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| APPEL À CANDIDATURES 2025  **APPLICATION FILE 2025**  **Labellisation des réseaux nationaux de référence pour cancers rares de l’adulte, intégrant l’organisation de la double lecture des tumeurs malignes de l’enfant**  **Designation of national reference networks for rare adult cancers, incorporating the organisation of double reading of malignant paediatric tumours**  KRARES25  Dossier de candidature / descriptif du projet  **DATE LIMITE DE SOUMISSION Application submission deadline: 14 February 2025 – 16H00**  [**https://projets.e-cancer.fr/**](https://projets.e-cancer.fr/) -rubrique "Descriptif du projet"   |  |  | | --- | --- | | N° du dossier : Veuillez indiquer le n° de dossier attribué par le portail PROJETS (Menu "Dépôt de projets") |  | | Titre du projet/ Nom du réseau national de référence : |  | | Nom Prénom du Coordonnateur du projet |  | | Établissement de santé de rattachement  NOM et adresse : |  | |

Glossaire de la traduction français-anglais des termes clés de l’appel à candidatures

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| --- | --- |
| Terme français utilisé dans le texte de l’appel à candidatures | Traduction anglaise |
| Labellisation | Designation |
| Centre de référence | Reference centre |
| Centre de compétences | Expert centre |
| Coordonnateur principal | Primary coordinator |
| Co-coordonnateur | Co-coordinator |
| Coordonnateur pathologiste | Pathology coordinator |
| Responsable du suivi administratif et financier du réseau | Head of network administrative and financial follow-up |
| RCP « cancers rares » (RCPCR) | Rare Cancers RCP |
| Relecture des échantillons tumoraux | Tumour sample review |
| Seconde lecture | Double reading |
| Triple lecture | Triple reading |
| Diagnostics discordants | Diagnostic discrepancies |
| Impact thérapeutique majeur de la relecture | Major therapeutic impact of review |
| Rayonnement spatial du réseau | Geographical reach of the network |
| Taux de couverture du réseau | Coverage rate of the network |
| Agence régional de santé (ARS) | Regional Health Agency |
| Dispositif spécifique régional du cancer (DSRC) | Specific Regional Cancer Network |

1. IDENTIFICATION OF THE RARE CANCER REFERENCE NETWORK STRUCTURE

# Details of the national reference network for rare cancers

|  |  |
| --- | --- |
| **Name of national reference network** (spell out acronym where applicable): |  |
| **Type of rare cancer(s) targeted by the network, from the 11 families identified[[1]](#footnote-1):** |  |
| **Estimated recent incidence of this/these rare cancer(s) in France:** |  |
| **List of sub-groups and rare cancers belonging to each sub-group:** |  |
| **Network structuring date:** |  |
| **INCa designation in 2019 or in 2020 (**delete as applicable): | Yes  No |
| **Network characteristic** (delete as applicable): | Anatomoclinical  Clinical  Anatomopathological |
| **In the case of a multisite reference centre  number of sites in the reference centre** (up to a maximum of 3 sites): |  |
| **Number of expert centres included in the network:** |  |

# Network primary coordinators and investigators

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| **NATIONAL COORDINATION – DETAILS OF REFERENCE CENTRE** | |
| **Last name & first name of primary coordinator:** clinical coordinator for anatomoclinical and clinical networks OR pathology coordinator for ACP networks |  |
| **Contact details (email and phone) of primary coordinator:** |  |
| **Institution with which primary coordinator is affiliated:**  **Legal representative of affiliated institution:**  **Legal representative of head office of institution (if different from affiliated institution):**  **Address of head office of institution** |  |
| **List of primary coordinator’s scientific publications, since 2021:** |  |
| **In the case of a multisite reference centre (up to a maximum of 3 sites):** | |
| **Last name & first name of co-coordinator No. 2:** |  |
| **Contact details (email and phone) of co-coordinator No. 2:** |  |
| **Institution with which co-coordinator No. 2 is affiliated:**  **Legal representative of institution with which co-coordinator No. 2 is affiliated:**  **Legal representative of head office of this institution (if different from affiliated institution):**  **Address of head office of this institution:** |  |
| **Last name & first name of co-coordinator No. 3:** |  |
| **Contact details (email and phone) of co-coordinator No. 3:** |  |
| **Institution with which co-coordinator No. 3 is affiliated:**  **Legal representative of institution with which co-coordinator No. 3 is affiliated:**  **Legal representative of head office of this institution (if different from affiliated institution):**  **Address of head office of this institution:** |  |

