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INSTITUT NATIONAL DU CANCER

CALL FOR APPLICATIONS 2022

Creation of a Research Chair in Social and Human Sciences and Public Health "Tobacco and cancer prevention"

TOBACCO Chair 2022

DEADLINE FOR SUBMISSION OF APPLICATIONS: 18 January 2022 – 4 pm

Online submission of electronic applications:

http://www.e-cancer.fr/Institut-national-du-cancer/Appels-a-projets/Appels-a-projets-en-cours/chairetabac2022

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1 Background

The epidemiological, health and economic data found in the scientific literature are evidence that tobacco has been a major public health challenge for a number of years, especially in the field of cancer prevention.

Tobacco is the leading known risk factor of preventable cancers in France, and its carcinogenic effect has been recognised since vital research was published by renowned epidemiologists such as Richard Doll or Ernest L. Wynder in the early 1950s. In 2018, the number of new cancers diagnosed in adults in France was estimated to be 346,000, of which approximately 20% are attributable to tobacco use.[1] In 2013, the number of cancer-related deaths attributable to tobacco was estimated to be 45,000.[2] Moreover, tobacco is the leading direct cause – or at least identified as a contributing factor – for 17 cancer sites.[2] Indeed, in addition to being closely associated with lung cancer (over 80% of lung cancers), tobacco is also a risk factor for other types of cancers: nasal cavity, mouth, pharynx, larynx, oesophagus, liver, kidney, pancreas, stomach, etc.

In fact, tobacco use in France remains very prevalent. Despite a reduction in daily tobacco use between 2014 and 2019, its prevalence stabilised in 2020, and it still concerns 25.5% of those aged 18-75 years.[3] This trend helps increase social inequalities, as tobacco use is more common among those with low incomes, and with few or no qualifications. Furthermore, it is worth noting that, in 2016, over half of daily smokers reported wanting to quit smoking; hence the need to boost support and cessation aid measures for these people, especially when they are suffering from cancer or have recently been diagnosed. Finally, the social cost of tobacco calculated for the year 2010 was €120 billion.

Due to the issues induced by tobacco use, there is substantial scientific literature on the topic, and, as such, reference may be made to the contributions of the Cochrane Tobacco Addiction Group, particularly its summary of analyses based on the literature and workshop findings, published in 2017.[4] This work led to the identification of 183 unanswered research questions in the field of tobacco, associated with various priority research areas. These areas are closely linked with cancer prevention research, particularly pertaining to combatting inequalities, initiation of attempts to quit, population-based interventions (including cancer patients), or specific or vulnerable populations.

In the light of this health, economic and scientific context, a proactive national tobacco control policy has been developed in France. The 2018-2022 National

1 Les cancers en France, l'essentiel des faits et chiffre. Editions 2019. Institut national du cancer.

2 Pasquereau A, Deutsch A, Richard JB, Guignard R, Andler R, Estaquio C. Tabac et cancer. Perceptions des risques en 2015 et évolutions récentes. Cancer Barometer 2015. Saint-Maurice. Santé publique France, 2019.

3 Pasquereau A, Andler R, Guignard R, Soullier N, Gautier A, Richard JB, Nguyen-Thanh V. Consommation de tabac parmi les adultes en 2020 : résultats du Baromètre de Santé publique France. Bull Epidémiol Hebd. 2021;(8):132-9.

4 The CTAG taps team. The Cochrane Tobacco Addiction Group twentieth anniversary priority setting project (CTAG taps) final report. 2017. Oxford, UK: Cochrane Tobacco Addiction Group

Tobacco Control Plan (PNLT) has reframed tobacco control as a public health priority, and the Interministerial drug and addiction prevention commission (MILDECA) has also drafted the 2018-2022 National addiction action plan with a view to creating further momentum in combatting addictions, particularly by boosting research in the area of addictions (area 4: "Research and observation serving action").

The 2021-2030 Ten-year anti-cancer strategy, coordinated by the French National Cancer Institute (INCa), has also renewed the aim to develop research on tobacco, particularly on individuals' pathways and interactions between risk factors and their potentiation (action I-1.3), and on cross-cutting topics concerning the field of tobacco, such as cancers with poor prognosis (action III-1), and combatting inequalities (action IV-3).

