



**Subventions de recherche  
Thérapie génique et cellulaire en néphrologie**

**Appel à projets 2012**

**Date limite d'envoi des projets : 20 janvier 2012**  
***Dead line for submission of application form: January 20<sup>th</sup>, 2012***

Le dossier de soumission doit être envoyé :

- Par courrier électronique à [pascal.houillier@egp.aphp.fr](mailto:pascal.houillier@egp.aphp.fr)  
(un accusé de réception sera envoyé)
- Par voie postale (1 exemplaire dûment signé) à :

Prof. Pascal Houillier  
Service de Physiologie  
Hôpital Européen Georges Pompidou  
20, rue Leblanc  
75015 Paris

*The application form must be sent:*

- *By Email to* [pascal.houillier@egp.aphp.fr](mailto:pascal.houillier@egp.aphp.fr)
- *By postal mail (1 signed form) to:*

Prof. Pascal Houillier  
Service de Physiologie  
Hôpital Européen Georges Pompidou  
20, rue Leblanc  
75015 Paris

# CALL FOR PROPOSALS 2012

## Thérapie génique et cellulaire en néphrologie

### Gene and cell therapy in Nephrology

#### APPLICATION FOR RESEARCH PROJECT

**Family name of applicant or coordinator <sup>(1)</sup>:** \_\_\_\_\_

**First name <sup>(1)</sup>:** \_\_\_\_\_

**Administrative institution:** \_\_\_\_\_

Present research position: *(In the academic sector, only tenured faculty may apply)*

Title of the project (100 characters maximum)

Acronym <sup>(2)</sup>

Duration of the project:  1 year  2 years  3 years

Is it a Network?  Yes  No

**If financing for one or more fellowships is requested in conjunction with this application, list the name(s) of the candidates and the fellowship level requested (PhD or postdoctoral's one). Candidates must fill out applications to support themselves:**

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**Research laboratory:**

Name and address:

Country:

Phone number:

Fax number:

E-mail of the applicant:

**Type of Institution** (for France, specify whether this is an INSERM, CNRS, AP-HP, University, Hospital, UMR or private company. For institutions outside of France, please identify the institution precisely, i.e. University of Utah):

**Family name, first name, and signature of the Laboratory Director** (an original signature is required for the signed original application, scanned signature is only authorized for e-mail submission):

(1) Capital letters

(2) Maximum of 20 alphanumeric characters; the acronym should be intelligible.

**Résumé du projet en français** (1 page maximum)

Préciser :

- l'état de l'art du sujet ;
- l'intérêt général du projet dans le contexte ;
- les objectifs scientifiques ;
- la méthodologie ;
- les applications à la pathologie et à la thérapeutique humaines.

Pour tout essai clinique, joindre le synopsis du protocole.

**Abstract in English** (1 page maximum)

Indicate:

- the state of the art on the topic of the project;
- the general interest of the project;
- the scientific objectives;
- the methodology;
- applications for human pathology and therapy.

For clinical trials, include a synopsis of the protocol.

Applicant's name:

**Lay summary in English** (5 lines maximum). **Please do not include confidential data.**

**Applicant's last 5 most significant publications** (with the title):

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### **Expertise**

Mention the names of the referees to be excluded due to known conflicts of interest or collaborations

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- 
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Mention the names, locations (city and country), and the e-mail addresses of five international referees competent in the field of your project. Present collaborators or co-authors (last five years with commune publications) should be excluded

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### **Previous AFM-AIRG-FdR financing**

Please describe the title and amount of preceding AFM funds for the last 3 years for each of the participants in the project. For each project, indicate the date on which the final report was sent to AFM-AIRG-FdR.

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Applicant's name:

**Request for Financing (in Euros)**

Breakdown of costs – Sums of 'TOTAL' lines or columns must be indicated.