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| **ANATOMOCYTOPATHOLOGICAL (ACP) COORDINATION**  **(to be completed by anatomoclinical networks only)** | |
| **Last name & first name of pathology coordinator:** |  |
| **Contact details (email and phone) of pathology coordinator:** |  |
| **Institution with which pathology coordinator is affiliated:**  **Legal representative of affiliated institution:**  **Legal representative of head office of institution (if different from affiliated institution):**  **Address of head office of institution:** |  |

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| **HEAD OF NETWORK ADMINISTRATIVE AND FINANCIAL FOLLOW-UP**  **(to be completed by all networks)** | |
| **Last name & first name of head of network administrative and financial follow-up:** |  |
| **Contact details (email and phone) of this head:** |  |
| **Institution with which head is affiliated** (must be one of the reference centre sites):  **Institution with which head is affiliated (must be one of the reference centre sites):**  **Legal representative of institution with which head is affiliated:**  **Legal representative of head office of institution (if different from affiliated institution):**  **Address of head office of institution:** |  |

# Details of expert centres

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| **Selection criteria of expert centres taking on a clinical expertise and care referral mission:** See relevant section in CFA document (page 9) |  |
| **Selection criteria of expert centres taking on ACP expertise & review of adult and/or paediatric tumour samples:** See relevant section in CFA document (page 9) |  |
| **List of expert centres taking on a clinical expertise and care referral mission** (also specify names and contact details of network coordinators in these institutions): |  |
| **List of expert centres taking on an ACP expertise and adult and/or paediatric tumour sample review mission** (also specify names and contact details of network coordinators in these institutions): |  |

# Network governance

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| **List of Steering Committee members indicating:**   * The persons and/or institutions represented who must reflect all of the network’s activities (ACP, clinical expertise, patient associations (insofar as possible), research, coordination, etc.); * Their status; * Their job title; * The reasons for their appointment to the Committee. |  |
| **Steering Committee operation:**   * Meeting organisation format (video and/or in-person); * Meeting frequency; * Decision-making process in the Committee; * Pre-meeting agenda and post-meeting minutes sharing process; * Any referral processes by network members and parties outside the network; * Etc. |  |

II. NETWORK ACTIVITY DATA SINCE 2021 (for existing networks)

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| --- | --- | --- | --- | --- |
| **ACCORDING TO RELEVANT MISSIONS** | **ACTIVITY DATA FOR THE LAST 3 YEARS**  **(if pre-existing network)** | **2021** | **2022** | **2023** |
| **ACP EXPERTISE:**  **SAMPLE[[2]](#footnote-2) REVIEW** | **Total number of double readings conducted within the network** (= number of reviewed samples resulting in rare cancer diagnosis AND reviews ruling out rare cancer diagnosis**):** |  |  |  |
| For relevant networks **→ number of triple readings conducted within the network** (= number of reviewed samples resulting in rare cancer diagnosis AND reviews ruling out rare cancer diagnosis**):** |  |  |  |
| **Number of double readings** (= reviewed samples) **resulting in rare cancer diagnosis:** |  |  |  |
| For relevant networks **→ number of triple readings resulting in rare cancer diagnosis:** |  |  |  |
| **Proportion (in %) of diagnostic discrepancies between the different reviews** (= number of double or triple readings resulting in rare cancer diagnosis, in cases where the initial pathologist(s) had not made the diagnosis / all reviews resulting in rare cancer diagnosis, conducted within the network): |  |  |  |

