

## Project Support Application

Date of Submission: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Team Members:

Role	Name	Phone Number	E-mail	Affiliation
Project Leader/Applicant				
Supervisor (if applicable)				
		-	-	
		-	-	
		-	-	

### Timeline:

All relevant milestones or deadlines, specifying reason (e.g., submission deadlines for presenting at meetings or for grant applications):

Study period (if known): \_\_\_\_\_

### Project Details:

Have you submitted your project for ethics approval? We suggest applicants submit a feasibility application prior to applying for ethics approval.

Yes  
No

Is data collected and ready for analysis?

Yes  
No

How many patients/sample size? \_\_\_\_\_

Data sources (e.g., Discharge Abstract Database, BC Cancer Registry, Breast Cancer Outcomes, researcher collected data, need advisement):

## **Project Background, Objectives & Proposal:**

Limited to a maximum of one page (written below), with one additional page for figures/tables if necessary (attached). Minimum acceptable font size is 12 point:

Please Outline:

- Project objectives
- Background, significance, & hypothesis
- Approach/Methodology specifying clear data exclusion/inclusion criteria
- Implications for the improvement of surgical oncology & how the research proposal fits with the objectives of the BC Cancer Surgery Network
- Knowledge translation strategy (criteria to measure the success of the project & plans to disseminate results)
- If applicable, include a statement of the relationship of this project to any other projects and grants.



Provincial Health Services Authority

Research Outcomes and Evaluation Committee  
Surgery Network  
BC Cancer  
SurgeryNetwork@bccancer.bc.ca

### **Conditions of Support**

Where necessary, the project leader will need to complete and submit an Ethics application. On acceptance of the proposal, the project leader will be responsible for the project and is expected to work closely with the Surgery Network team to guide the project and ensure the milestones are achieved. In addition, a meeting with data analytics will be scheduled to discuss your project.

If the projected milestones are not achieved as per the project timeline, the project will be reviewed for re-approval and re-prioritization.

### **Communication Requirement**

Recipients who receive support are required to acknowledge BC Cancer Surgery in any written or oral presentation of research results including scientific articles, news releases, news conferences, public lectures, and media interviews.

### **Submission Instructions**

Please submit the proposal electronically to the BC Cancer Surgery Research and Outcomes Evaluation Committee (ROEC) at [SurgeryNetwork@bccancer.bc.ca](mailto:SurgeryNetwork@bccancer.bc.ca)

### **Contact Information**

ROEC

Biostatistician, BC Cancer Surgery Network

Email: [SurgeryNetwork@bccancer.bc.ca](mailto:SurgeryNetwork@bccancer.bc.ca)