Requirements Longfonds Consortium Grant

Criteria for Pre-applications

Should you have any questions about the conditions listed below, please feel free to contact us via email. If you consider your project a good fit for Longfonds however it does not meet one or more of the criteria below, please include a justification in your application.

The LONGFONDS Consortium Grant Program is aimed at building **successful consortiums** to perform innovative scientific lung research and have an impact on societal utilization.

Longfonds applies the following criteria to determine whether your research proposal is suitable for submission

1. The maximum duration of a consortium project is generally five years. Exceptions are possible if well-justified and approved by the Scientific Advisory Committee (WAC).

2. A consortium must include at least two Dutch institutions, with at least one clinical department involved. One of the institutions acts as the lead institution. Each consortium must include at least one clinical discipline.
   An institution is defined as:
   - An academic institution (a university—including the associated academic medical center—NKI, or KNAW institute);
   - Hospitals affiliated with the Cooperating Top Clinical Hospitals, STZ;

   Foreign academic institutions can participate in a consortium if the minimum requirement of two Dutch institutions is met.
   Longfonds considers collaboration with foreign institutions to be added value for Dutch research institutions and therefore encourages international cooperation. It is possible for a Dutch researcher to work at a top institution abroad, with their salary funded by the consortium budget.

Please note
Longfonds aims to ensure broad involvement of Dutch research institutions in the subsidized research. Therefore, no more than one-third of the total consortium budget of max. €1.4 million will be allocated to any single institution. This means that if an institution is involved in two approved research projects, it can receive up to a maximum of €466,000. This is independent of a lead institution role.

3. The research project should focus on diseases that primarily originate in the lungs. The medical conditions that the research can focus on are:
    - Asthma and/or respiratory allergies in relation to asthma
    - COPD (Chronic Obstructive Pulmonary Disease)
    - Pulmonary arterial hypertension
    - Sarcoidosis
    - Idiopathic pulmonary fibrosis
    - Respiratory peri- and postnatal conditions (including bronchopulmonary dysplasia)
    - Non-CF-related bronchiectasis

4. To be eligible for one of the two consortium grants in 2025, your research project must align with the themes outlined below.
   Where possible, our themes are aligned with the priorities of the National Program for Lung Research 2.0 (NPL2.0) of NRS, as well as with the knowledge gaps identified in care evaluations and knowledge agendas of scientific and profession associations focused on chronic lung disease (NVALT, NVK, and NHG).

   Theme's

   1. Who develops a lung disease?
   Early detection of chronic lung diseases is a societal challenge. Increased knowledge in (early) diagnosis and phenotyping of asthma and COPD is therefore crucial.

   2. How can we prevent chronic lung diseases?
   Preventing lung diseases is of great importance to society.

   3. How can we prevent, recognize, and treat lung attacks?
   Understanding and solving issues related to lung attacks is vital for people with chronic lung disease.

   4. Better treatment
   Finding (medical) solutions to major societal challenges regarding **a.** improved, personalized, innovative treatment methods for people with lung diseases, and **b.** better treatment for children with lung disease.

   Examples
   Improved diagnostics for asthma patients, both for children and in later life (in primary and secondary care) | Better treatment for children (<12 years) with asthma | Mechanisms of asthma development in early childhood |Role of air pollution in the onset and exacerbation of lung diseases |More knowledge on early detection of COPD | Better understanding of the molecular (immunological) mechanisms of lung attacks (focused on developing medication) and of the recovery phase after a lung attack | Improved understanding of the issues surrounding lung attacks: phenotyping (clinical/psychosocial), linked to more personalized treatment and identifying predictive markers for lung attacks | Insight into the impact of stress/psychosocial issues on lung attacks and the underlying mechanisms, and the availability of a personalized psychosocial treatment | Personalized treatment based on pathogenic mechanisms | More knowledge about the effects of physical therapy, psycho-social support, and dietary guidance on the quality of life for

people with lung diseases (or integrative medicine) | Use of artificial intelligence and e-Health tools for people with lung disease.

5. **Patient Participation Requirements**

Longfonds sets minimum standards for patient participation to qualify for funding.
Patient participation involves engaging people with lung disease in your research—not as subjects but as discussion partners. Before submitting your application, please review the information on patient participation available on our website. The Participation Compass website also offers a kickstart for researchers.
Our conditions are listed below. These requirements are based on the article by De Wit et al. (2016). This article, as well as the websites mentioned above, provides extensive background information on patient participation in research. This information will help you clarify and apply the following requirements.

1. Patient participation occurs in multiple phases of the research, ideally starting as early as possible. Longfonds places high value on research that considers the needs and views of people with lung disease. It is therefore advisable to involve people from your research's target group as early as possible. Patients and/or experts-by-experience can be involved at various stages and can take on different roles depending on the phase of the research.

2. A variety of forms of patient participation are used as much as possible, allowing patient experts to take on various roles.
An expert by experience is a patient who reflects on their own experiences, complements these with the experiences of others, can think beyond their personal illness, and has the skills to communicate this effectively. They may assume different roles in scientific research. Examples of roles include co-thinker, advisor, partner, and director. Forms of patient participation include patient panels, advisory boards, patient councils, steering committees, or focus groups.

3. Patient experts receive information and support at the start of the project as well as throughout the research.
The researcher's approach is crucial for successful collaboration. For instance, it is important for researchers and patient experts to discuss expectations and agree on what is needed to meet these expectations. Researchers should communicate the research progress and details in accessible language.

4. Patient experts are reimbursed for expenses.
At a minimum, patient participation involves reimbursing expenses for participating patient experts. Consider thank-you gestures such as gift cards. Be sure to include these costs in the budget.

5. At least two researchers from your consortium must complete a 'patient participation in scientific research' training within the first year after approval or have done so recently.
Insufficient knowledge of effective patient participation can hinder collaboration with patient experts. Training helps address this. INVOLV and the School for Participation offer training for researchers and patients. These courses teach you how to incorporate patient participation in

your research and provide a practical action plan. Up to €1,000 can be allocated for this course in the funding request.