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| **ACP EXPERTISE:**  **SAMPLE REVIEW** | **Number of reviews (**resulting in rare cancer diagnosis or not) **conducted following a Rare Cancers RCP request:** |  |  |  |
| **Number of patients subject to a tumour sample review resulting in rare cancer diagnosis, per year** (which may be different from the number of samples reviewed):   * Number of adults * Number of children |  |  |  |
| **Number of patients** - whose case is reviewed in a Rare Cancers RCP context - **for whom a rare cancer diagnosis made within an ACP review context modified the treatment planned by the clinical team, per year** (= major therapeutic impact of review): |  |  |  |
| **CLINICAL EXPERTISE: RARE CANCERS RCP ORGANISATION** | **Number of new cases discussed for the first time in a Rare Cancers RCP in the national rare cancers network, per year:**   * Based on the ACP report of the network’s pathology team conducting the review; * Without this report where applicable. |  |  |  |
| **Total number of patient cases reviewed in a CP, per year** (potentially several times for the same patient)**:** |  |  |  |
| **Other indicators for measuring the network’s geographical reach in terms of clinical expertise:**   * If available: specify (e.g. number of Rare Cancers RCP files referred by an external clinician to the network, etc.) |  |  |  |

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| **CARE PROVISION** | **Number of patients receiving care in a centre affiliated to the national rare cancer network, per year** (= attending a consultation or undergoing tests / receiving care in the reference centre or expert centres**):** |  |  |  |
| **Number of patients receiving care in a centre affiliated to the national rare cancer network** (= attending a consultation or undergoing tests / receiving care in the reference centre or expert centres) **and attending oncogenetic counselling, per year:** |  |  |  |
| **IN TOTAL: ON ACCESS TO EXPERTISE AND CARE** | **Number of new patients included in the national rare cancer network, per year** (= number of patients receiving access to ACP and/or clinical expertise and/or receiving care (i.e. attending a consultation or undergoing tests / receiving care in the reference centre or expert centres)in a network institution**)** |  |  |  |
| **TRAINING OF HEALTHCARE PROFESSIONALS & SAFEGUARDING OF PRACTICES** | **Number of university teaching programmes taught by the network, per year:** |  |  |  |
| **Number of non-university training courses organised by the network, per year:** |  |  |  |
| **Number of best practice guidelines produced by the network or to which the network is a contributor, per year (**append list of guidelines – appendix 2): |  |  |  |
| **EPIDEMIOLOGICAL MONITORING** | **Proportion (in %) of registrations of new rare cancer cases in the database, compared to the number of new patients included** (= number of patients receiving access to ACP and/or clinical expertise and/or receiving care (i.e. attending a consultation or undergoing tests / receiving care in the reference centre or expert centres) in a network institution) **in the network, per year:** |  |  |  |
| **Number of research projects initiated using the network database, for epidemiological monitoring** (estimations of incidence, etc.) **or public health** (measurement of indicators of times to access diagnosis and treatment, evaluation of survival, etc.) (append list of publications) **purposes, per year:** |  |  |  |
| **Total number of cases registered in the network database, since its creation** (for 2023 only): |  | | |

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| **TRANSLATIONAL AND CLINICAL RESEARCH DEVELOPMENT** | **Number of translational studies initiated in the network, per year:** |  |  |  |
| **Number of clinical trials initiated in the network, per year** *(append NCT list):*   * Number of national clinical trials * Number of international clinical trials |  |  |  |
| **Number of patients included in clinical trials initiated in the network, per year:** |  |  |  |
| **Number of new drugs that have been granted a marketing authorisation through these clinical trials** *(since network creation)* |  | | |
| **Number of publications produced, following research work conducted in the network, per year** *(append list of publications – appendix 1)*: |  |  |  |