Last name, first name of coordinator	Parent organization	Expense items	Year 1	Year 2	Total
<b>Total amount requested by applicant (or by the network, if applicable)</b>		<b>Number of person-months</b>			
		Running costs			
		Equipment			
		Personnel			
		Travel			
		Animal experiments in the Centre de Boisbonne			
		<b>TOTAL (1+2+3 ...)</b>			
<b>Team 1 (coordinator in case of a network)</b>		<b>Number of person-months</b>			
		Running costs			
		Equipment			
		Personnel			
		Travel			
		Animal experiments in the Centre de Boisbonne			
		<b>TOTAL 1</b>			
<b>Team 2</b>		<b>Number of person-months</b>			
		<b>Running costs</b>			
		<b>Equipment</b>			
		<b>Personnel</b>			
		<b>Travel</b>			
		Animal experiments in the Centre de Boisbonne			
		<b>TOTAL 2</b>			
<b>Team 3</b>		<b>Number of person-months</b>			
		Running costs			
		Equipment			
		Personnel			
		Travel			
		Animal experiments in the Centre de Boisbonne			
		<b>TOTAL 3</b>			

Applicant's name:

**Details of expenses from table** (by team)

List cost either with or without tax depending on tax refund regime (see instructions for Call for Proposals)

**Running costs**

<b>Itemize and briefly describe (i.e. antibodies, oligo )</b>	<b>Year 1</b>	<b>Year 2</b>

**List of Equipment\***

\* Each apparatus costing more than 8,000 euros must be accompanied by an application for co-financing. Enclose the list of the possible co-financers contacted and their replies. Please provide a quote and justification for each equipment.

<b>Itemize and briefly describe</b>	<b>Year 1</b>	<b>Year 2</b>

Applicant's name:

**List of staff** \*\* (by team)

\*\* Applications for financing salaries of personnel must be justified: name, function and role in the project. AFM-AIRG-FdR will be very selective in its support, and these requests will be treated on a case-by-case basis. The amount requested may be based on the percentage of time devoted to this project. PhD students and postdoctoral fellows may not be included in this request.

Name, job title, and role in the project	Year 1			Year 2		
	Full-time salary	Percentage of time on this project	Requested salary	Full-time salary	Percentage of time on this project	Requested salary

**List of planned travel**

List trips and justification	Year 1	Year 2

**Possible utilization of Boisbonne Centre** \*\*\*

\*\*\* If your project includes animal experiments to be carried out at the Centre de Boisbonne, please specify the amount of money for this. This sum will be paid directly to the ENVN.

List and justify needs	Year 1	Year 2

Applicant's name:

**Additional information on management of funds**

**Recipient/manager of funds:**

List the recipients of funds:

- Address:
- E-mail:
- Phone:

**Financing requested from other donors**

**Description of sources of financing (requested or obtained) by all partners**

Funding applications pending \*

<b>Organization</b>	<b>Approximated date of response</b>	<b>Expected amount</b>	<b>Project title</b>

Prior funds during the last 3 years other than AFM

<b>Organization</b>	<b>Date of acceptance</b>	<b>Amount received (specify if this is for running costs or equipment)</b>	<b>Project title</b>

\* Please describe how the project submitted to AFM-AIRG-FdR is different, identical or is overlapping with other submitted or funded projects

**Description of the project (in English only)**

**A - Description of the research project**

Please adopt the following plan:

a) Specific aims (**0.5 page maximum**)

Describe briefly the overall short- and long-term goal the project is intended to accomplish and hypotheses to be tested. State the aims in terms of measurable, time-phased objectives consistent with long-term objectives.

b) Novelty /Innovation (**0.5 page maximum**)

Explain the originality and ambitions of the project vis-à-vis competing projects, and the national and international state of the art.

c) Background (**2 pages maximum**)

Briefly describe the background to the present proposal, critically evaluate existing knowledge, and specifically identify the gaps that this project is intended to fill.

d) Previous work/ Preliminary results\*

Describe preliminary work, studies or other information that will form the backbone of the present application

e) Research project\*:

Outline methodology and techniques to be used to accomplish the specific aims of the project. If applicable describe new methodology and its advantages over existing methodologies. Discuss expected results, potential difficulties and limitations of the proposal, and propose alternative approaches to achieve the aims within the funding duration.

**\* Note that d) and e) should be limited to 8 pages maximum**

f) Expected consequences for human pathology and therapy (**0.5 page maximum**)

Describe expected results and relevant criteria to measure the success of the application. Describe the socio-economic impacts of the proposed study.

g) Project management (**1 page maximum**)

Describe the project according to a logical and realistic list of workpackages. Evaluate precise time-lines and budget for each workpackage and describe the work performed by each team.

h) Intellectual property (**0.5 page maximum**)

i) Literature cited (Names, title, year, journal, volume, pages). Literature **has to be presented** as the following Example: **Fink M**, Collol-Massot C, Chu A, Ruiz-Lozano P, Izpisua Belmonte JC, Giles W, Bodmer R , Ocorr K (2009). A new method for detection and quantification of heartbeat parameters in Drosophila, zebrafish, and embryonic mouse hearts. *Biotechniques*. 46, 101-113.

j) List the name, address, organization, and role of consultants who may intervene in the project.

