

12th joint ECCO-AACR-EORTC-ESMO Workshop 'Methods in Clinical Cancer Research'
Waldhaus Flims, Switzerland, 19 – 25 June 2010

– APPLICATION FORM –

Deadline for receipt of applications: 12 February 2010 (24:00 CET – Brussels time)

Minimum selection criteria

- 1/ Must be a junior physician in at least the 2nd year of training for oncology specialty and within 5 years of completion of training.
- 2/ Have a major interest in clinical research and intend to develop a career in that field.
- 3/ Aim to write and conduct a **clinical protocol** for a study not previously performed nor written, which is also considered **feasible** within the institutional setting and the time of completion of the candidate' s clinical training.
- 4/ Must be fluent in written and spoken English and have good computer skills.
- 5/ Have support from the Supervisor/Head of Department and sustained commitment in the years following the Workshop.

IMPORTANT INFORMATION

- Please complete **ALL fields**
- Please respect the maximum number of sentences to complete certain fields as this will facilitate the application review
- Pictures/graphs can be copy-pasted into the relevant fields
- Please ensure that the uploaded document size does not exceed 4 MB

1/ Applicant details

Title (Prof, Dr, ...)	
Family name	
First name	
Oncology discipline (e.g. Medical Oncology, Surgical Oncology, Radiation Oncology, Paediatric Oncology, ...)	
Institute	
Department	
Address	
Zip Code	
City	
Country	
Age	
Date of Birth	dd/mm/yyyy
Gender	
Telephone	
Fax	
Mobile	
Email	
Digital picture (low resolution)	->

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2/ A one-page description of the clinical THERAPEUTIC trial protocol you intend to write during the Workshop	
a) Protocol TITLE:	
b) Keywords: select at least 2 of the following keywords: (Phase I, Phase II, Phase III, Phase I/II, Phase II/III, Drug, Surgery, Radiotherapy)	
c) Main objective of the trial (Describe in 2-3 sentences)	
d) Proposed trial design (No more than one paragraph describing the elements of the trial. A schematic diagram may be used instead of a narrative)	
e) Rationale for performing this trial (Describe in 2-3 sentences)	
f) Characteristics of the population under study (Outline 2-3 major points)	
g) Proposed endpoints / measurable outcome (Bullet points -primary, secondary)	
h) Feasibility of the study (Access to the required number of patients, adequate supplies of the drugs, adequate resources)	
i) Translational studies (Imaging, laboratory...) What translational studies would you consider?) Please specify	

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3/ A complete C.V. – ONE PAGE (maximum 1500 characters)	
	<u>Publications:</u>

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<p>4/ A letter of motivation explaining the reasons for wanting to participate in this Workshop. Provide the following information:</p>	
<p>a) Date when specialty training will be completed (month, year) and a description of your previous research background.</p>	<p>mm/yyyy</p> <p><u>Previous research background:</u></p>
<p>b) A description of the programme you are scheduled to participate in over the next two years.</p>	
<p>c) An indication of the type of programme in which you would ideally wish to be working in 5 years time.</p>	
<p>d) An explanation of how participation in the Workshop would help the design and conduct of the trial to be outlined in the final protocol.</p>	
<p>e) An agreement to participate in the long-term evaluation of this Workshop by maintaining contact with the organisers and responding to questionnaires when requested.</p>	
<p>Other comments</p>	

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Please tick the box if appropriate <input type="checkbox"/>	I declare that I have <u>NOT previously</u> been selected to participate in the ECCO-AACR-ASCO Workshop on 'Methods in Clinical Cancer Research', Flims, Switzerland.
Please tick the box if appropriate <input type="checkbox"/>	I declare that I have <u>NOT applied</u> to the ASCO-AACR Workshop: 'Methods in Clinical Cancer Research', to be held in Vail, USA and have <u>NOT been selected</u> to attend a previous edition of the Workshop.
Please tick the box if appropriate <input type="checkbox"/>	I declare that I have <u>NOT previously</u> been selected to participate in the Acord 'Australia and Asia Pacific Clinical Oncology Research Development Workshop' in Australia.
Please tick the box if appropriate <input type="checkbox"/>	I declare that I will design the protocol for the study concept submitted with this application and I will <u>NOT CHANGE</u> this study concept prior to coming to the Workshop
Please tick the box if appropriate <input type="checkbox"/>	I guarantee that the submitted study concept will not be developed prior to the Workshop and will not be active by the time the Workshop starts.

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5/ A statement from the applicant's Supervisor/ Head of Department in support of the application	
a) A description of the length of time and the capacity in which the Supervisor/ Head of Department has known the applicant.	
b) An assessment of the quality of the applicant's performance in his/ her current programme.	
c) A commitment to make every reasonable effort to <u>enable the applicant to conduct a clinical trial</u> based on the protocol produced at the Workshop. The Supervisor/Head of Department should confirm the " feasibility " of the proposed trial within the institutional setting.	
d) A commitment to participate in the long-term evaluation of this Workshop by reporting the results of the trial conducted by the applicant to the organisers and by responding to questionnaires received from the organisers.	
Please tick the box if appropriate <input type="checkbox"/>	I guarantee that the submitted study concept will not be developed prior to the workshop and will not be active by the time the workshop starts.
Please tick the box if appropriate <input type="checkbox"/>	I declare that I am aware and accept that the initial protocol concept of my fellow may be changed <u>partly or drastically</u> during the Workshop. I will remain available by Email/mobile phone for deliberation during the Workshop.

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6/ Contact details Supervisor/ Head of Department	
Title (Prof, Dr)	
Family name	
First name	
Oncology discipline	
Institute	
Department	
Address	
Zip Code	
City	
Country	
Mobile	
Telephone	
Fax	
Mobile	
Email	

Letters of recommendation from the applicant's Head of Department can be copy-pasted below: ↓