III. DESCRIPTION OF NETWORK ORGANISATION

# Expertise and care provision missions

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| **REVIEW OF ADULT AND PAEDIATRIC TUMOUR SAMPLES** | |
| For relevant networks: **cite the scientific references or national or international guidelines providing the basis for the network:**   * Either restricting double reading to certain cancer sub-types among all of the rare cancers targeted by the network; * Or conducting triple reading on account of specific diagnostic complexity |  |
| **Description of prerequisites prior to sending slides to the review pathologist:** completion of a form with clinical information, contact details of referring physician, etc.: |  |
| **Description of algorithms for assisting diagnosis** (ranking of double reading requests, etc**.) in place for the network’s review pathologists:** |  |
| **Discussion procedure between network pathologists and with clinicians, in cases of complex diagnosis** (e.g. videoconference discussions on digitised slides, etc.): |  |
| **Evaluation procedure of major therapeutic impact of review of tumour samples from patients included in the network:**   * Describe the data chaining options between the ACP report and Rare Cancers RCP recommendations * Describe the data analytics options: more or less exhaustive registration in database, measurements of impact of review on development of therapeutic recommendation for adults and children, etc. |  |
| *In the case of a pre-existing network and if estimated incidence is available:* **estimation of the coverage rate of the network in 2023** *(= number of reviews resulting in rare cancer diagnosis in 2023 / estimated recent rare cancer incidence)*: |  |

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| **“RARE CANCER” RCP MULTIDISCIPLINARY TEAM DISCUSSION ORGANISATION** | |
| **Description of Rare Cancers RCP organisation, as per** [**decree No. 2022-689**](https://www.legifrance.gouv.fr/jorf/id/JORFTEXT000045668512?init=true&page=1&query=activité+de+soins+du+cancer&searchField=ALL&tab_selection=all) **and** [**INCa guidelines**](https://www.e-cancer.fr/content/download/480506/7282705/file/Référentiel%20RCP_Actualisation%20VF%20(Dec%202023).pdf)**:**   * Size and areas covered; * Composition and quorum; * Frequency; * Organisation procedure (in-person; remote); * Rare Cancers RCP patient referral procedure, for teams outside the network; * Referral to clinical trials; * Etc. |  |
| **Evaluation procedure of correspondence of recommended treatment for patient, with Rare Cancers RCP recommendations recorded in the report:**   * Describe the data chaining options between Rare Cancers RCP recommendations and the treatment ultimately received by the patient in the network’s healthcare centres; * Describe the data analytics options: more or less exhaustive registration in database, measurements of correspondence of treatment with Rare Cancers RCP recommendations, for adults and children, etc. |  |
| In the case of a pre-existing network and if estimated incidence is available: **estimation of the coverage rate of Rare Cancers RCP 2023** (= number of rare cancer cases discussed for the first time in a Rare Cancers RCP context in 2023 / estimated recent rare cancer incidence |  |
| **CARE PROVISION IN NETWORK CENTRES** | |
| **Description of specialised diagnostic and therapeutic resources, available in the network:**   * Types of ACP or clinical equipment and expertise available: describe highly specialised ACP or diagnostic procedures (highlight particular technologies and equipment); describe any access to complex surgery if required; describe any access to a technical platform or to particular clinical expertise. Etc; * Description of networking of these resources nationwide, within the reference centre and expert centres, and illustration of their location using a descriptive map to be appended (appendix 4); * Specify the types of authorisations of hospitals where applicable, according to the equipment and expertise available: +/- Type B and +/- Type C (N.B. all the network’s member centres hold a Type A authorisation). |  |