**B - Description of clinical project (if any) (Please enclose copies of documents from competent authorities)**

Please provide the flow-chart and information on the study protocol.

a) Sponsor (Name, address, phone, fax, e-mail)

b) Complete title of the study

c) Clinical phase

d) Coordinator (Name, address, phone, fax, e-mail)

Applicant's name:

- e) Potential involved centres (name of principal investigator, name of the centre, address, phone, fax, e-mail)
- f) Estimated study period.
- Inclusion period
  - From the first patient in to the last patient out
- g) Rationale (targeted pathology, preclinical studies done, ...), **(4 pages)**
- h) Specify whether trial is
- Monocentric or multicentric
  - National or International
  - Open, simple blinded or double blinded
  - Randomised and/or controlled
- i) Objectives (primary and secondary)
- j) Methodology (include flow-chart, trial design), **(2 pages)**
- k) Number of patients
- Is there any other trial in the same area?
  - Estimated eligible patient population
  - Number of patients expected in this trial
- l) Inclusion criteria
- m) Exclusion criteria
- n) Product **(2 pages)**
- Name of the active substance
  - Description of the product
  - Route of administration
  - Posology
  - Duration of treatment
  - Product purchaser
- o) Efficacy evaluation **(0.5 page)**
- Primary outcome
  - Secondary outcomes
- p) Safety evaluation **(0.5 page)**
- Criteria for study evaluation
  - Is a Data Safety Monitoring Board planned for the trial?
- q) Statistical methods **(1 page)**
- How has the number of patients to be included been calculated?
  - Description of planned analysis
- r) Regulatory aspects
- Has the trial been submitted to an ethics committee? (if yes, specify date and outcome)
  - Has the trial been submitted to Health Competent Authorities? (if yes, specify date and answer)
- s) Bibliography
- t) Next step after this trial
- Is another trial scheduled?
  - Is marketing Authorization scheduled after this trial?
- u) List name, address, organization and role of consultants who may intervene in the project

Applicant's name:

### **Contribution of each participant**

Please list in order, scientists, engineers, technicians. All the participants in the programme must sign (electronic signatures are authorized).

<b>Family name, first name</b>	<b>Title</b>	<b>Institution</b>	<b>Percentage of time <u>on this project</u></b>	<b>Role in the project</b>	<b>Participants' signatures</b> (scanned's ones are authorized)
Team 1					
Team 2					
Team 3 (etc ...)					

Applicant's name:

<b>Description of the network (if applicable)</b>
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**Relevance of each partner and added value to the consortium** (1 page maximum)

List here the elements necessary for evaluating the qualifications of the partners in the project (past and/or present collaborations). Indicate the added value of co-operations between the partners, such as multi-disciplinarity, for instance.

**Partner 1:**

**Name of the partner:**

E-mail of the applicant:

**Research laboratory:**

**Administrative institution:**

**Recipient/manager of funds:**

**Partner 2:**

**Name of the partner:**

E-mail of the applicant:

**Research laboratory:**

**Administrative institution:**

**Recipient/manager of funds:**

*Please add more partners if necessary*

Applicant's name:

**CV of the principal investigator**

**Curriculum Vitae**

NAME		POSITION TITLE	
TRAINING (Start with University degree)			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY

**A. Positions and Honors** (Chronological order)

Positions and Employment

Honors and Awards

**B. Selected peer-reviewed publications** (Chronological order - last 3 years)

**C. Editorial activities**

**D. Professional activities**

**E. Patents**

**Research field** (Select the most appropriate field)

**Basic Research**

**Therapeutic Development**

*Pharmacological agents*  
specify: \_\_\_\_\_

*In vivo Gene Therapy*  
Target gene: \_\_\_\_\_

Mechanism:  Gene Transfer  
 Genetic Engineering (precise technique) or gene modification: \_\_\_\_\_