In this context, the French National Cancer Institute has set up a number of initiatives supporting research on tobacco with its partners, by launching calls for proposals aimed at supporting free research projects.[5] The Institute's commitment to tobacco research has also resulted in the organisation of events on the topic, such as the "Current state of tobacco cessation interventions and tobacco prevention research" workshop organised in conjunction with National Cancer Institute (NCI), which will take place in 2022. Within the framework of the preparation of this event, a number of work topics have been identified as priorities (polysubstance use, vulnerable populations and those isolated from the healthcare system, polytobacco use).

Alongside these initiatives, **the Institute is launching a call for proposals to create a Research Chair in Social and Human Sciences and Public Health entitled "Tobacco and Cancer Prevention".**

Research chairs continue to provide a key source of leverage for developing teams on relatively unexplored or emerging themes: by supporting research team formed around a chairholder, research chairs help achieve research excellence objectives with a high international profile.

This research chair will thus help boost and drive research on tobacco-related cancer prevention, especially on cross-cutting issues (combatting social inequalities, consideration of vulnerable and specific populations) or on methodological approaches contributing to an analysis of intervention methods and participatory approaches.

2 Objectives

The overall objective of this Chair is to develop research in tobacco and cancer prevention. It is primarily aimed at meeting the scientific requirements set out by the French National Cancer Institute and those of the Fonds Addictions project: define cross-disciplinary research approaches in social and human sciences and public health; foster disciplinary decompartmentalisation; raise

5 PRIORITE Tabac 2016, 2017; INCa-IReSP Tobacco CFP 2018, 2019; INCa-IReSP Psychoactive Substance CFP since 2020.

the profile of research through knowledge dissemination initiatives; support research on priority, emerging and prospective issues; and finally propose a scientific and teaching programme around priority issues covering the disciplines of social and human sciences and public health.

In partnership with their affiliation institution, the candidate, future Chairholder and coordinator of the submitted application, shall be tasked with developing and coordinating a relevant, ambitious and innovative research programme. This programme should cover the field of cancer prevention; addressing societal challenges identified on national and European levels; and finally, tackling priority and emerging issues with a forward-looking approach involving disciplinary decompartmentalisation with a view to scientific visibility on a European scale.

The candidate should develop a programme accounting for the following research and teaching objectives:

Research:

- define a programme addressing the priority research issues within the remit of the Chair;
- coordinate a multidisciplinary research programme and team, focusing particularly on junior researchers who have recently graduated (Master's degree and doctoral students, and post-doctoral researchers);
- disseminate knowledge by organising study days and national and international conferences open to the greatest number among the scientific community, stakeholders on the ground, institutions, students;
- help raise the profile of the Chair's research and activities by publishing papers in international peer-reviewed journals, attending seminars and scientific events, collaborating with research networks, responding to national, European and international calls for proposals.

Teaching:

- develop a teaching programme with the affiliation research institution as well as any other relevant French or international research institution, and co-build with the stakeholders involved;
- provide initial and/or continuous education in the field of social and human sciences and public health applied to health in general and cancer prevention in particular, particularly by taking part in graduate-level or equivalent programmes; In this regard, support for master's students' projects could be proposed and rolled out with a view to supporting all research initiatives liable to lead to a dissertation project;
- organise and lead a teaching programme on the topics covered by the Chair in the form of research seminars and workshops. Some seminars may be facilitated by international scientific experts, invited on behalf of the Chair.

Governance bodies:

The candidate should propose governance bodies for the Chair including, in particular, an independent scientific advisory board made up of eminent scientists from France and abroad and a governance committee made up of the Chair's partners.

3 Research areas

In line with the Cochrane guidelines and with the preparation of the INCa-NCI workshop, a number of research topics and target populations have been identified as priorities for the Institute in the creation of the "Tobacco and Cancer Prevention" chair, and are set out below. These research areas are proposed as an indication, and the candidate is not expected to deal with them exhaustively, but rather select those falling within the remit of their expertise from the list to propose in their applications.