# Coordination missions of stakeholders involved in the field of rare cancers, and user information

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| **HUMAN RESOURCES ASSIGNED TO NETWORK ACTIVITY COORDINATION** | |
| **Describe the staff assigned to network activity coordination and steering:**  State the number of full-time equivalent (FTE) posts involved in network coordination missions, and state for each: their status, their missions and their tasks**.**. |  |
| **NETWORK EXPERTISE AND CARE ACTIVITY COORDINATION** | |
| **Procedure for sharing ACP, Rare Cancers RCP reports and care plans between all stakeholders involved in the rare cancer patient pathway:**   * How are the different reports (ACP report following review, Rare Cancers RCP report with therapeutic recommendations, etc.) and the care plan exchanged / shared between the various professionals taking part in the patient pathway? * Describe channel (software, tool, etc.). * Describe targeted professionals (non-network hospital professionals in case of local care, general practitioner, other non-hospital professionals, etc.). * Describe human resources assigned to coordinating “patient” pathways and related documents, within the network, where applicable. |  |
| **In the case of paediatric tumour sample review, describe the procedure for sharing ACP, Rare Cancers RCP reports and care plans to specialist oncopaediatric teams**   * How are ACP reports relating to paediatric tumoursamples shared between the network’s expert reviewers and specialist oncopaediatric teams? * Describe channel (software, tool, etc.). * Describe targeted professionals (non-network hospital professionals in case of local care, general practitioner, other non-hospital professionals, etc.). * Describe the procedure for sharing Rare Cancers RCP reports and discussing proposed therapeutic choices with specialist oncopaediatric teams. |  |

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| **Collaboration procedure with other INCa-designated rare cancer reference networks, if relevant:**   * Describe collaborations around ACP expertise between other designated rare cancer networks. * How are these shared Rare Cancers RCP between networks organised: size and areas covered, frequency, composition and quorum, remote / in-person? * How many patient-related files are shared on average per year, between the different Rare Cancers RCPs? * How are patient-related files and documents shared before / after the Rare Cancers RCP? procedure for sharing ACP reports, medical records, Rare Cancers RCP reports, between reference networks; * Describe the patient pathway referral and shared follow-up after the Rare Cancers RCP where applicable. |  |
| **PARTICIPATION OF REPRESENTATIVES OF RARE CANCER PATIENTS AND THOSE CLOSE TO THEM** | |
| **Description of participation and awareness-raising strategy in respect of associations of rare cancer patients and those close to them:**   * Describe targeted associations (join letters from these associations – appendix 5). * Describe the objectives for participation and awareness of these cohorts. * Describe the methods. * Webinars; * Involvement in network governance; * Involvement in professional training; * Etc. * Describe the key topics. * Warning symptoms and tertiary prevention; * Rare Cancers RCP schedule; * Information on ongoing research and clinical trials in the network; * Etc. * Describe the evaluation indicators for meeting objectives. |  |
| **In the absence of patient associations: description of patient and general public information and awareness initiatives:**   * Describe the objectives for participation and awareness of these cohorts. * Describe the methods (webinars, website, etc.). * Describe the key topics (prevention, warning symptoms, etc.). * Describe the evaluation indicators for meeting objectives. |  |

# Healthcare professional training & practice safeguarding mission

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| --- | --- |
| **TRAINING OF OTHER CAREGIVER STAKEHOLDERS** | |
| **Healthcare professional and cancer care stakeholder community training strategy, around the topic of the rare cancer(s) in question:**   * Description of training courses offered to healthcare professionals. For each training course, describe: * The specific objectives of the different training courses; * The targeted professionals: describe their profiles and practice settings; * The teaching method: materials, dissemination channels, involvement of patients concerned, etc.; * The expected results: frequency, number of participants, etc. |  |
| **Description of best practice guidelines production/participation procedures:**   * Describe the specific objectives and purposes of each set of guidelines. * Describe the professionals targeted by the guidelines. * Describe the method for producing and disseminating these guidelines |  |

