer research community. Accordingly, it is a condition of LCRF funding that all peer-reviewed articles supported in whole or in part by LCRF funds must be made available in the PubMed Central online archive no later than twelve months after publication. In addition, LCRF grantees must indicate explicitly in all reports, publications, and other research communications whether the data, methods used in the analysis, and materials used to conduct the research will be made available to any researcher for purposes of reproducing the results or replicating the procedure. At the time of submission of the full proposal, all investigators must indicate if they will or will not make their data, analytic methods, and study materials available to other researchers.

5. Application Instructions and Requirements

- A. Go to <https://proposalcentral.com/> and login under the "Application Login" section. After logging in, complete your Professional Profile before starting an application. If you are already registered with Proposal Central, access the site and log in with your Username and Password. If you do not have an account yet, please click on "Need an account?" and follow the instructions.

- B. Click on the “Grant Opportunities” Tab.
- C. A list of applications will be displayed. The list of applications can be filtered for just this organization by clicking “Filter by Grant Maker” at the top and selecting “Lung Cancer Research Foundation” in the drop-down menu. Find the “2026 Strategies Using Patient Advocacy to Improve Outcomes in Small Cell Lung Cancer” and click the “Apply Now” button in the “Apply Column”.
- D. See the deadlines for the LOI stage, if applicable, and the Proposal stage. **All deadlines are in US Eastern Time.** If a document icon is showing, you can click on it to download it. This includes necessary information about the deadline from the grant maker.
- E. Click the link or download the document in the Contact Information column. Clicking the link opens an email to the program administrator. If a document is provided instead, it includes the grant maker contact information.
- F. Technical assistance related to submission will not be provided after 5 PM US Eastern Time on the day of submission deadline. Applicants are encouraged to contact LCRF (see inquiries section below) well before the deadline.

All applications for funding must be submitted online at Proposal Central. Applicants may only apply for one LCRF grant per grant cycle. Any applications for an extension of a previously awarded grant require resubmission as a new complete application (full proposal) and must include an update describing the progress made during the prior award period. Text should be Arial, Times New Roman, Palatino Linotype, Courier New, Georgia, or Helvetica 11-point font or higher. Margins should not be less than 0.5” on standard letter paper (8 ½” x 11”), and you must verify the margins on the documents that you upload.

The following application components are required for a complete submission:

Full Proposal
<ul style="list-style-type: none"> • Lay Summary • Specific Aims (one page in length) • Narrative (six pages maximum): <ul style="list-style-type: none"> ○ Background and Significance ○ Preliminary Data (if applicable) ○ Experimental Approach ○ References (not included in page-limit) ○ Patient Impact Summary (half-page in length) ○ Patient Advocate Involvement Summary (half page in length) ○ Mentoring Plan (if less than 5 years’ experience – one page in length) • Success Factors • Timeline • Future plans • Budget • Letter(s) of Support, including the Mentor letter (if applicable)

Additional Considerations:

- Full proposals must include at least one letter of support from the principal investigator’s program director/advisor affirming the following statements:
 - The applicant will be officially affiliated with or employed by the institution during the grant period.
 - There is adequate institutional space and equipment to accomplish the proposed project.
 - The program director/advisor confirms their commitment to and provision of institutional space and equipment for the grantee.

6. Timeline

Request for proposals open	June 9, 2026
Applicants notified of LOI decision	August-September 2026
Full proposals due	October 5, 2026
Full proposal reviews	October-November 2026
Project start date	December 2026

7. Process of Evaluation of Applications

Application evaluation consists of an administrative review, a comprehensive review by LCRF’s Scientific Advisory Board and a review conducted with patient advocates (see figure below). All submissions will be evaluated for sound scientific rationale, study design, feasibility, and creativity/innovation. Similar to an NIH R21 award, reviewers will be asked to provide an impact score reflecting their assessment of the likelihood for the project to exert a sustained, powerful influence on the field of lung cancer research and/or reducing disparities in lung cancer outcomes.



8. Award Notification and Announcement

All applicants will be notified of their award status by the date specified in the Timeline section above. Regrettably, due to the high volume of submissions, LCRF is not able to provide feedback on proposals that are not selected to receive an award.

9. Post-Award Reporting Requirements

During the funding period, all investigators are required to submit scientific progress reports and lay audience update reports including the following:

Report Type	Due Date
Year One Annual Report (includes financial summary report)	At conclusion of year one of the grant term
Final Report (includes financial summary report)	Within sixty days of conclusion of the grant term
Lay audience update	Every six months after project start date
Interim/ad hoc updates	As needed, upon major project developments such as significant progress, changes in scope, unexpected challenges, or notable breakthroughs

All reporting is required to be done in Proposal Central, and additional reports may be assigned when project terms are amended (e.g. in the case of a no-cost extension or institutional transfer). Receipt of the second year of funding is contingent upon submission and approval of the interim progress report at the conclusion of the first year of the grant term.

10. Inquiries

For questions, please contact the LCRF office at grants@lcrf.org OR

If you have any difficulties registering, logging in, or creating your application, contact Proposal Central Customer Support at: 800-875-2562 (Toll-free U.S. and Canada), +1-703-964-5840 (Direct Dial International).