The Chair is expected to address, scientifically and educationally, the challenges of the research field covered, by fostering a cross-cutting approach, integrated in the disciplinary fields of social and human sciences and public health. Interventional innovations are strongly encouraged within the scope of this calls.

3.1 Priority target populations and research topics

Combatting health inequalities continues to be a real public health challenge, especially in tobacco consumption, in terms of prevalence, risk perception, and danger threshold. Indeed, the scientific literature shows a correlation between poor perception of the cancer risk associated with tobacco use and having a disadvantaged socio-economic background.[6] Moreover, this population is often used as a marketing target by industrial firms[6] and is characterised by a considerable wariness of prevention messages. Finally, research has shown that conventional tobacco cessation support based on Nicotine Replacement Therapies (NRTs) is less effective among socio-economically disadvantaged smokers.[7] Therefore, in order to combat health inequalities, it is necessary to propose interventions aimed at these **so-called vulnerable populations,** with a particular focus on **tobacco use initiation prevention** initiatives and **tobacco cessation** initiatives.

Cancer patients are also a priority target population for the Institute. Indeed, for this specific population, **tobacco cessation** initiatives are particularly key. In fact, the delivery of a cancer diagnosis is not always accompanied by immediate and definitive cessation of tobacco use, although cancer diagnosis may seem to be a learning opportunity and a decisive factor in tobacco

6 Pasquereau A, Deutsch A, Richard JB, Guignard R, Andler R, Estaquio C. Tabac et cancer. Perceptions des risques en 2015 et évolutions récentes. Cancer Barometer 2015. Saint-Maurice. Santé publique France, 2019.

7 Lucherini, M., Hill, S. & Smith, K. Inequalities, harm reduction and non-combustible nicotine products: a meta-ethnography of qualitative evidence. BMC Public Health 20, 943 (2020).

cessation. One of the scientific challenges in this area concerns identifying appropriate cessation measures such as cognitive behavioural therapy associated with nicotine replacement products, or increasing motivation. Research on **tertiary tobacco-related cancer prevention** is also a key area due to the impact of the illness on the patient and their friends and family. Interventions aimed at anticipating, preventing or reducing the impact of the illness on caregivers, during and after treatment, are a major focus. Tertiary prevention is also intended to reduce complications (comorbidities) and risks of recurrence and secondary cancers: interventions for improving the quality of life of patients and their friends and family (programme of therapeutic education for the patient, guidance, learning, nudges,[8] disease management, supportive care, etc.), as well as post-cancer support measures including employment retention and return to work.

Particular focus may also be placed on **other so-called specific populations** such as young people, pregnant women and parents of young children, people suffering from chronic illness (including people living with a mental health disorder), people with disabilities, socially deprived people, and people in prisons.[9]

3.2 Methodological approaches

In view of the challenges surrounding the populations mentioned above, particular focus may be placed on **community research**. This approach may emerge as a means to help reduce health inequalities and improve the quality of life of cancer patients and their friends and families. Indeed, community research examines the user's role as a research stakeholder, and brings about a reassessment of the attitudes of the various stakeholders involved. As such, it gives rise to participation and integration challenges, and can also contribute to a broader analysis on the manner in which research is conducted, and on the link between expert knowledge and lay knowledge. Further development of this methodological approach is still needed in the field of cancer, since the scientific literature demonstrates the challenges in respect of the transferability of community research in this field, even though the regulatory context is favourable for patient inclusion.[10] In particular, including cancer patients and/or their friends and families in research linked with tobacco cessation and with proposed intervention and support tools may prove to be relevant.

Population health intervention research may also help address the priority issues mentioned above, by helping, through direct and targeted intervention on risk factors, prevent or delay the onset of related health problems. In fact, intervention research uses "scientific methods to produce knowledge about policy and programme interventions that operate within or outside of the

[8] This term refers generally to changes or adaptations of the environment made with a view to promoting protective behaviour (Thaler & Sunstein, 2008).

9 Specific population as defined by the National anti-addiction fund strategic advisory board, in the intervention areas for 2020.