# Partnerships with other cancer care stakeholders

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| --- | --- |
| ***PARTNERSHIPS WITH OTHER CANCER CARE COMMUNITY STAKEHOLDERS*** | |
| **Description of partnership strategy with other stakeholders involved in providing care for the rare cancer(s) in question:**   * Describe existing partnerships with other cancer care community stakeholders: Regional Health Agencies (ARS), Regional Specific Cancer Networks (DSRC), learned societies, EURACAN European network, etc. * Describe the objectives of these partnerships. * Improve / Decompartmentalise network expertise? * Disseminate and communicate information on network activities? * Etc. * Describe the key topics. * Rare Cancers RCP inventory and schedule; * Sharing of ACP and clinical expertise; * Information on ongoing research and clinical trials; * Training and producing best practice guidelines; * Etc. * Describe the resources used. * Technical resources: website, etc. * Human resources: who is in charge of these partnerships in the networks? Describe the FTE. |  |

# Epidemiological monitoring and research development mission

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| **OBSERVATION, NETWORK ACTIVITY FOLLOW-UP AND EPIDEMIOLOGICAL MONITORING MISSION** | | |
| **Description of procedure for collecting ACP and clinical data linked with network activities, in a single database:**   * Describe the ACP data collected for adults and children: e.g. * Sociodemographic data, age, sex, etc. * Histological tumour characteristics; * Grade and stage; * Etc. * Describe the clinical data collected following the Rare Cancers RCP discussion? E.g. * Treatment administered; * Correspondence with Rare Cancers RCP recommendations; * Patient prognosis and outcome, etc.: sequelae, follow-up, survival, etc.   **N.B. please append the list of variables collected and integrated in the database (appendix 3). In the case of an INCa-designated clinicobiological database: please specify**   * Describe the data collection circuit between expert centres and the reference centre: * Harmonisation and correction; * Collection and recording: describe interoperability between the information systems of different centres; * Data quality (missing values, etc.); * Compliance with ethical and legal formalities. | |  |
| **Description of indicators formalised from collected data and studies conducted:**   * Describe the indicators for estimating incidence and prevalence produced. * Describe the indicators for evaluating quality of care in the network: e.g. times to access diagnosis and care, impact of ACP and clinical expertise on patient prognosis and survival, etc. * Describe the types of studies set up. * Cohort, case control, etc. * Objectives: evaluation of network practices, best practice guidelines, etc. * Etc. * Describe the purposes and results. * International publications (annexe n°1); * Participation in national epidemiological monitoring on the rare cancer, with other French organisations, etc.;   N.B. specify the patient information and consent collection procedure for setting up these studies, or individual information waiver request formalities, where applicable. | |  |
| **TRANSLATIONAL AND CLINICAL RESEARCH DEVELOPMENT MISSION** | | |
| **Active research facilitation and coordination procedure in the network:** e.g. formalisation of a cooperative intergroup; or other pooling means? |  | |
| **Collaboration procedure with European and international research teams, specialised in the rare cancer(s) in question:**   * Describe the teams. * Describe the research objectives. * Describe the procedures. * Meetings and conferences; * Joint clinical trials; * Jointly conducted studies; * International cooperative group; * Etc. |  | |

IV. NETWORK DEVELOPMENT PROSPECTS OVER THE NEXT 5 YEARS (2025-2030)

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| --- | --- |
| **Network rollout strategy, proposed for the next 5 years, if justified, in order to:**   * Develop ACP or clinical expertise if the network is not anatomoclinical; * Improve geographic networking, in particular in French overseas departments and regions and rural regions, if the network does not cover the whole region (single-centre networks in particular). |  |
| **Project to develop and improve organisation and resources assigned:**   * To ACP expertise in the context of reviews; * To Rare Cancers RCPs; * To organising care provision channels.   Describe for each: targets, resources required, evaluation indicators. |  |
| **Prospects for improving coordination of the stakeholders involved or concerned:**   * Within the network ; * Outside the network: describe the network’s long-term integration prospects in regions, with Regional Health Agencies and specific regional cancer network. |  |