Vectors:  Viral  
 Non viral  
 Other: specify: \_\_\_\_\_

*Cell Therapy*

Origin:  Embryonic  
 Foetal  
 Adult

Name: \_\_\_\_\_

*Ex-vivo Gene Therapy*

Target gene: \_\_\_\_\_

Cell type: \_\_\_\_\_

Mechanism:  Gene Transfer  
 Regulation of gene expression  
 Genetic Engineering (precise technique) or gene modification: \_\_\_\_\_

Vectors:  Viral  
 Non viral  
 Other specify: \_\_\_\_\_

**Medical Research or applications**

Patients Care  
 Natural History of Diseases  
 Epidemiology  
 Other specify: \_\_\_\_\_

**Tool development**

Genomics/Proteomics  
 Bioinformatics  
 Vector  
 Animal Model  
 Cellular Model

Applicant's name:

- Biomarker
- High Throughput Screening
- Database
- Metabolomics

**PRINCIPAL MODEL USED IN THE PROJECT (If applicable)**

**Non Applicable**

**Animal Model**

- Type:
- C.elegans
  - Drosophila
  - Zebrafish
  - Yeast
  - Primate
  - Human
  - Cat            specify: \_\_\_\_\_
  - Dog            specify: \_\_\_\_\_
  - Rat            specify: \_\_\_\_\_
  - Mouse        specify: \_\_\_\_\_
  - Others        specify: \_\_\_\_\_

**Cell Culture**

Type:        specify: \_\_\_\_\_

**Progress report for the previous AFM funding (if applicable, in English only)**

Please note that a final progress report must be provided at the latest 6 months after the end of the contract; this is valid for all the contracts mentioned on page 5, except those which were already reported on in a previous application.

Please begin the description with the page provided and continue for a maximum of 5 pages, numbering pages a, b, c...

**A - Scientific progress report**

- a) Describe the main goal and specific aims as described in the original application
- b) Progress report: Describe in detail the accomplishments including all results, challenges, setbacks and explain, if applicable, the rationale for new directions taken
- c) Quantify progress made towards the initial aims
- d) Next steps

**B - Clinical progress report (if any) (Please enclose copies of documents from competent authorities)**

Please use as much space as needed and fill in all fields: incomplete reports will be rejected.

Do not forget to fill in the scientific and clinical progress report.

B1 - Name and address of the sponsor

Name and address of the investigator coordinator

B2 - How many patients have already been enrolled?

B3 - Study outline:

Expected number of patients, Kind of treatment, Expected date for First Patient In

B4 - Detailed clinical progress report by country

I. Country:

II. Center(s) where the clinical trial is being conducted?

III. Has the initial clinical trial been submitted?

- YES
- NO

IIIa. Has the initial clinical trial been submitted to a competent authority? (Name)

- Submission date
- Approval date
- Expected date
- Reasons for the lack of approval:

IIIb. Has the initial clinical trial been submitted to an ethics committee? (Name)

- Submission date
- Approval date
- Expected date
- Reasons for the lack of approval:

IV. Has any amendment to the initial clinical trial been approved? (Name)

- YES
- NO

Applicant's name:

V. Has any amendment to the initial clinical trial been approved by a competent authority? (Name)

- Submission date
- Approval date
- Expected date
- Reasons for the lack of approval:

VI. Has any amendment to the initial clinical trial been approved by an ethics committee? (Name)

- Submission date
- Approval date
- Expected date
- Reasons for the lack of approval:

VII. Description and justification of divergences according to initial objectives

### **C - Publications and /or Patents**

- Publications acknowledging the financial contribution of AFM-AIRG-FdR including papers submitted for publication, accepted for publication or in press (References must include names of all authors, full title of the manuscript, name of the journal the manuscript has been submitted to and date of submission):

Please send a copy of your accepted paper to [myodoc@afm.genethon.fr](mailto:myodoc@afm.genethon.fr) and to [pascal.houillier@egp.aphp.fr](mailto:pascal.houillier@egp.aphp.fr)

- Intellectual property and patent(s) application

(The applicant shall promptly notify AFM-AIRG-FdR in writing of each Result and any patent applications filed thereon resulting from the research Project. "Result" means any product, process, result, computer software, database, idea, information, development, conceived or created by the applicant and his/her program team, arising out of the research Project funded by AFM-AIRG-FdR, that is or may be patentable or otherwise protectable by intellectual property rights)

- Other comments