[10] Bauquier, C., Pannard, M. & Préau, M. (2017). Une démarche innovante pour favoriser la recherche communautaire et faire vivre la démocratie sanitaire en oncologie : les Seintinelles. Santé Publique, vol. 29(4), 547-550.

health sector and have the potential to impact health at the population level".[11] Intervention research can also be understood as a research process involving the formulation of intervention hypotheses, their application and evaluation, and adaptation, if necessary, of the intervention in the light of the results. These interventions may also help reduce inequalities. As such, intervention research has a role to play in research in tobacco-related cancer prevention, particularly through global approaches that have proven to be relevant and effective.

4 Application procedure

The candidate (future Chairholder), the grant recipient institution, and the Chair's partner institutions must declare that they have no link of interest or have received no funding from the tobacco industry (article 5.3 of FCTC)[12] and from the pharmaceutical industry.

4.1 Candidate profile

The candidate, coordinating the submitted proposal, is a senior scientist holding a doctorate in one of the disciplines of social and human sciences[13] or public health.[14] They must have significant experience in research and in producing recognised scientific publications in the Chair's research area. They must have also experience in teaching and the necessary skills to conduct a research programme autonomously (obtaining funding, coordinating teams around a project, capitalising on the findings, etc.).

This Research Chair is open to all French and foreign scientists, whether tenured or contract in a French public institution.

The candidate must be able to supervise the work of doctoral students, i.e. be authorised to supervise research (HDR authorisation). Candidates who are not suitably authorised must commit to applying for authorisation during their first three years working as the Chairholder.

4.2 Affiliation of the Chair

4.2.1 Scientific affiliation

Scientific affiliation may be provided directly by the research laboratory where the candidate is based, or that of a member of the research team where applicable, but within the candidate's affiliation institution.

[11] Hawe P. & Potvin L. (2009). What is population health intervention research? Canadian Journal of Public Health, 100(1).

[12] FCTC: WHO Framework Convention on Tobacco Control. Guidelines for the implementation of Article 5.3 on the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry: https://www.who.int/fctc/guidelines/article_5_3_fr.pdf?ua=1

[13] The list of disciplines corresponds to the scientific fields SHS1 to SHS6 under the Classification of the High Council for Evaluation of Research and Higher Education.

[14] The list of disciplines corresponds to the scientific fields of section 46 of the French National University Council: epidemiology, health economics and prevention; occupational medicine and health; legal medicine and health law; biostatistics, medical informatics and communication technologies.

4.2.2 Administrative affiliation and recipient institution

The Chair shall be administratively affiliated with the institution with which the candidate is affiliated. An agreement shall be drafted between the French National Cancer Institute and this affiliation institution. This institution shall receive the funding to create the Research Chair in SHS and public health entitled "Tobacco and Cancer Prevention". The terms of use shall be particularly set out in the agreement. Only a public research institution (university, public scientific, cultural and vocational institution [EPSCP], scientific and technical research establishment [EPST], industrial and commercial public undertaking [EPIC], etc.) can act as the recipient and affiliation institution.

4.3 Funding and duration

The Chair shall receive funding from the French National Cancer Institute for a term of five years, capped at €750,000.

Operating expenditure is capped at €60,000, and equipment expenditure is capped at €10,000 for the entire term of the project, the remainder being reserved exclusively for salary expenditure, particularly for the Chairholder's remuneration. Management cost calculations must be included in the funding amount.

The Chair's projected budget should specify the value of all partners' contributions: that of the affiliation institution and those of any partners associated with the operation of the Chair. All these contributions should represent at least 15% of the total funding amount from the French National Cancer Institute.

The value of the contributions funded by the affiliation institution and its partners shall provide the necessary work infrastructure for the operation of the Chair (offices, IT and logistical support, organising meetings, etc.), and salaries for post-doctoral and other researchers in the first years, particularly to facilitate the launch of the Chair.

The affiliation institution shall agree to make every effort to maintain the Chairholder's position in order to ensure the continuity of research and teaching on the theme.

4.4 Application file

The application includes a description file and a projected budget.