|  |  |
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| **Projects to boost participation of the medical and caregiving community in cancer care:**   * Training; * Best practice guidelines; * Conferences and events; * Awareness-raising materials; * Etc. |  |
| **Projects to develop collaborations with patient associations and the general public:**   * Organisation of joint events or initiatives; * Awareness-raising materials ; * Etc. |  |
| **Network database development and improvement prospects:**   * Upgrading or standardisation project ; * Development of new indicators relating to network activities; * Tracking of number of ACP reviews conducted following a request from a pathologist or a clinician outside the network; * Evaluation procedure of major therapeutic impact of ACP review if not yet possible; * Etc.   N.B. expected focus on indicators relating to prognosis and outcome (sequelae, survival, etc.) of patients whose samples have been reviewed by the network’s expert pathologists |  |
| **Development prospects of research activities conducted in the network, for the next 5 years:** |  |

Appendix 1:

**List of scientific publications produced SINCE 2023 following translational or clinical research or studies conducted on the network database**

To be provided by applicant networks

Appendix 2:

**List of best practice guidelines produced since 2021**

To be provided by applicant networks

Appendix 3:

**List of variables integrated in network database**

To be provided by applicant networks

Appendix 4:

**Mapping of technologies and expertise available in the network’s reference centre and expert centres**

To be provided by applicant networks

Appendix 5:

Letter(s) from the network's partner patient association(s)

To be provided by applicant networks

Appendix 6:

**annual budget: include “MIG” costs only (not RIHN, etc.)**

To be provided by applicant networks

2023 budget for existing networks;

Estimated annual budget for new networks.

To be provided by applicant networks

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| --- | --- | --- |
| **NETWORK MISSIONS (BASED ON 9 MISSIONS)** | **EXPENDITURE ITEMS** | **AMOUNT IN EUROS** |
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| **Information on the processing of your personal data to be entered in the application file**  **----------------------------** |
| As part of its public service duties, the French National Cancer Institute conducts calls for proposals in the field of cancer care. With a view to reviewing the proposals received and compiling a database for the inventory and follow-up of calls for proposals funded by the Institute, the latter is required to collect data relating to the identity and career of the coordinator, the legal representative or the duly authorised person of the recipient institution, the person responsible for the administrative follow-up of the application, the team head and, if applicable, team personnel and the persons designated by the coordinator as not to have knowledge of the proposal, the latter potentially benefiting directly or indirectly due to their links.  Persons whose personal data feature in the application file must be notified by the party responsible for designating them that the Institute shall use such data subject to the terms described herein.  The Institute is the data controller in these cases. It shall store the data necessary for the evaluation of proposals for a period of five years if your proposal is not selected, or ten years if it is, from the date of notification of the result of the Institute's selection. The data required for the inventory and follow-up of the calls for proposals funded thereby shall be stored for a period of fifteen years from the same date. In accordance with the General Data Protection Regulation 2016/679 and the amended Data Protection Act No. 78-17, you have the right, during the processing period, to object to processing, the right to access, rectification, erasure and portability of your data and a right to restriction of processing of your data. To exercise these rights, please e-mail your request to the following address: servicejuridique@institutcancer.fr. You will find the contact details of the Institute, its representative and its data protection officer on e-cancer.fr. Moreover, you have the right to make a complaint to the French Data Protection Commission (CNIL). |

1. According to the list provided in Appendix No. 1 of the call for applications document *(see following link)* [↑](#footnote-ref-1)
2. Within the scope of this CFA, **tumour sample review consists of double reading and triple reading (for networks where it is in place), at the request of a pathologist or clinician**. **It refers to the intellectual act of reviewing conducted by an expert pathologist**. **The review may result in rare cancer being diagnosed, or ruled out**. Therefore, in this CFA application file, the Institute must systematically specify whether the term review refers to the confirmation of a rare cancer diagnosis, or to all reviews conducted by the network whether they lead to a rare cancer diagnosis or not. [↑](#footnote-ref-2)