

CANNeCTIN Pilot Project Development and Funding Process

CANNeCTIN's priorities are to support high-quality, collaborative, multi-centre projects that have the potential to expand nationally/internationally and ultimately secure external funding. CANNeCTIN supports selected pilot projects through both the provision of coordination support from the Population Health Research Institute at no cost to the pilot study investigators, and through the allocation of funding up to a maximum of \$50,000/year for up to 2 years.

Process for development of CANNeCTIN pilot projects

Initial Phase – Working Group Discussion and Development

1. A 2-4 page outline of proposed project must be submitted to the most appropriate CANNeCTIN Working Group (see attached list). Proposals received by the CANNeCTIN Coordinating Centre or Operations Committee will be re-directed to the appropriate Working Group. Outlines may be submitted at any time during the year. It is expected that projects will be reviewed for their fit with CANNeCTIN's goals and objectives, and further developed and refined through collaborative discussions within the Working Group members. At a minimum, outlines are expected to address the following: study rationale, design, number of sites/patients, collaborators, and timelines.
2. Strong preference will be given to proposals that include:
 - Multi-centre projects
 - Clear plans to secure additional/matching funding for the pilot project
 - Plans for expansion to a full-scale study if pilot is successful
 - Opportunities for mentoring junior investigators

Funding Phase – Operations and Steering Committee Review

1. CANNeCTIN will review projects for funding and/or PHRI coordination support in 1-2 competitions each year.
2. Only projects invited by a Working Group to apply will be considered for funding/support. It is expected that Working Groups will recommend one pilot project per round. CANNeCTIN will provide pilot project application forms similar to those used by CIHR but customized for use in applications for clinical trials, observational studies, or registries.
3. Invited submissions will be reviewed by the CANNeCTIN Steering Committee. The proposal will be assigned to a primary and a secondary reviewer member of the Steering Committee, neither of whom is a member of the Working Group which has made the recommendation.
4. Final support decisions will be made by the CANNeCTIN Operations Committee, in consultation with PHRI, to ensure feasibility and sufficient capacity. It is expected that CANNeCTIN will be able to support about 5-6 new pilot studies each year, at the level of \$50,000/year each

Questions or requests for additional information can be directed to Dr. Tara McCready, CANNeCTIN Program Director, at cannectin@phri.ca

CANNeCTIN Working Groups

| Working Group | Chair(s) | PHRI Facilitators (McMaster) |
|---|---|---------------------------------|
| Disease/Discipline Groups | | |
| Acute Coronary Syndrome | Pierre Theroux (Univ. de Montréal) John Cairns (UBC) | Shamir Mehta |
| Adult Congenital Heart Disease and Pregnancy | Samuel Siu (UWO) | Omid Salehian |
| Arrhythmias | Paul Dorian (Univ. of Toronto) | Stuart Connolly |
| Cardiac surgery | Stephen Froles (Sunnybrook) Richard Novick (UWO) | Andre Lamy, Kevin Teoh |
| Heart Failure/LV dysfunction | Malcolm Arnold (UWO) | Robert McKelvie |
| Intervention | Vlad Dzavik (Univ. of Toronto) | Madhu Natarajan |
| Perioperative medicine | Thomas Schrickler (McGill U.) | PJ Devereaux |
| Prevention | Gilles Dagenais (Univ. Laval) Bernie Zinman (Univ. of Toronto) | Hertzel Gerstein, Eva Lonn |
| Stroke | Ashfaq Shuaib (Univ. of Alberta) | Martin O'Donnell |
| Technology Groups and Programs | | |
| Biostatistics and Methodological Innovation | Richard Cook (U. of Waterloo) | Janice Pogue |
| Developing countries | Koon Teo (McMaster U.) | |
| Education | PJ Devereaux (McMaster U.) | |
| Knowledge Translation | Jafna Cox (Dalhousie U.) Jack Tu (Univ. of Toronto) | Stuart Connolly |
| Pharmacogenomics | Robert Roberts (U. of Ottawa) | Sonia Anand |