The application must be written in English. It must contain:

- a detailed candidate CV (scientific and teaching activities, methodological skills, competencies in supervision, dissemination of research, expert review, etc.);
- a list of the most recently published works or those most relevant to the research programme;
- a detailed description of the research programme, and of the teaching and scientific animation programme, particularly specifying the terms of

partnerships envisaged with Master's level programmes and support and guidance measures for students in these programmes;

- details of how research findings will be disseminated and capitalised upon;
- details of the affiliation institution and partners;
  - research laboratory where the candidate is based;
  - the Chair's administrative affiliation institution (name, administrative contact details);
  - the Chair's scientific affiliation institution (if different from the administrative affiliation institution);
  - the Chair's partner institutions (if applicable);
- the projected budget should provide details of remuneration, operating, and equipment costs, and contributions from the affiliation institution and other partners and co-funding where applicable (see 4.3 above).

5 Selection procedures and evaluation criteria

To evaluate the applications, the French National Cancer Institute relies on an international evaluation committee whose members are recognised for their scientific expertise in the research fields covered by the Chair.

Before proceeding to the evaluation, the reviewers undertake, via the PROJETS portal, to:

- comply with the requirements of the Institute's code of ethics, available to view at: http://www.e-cancer.fr/Institut-national-du-cancer/Deontologie-et-transparence-DPI/Acteurs-de-l-evaluation-de-projet;
- keep the documents and information to which they shall have access confidential;
- declare any direct or indirect links or conflicts of interest they may have with the applications to be evaluated.

The French National Cancer Institute shall place particular focus on identifying links of interest between the members of the committee and the applications submitted in order to prevent any bias during the evaluation process.

Applications shall be evaluated in two stages:

- assessment of the application files, subject to their admissibility and eligibility;
- interviews in March 2022 of candidates shortlisted after the first stage.

In the event of the submission of a substantial number of applications, the French National Cancer Institute may need to adapt the selection phase and the overall timetable of the call.

5.1 Admissibility

The application files must be submitted according to the specific terms (see section 4), by the deadline and in the required format (see sections 7 and 9). These documents should be written in English.

Only applications meeting all the administrative criteria for admissibility will be considered by the evaluation committee.

5.2 Evaluation criteria

- **Candidate:**
  - proven research experience and major scientific contributions. Particular emphasis shall be placed on the key articles published by the candidate over the last five years proving their expertise in the field in question;
  - ability to obtain funding for the research activities of their team by responding to national and international calls for proposals;
  - experience of scientific supervision of doctoral students;
  - fluent spoken and written English.
- **Quality of the scientific project:**
  - original scientific project in line with the objectives of the Chair;
  - scientific positioning in the international context;
  - clear and relevant objectives in terms of public health;
  - prospects for putting together a research team and for national and international scientific collaboration;
  - methodological and financial feasibility.
- **Quality of the teaching plan:**
  - quality teaching plan in line with the objectives of the Chair (teaching and training, organisation of study days, seminars);
  - relevant and innovative.
- **Impact:**
  - quality plan for disseminating the results of the research (international publications and presentations, meetings, conferences, and awareness days for scientists, healthcare professionals and the general public, etc.);
  - potential for enhanced medical, economic and/or societal value.

6 General provisions

6.1 Payment of grants

Funding shall be assigned according to the provisions of Regulation No. 2020-01, regarding grants allocated by the French National Cancer Institute, available

to view at: http://www.e-cancer.fr/Institut-national-du-cancer/Appels-a-projets/Reglement-des-subventions.

The recipient institution (legal representative) and the candidate must undertake to adhere to the grant regulation, subject to any exemptions added in the grant allocation agreement between the French National Cancer Institute and the recipient institution, as follows:

- the candidate, project coordinator registers their commitment directly via the PROJETS portal in the "Undertakings" section of the application (click-validated signature);
- after the candidate has been selected, the legal representative of the grant recipient institution shall subsequently be requested to undertake to comply with this regulation.

6.2 Eligible expenditure

The French National Cancer Institute grant can fund:

- staff costs: particularly the Chairholder's remuneration;
- operating costs, particularly:
  - consumables associated with conducting the project (minor equipment, laboratory product, tests) apart from office consumables which fall under the category of management costs;
  - intellectual property costs in respect of patents or licenses arising from conducting the project;
  - costs related to publishing the results of funded projects, including, for example, any additional costs applied for the publication of open access articles;
  - travel or business expenses in respect of permanent or temporary staff assigned to the project (conferences, seminars, CRA/CTT monitoring, etc.);
  - organisational costs in respect of meetings, seminars linked with the project and within the term of the project (room hire and equipment hire) apart from reception costs which fall under the category of management costs;
  - services: the grant recipient can request the services of third parties outside the project;
  - receipted expenses according to an internal invoicing procedure: these expenses correspond to services provided by one of the recipient's entities (department, division), subject to a price list and accounting records. This internal invoicing must be in proportion to the actual use of services for the needs of the project;
- equipment expenses for an amount capped at €10,000, for office equipment only;
- management costs: capped at 8% of the total cost of eligible expenditure (staff, operating costs, equipment) actually paid. The management costs are flat-rate and cover:

- the general administrative costs associated with administrative management and project follow-up (such as, in particular, administrative time allocated to fund transfer agreements, tracking of funding of participating teams), purchases of office consumables, stationery, etc.;
- reception costs in respect of meetings, conferences and seminars (food trays, cocktail reception).

6.3 Activity report and financial report

The Chairholder and the recipient institution shall undertake to furnish scientific activity reports and financial reports as per the terms defined in the grant regulation.

6.4 Publishing and communication

Within the framework of the National Plan for Open Science, the grant recipient institution and the Chairholder must make sure to:

- provide abstracts (scientific and general) of the drafted research programme which will be published on the Institute's website and, if applicable, on those of its partners;
- favour publications in journals or books that are natively open-access. Failing this, the recipient and the teams involved in the project undertake to file scientific publications resulting from the funded research projects in an open archive;
- enter and update a data management plan on the DMP OPIDoR portal: https://dmp.opidor.fr/ according to the same frequency as for the submission of activity reports defined in the grant allocation agreement. The grant allocation agreement shall recall the schedule and the procedure for submitting this data management plan. Specifics available at the following address: (https://www.e-cancer.fr/Institut-national-du-cancer/Appels-a-projets/Reglement-des-subventions/Plan-de-gestion-de-donnees) ;
- mention the Institute's financial support in any publication, regardless of format (particularly articles, abstracts), produced in the context of the project. Such mention must cite the project's unique and scientific ID obtained from the PROJETS portal.

7 Timetable

Publication of the call for applications	October 2021
Deadline for submission	**18 January 2022 – 4:00 pm**
Candidate interviews	March 2022
Results	April 2022

8 Publication of results

Results will be sent to the candidates/project coordinators.

The list of selected projects will be published on the French National Cancer Institute website.

9 Submission procedure

9.1 Submission procedure: PROJETS portal

Projects are submitted directly via the PROJETS portal: https://projets.e-cancer.fr

Create/activate account: to login, use your reference email as your login on the PROJETS portal home page.

- If you have not yet registered, create your account and enter your contact details and work profile.
- If you are already registered, a message will be displayed indicating that your email address already exists. In this case, simply click on "Forgot password?" and follow the instructions.
- Finally, if you think that you are already registered and your email address is not recognised, contact us at the address:

  assistanceprojets@institutcancer.fr

Application file submission: all application files must be **submitted solely under the coordinator's name and contact details.** Applications submitted under another name/email address shall be **inadmissible**.

9.2 Application file

The applicant logs onto their account in the PROJETS portal and:

- completes the required information online (supplementary fields);
- uploads the documents required for the submission:
  - project description in the "Project overview" section;
  - projected budget in the "Financial appendix – projected budget" section;
  - adds supplementary attachments to the application, in the "Project description" section, under "Supplementary attachments";
- validates the proposal submitted: the final validation requires a review to ensure the data is complete, clicking on "final submission" generates an email acknowledging receipt and confirming file submission.

Important:

- the file number received when submitting the project must be cited on the documents filed, e.g. "CHAIRE-001";
- once the file has been validated, you will no longer be able to return to the contents of the file submitted.

10 Contacts

You can contact us if you require further information on:

➢ **scientific matters:**

Coline BANCEL – cbancel@institutcancer.fr

Project manager
Department Social and Human Sciences, Epidemiology and Public Health
Research and Innovation branch

➢ **administrative matters:**

tabac-info@institutcancer.fr

➢ **technical matters:**

assistanceprojets@institutcancer.fr