CANCER CONSORTIUM
FRED HUTCH • UNIVERSITY OF WASHINGTON • SEATTLE CHILDREN'S

FUNDS AVAILABLE FOR PILOT GRANTS
OPEN TO CANCER CONSORTIUM MEMBERS
January 2026

RELEASE DATE: JANUARY 5, 2026
DUE DATE: FEBRUARY 13, 2026

Funds are available from the Fred Hutch/University of Washington/Seattle Children's Cancer Consortium ("the Consortium") Cancer Center Support Grant (CCSG) and philanthropic funds to support cancer-related pilot projects. This competition will provide up to seven awards of $100,000 direct costs (plus F&A/indirect costs) for one year of pilot project support. Consortium members are eligible for this pilot funding (see *Application Process* for more details).

There are no limitations on research topic, provided the problem under study is focused on cancer. Highly innovative concepts that have the potential to improve the lives of cancer patients are encouraged. Also, non-interventional cross-disciplinary research is an area of special interest in this competition.

GUIDELINES

1. The pilot proposals should represent a new project or new research direction for the principal investigator that will provide preliminary data needed to seek outside funding; applications should not be an extension of ongoing well-established or recently funded studies. Applications from more established investigators (e.g. professors) will be competitive if they are for a pilot study that is needed to establish a new direction or research project. Collaborations between established and early investigators will also be viewed favorably.

2. In your proposal, please show how this work is a pilot project. The application should:
   - Describe how this work is a new direction for your group and is highly innovative, yet technically feasible.
   - Show how this work reveals the homegrown intellectual and creative strengths of the investigator(s). New collaborations are encouraged.
   - Describe how this work will benefit cancer prevention, early detection, diagnosis, or treatment.
   - Describe what 2-3 pieces of data can be gathered that will position this work for NIH or other external funding. Proposals with no preliminary data are encouraged.
   - Indicate how this grant is a timely opportunity.

3. Anticipated funding:
   - Up to five pilot awards for $100,000 direct costs each (plus F&A/indirect costs) will be made from CCSG funds.
   - Up to two awards are anticipated at $100,000 direct costs each (plus F&A/indirect costs) will be made from philanthropic funds to support non-interventional cross-disciplinary research.

4. Donor-directed area of special interest:

   Non-interventional cross-disciplinary research: Pilot proposals should follow all guidelines in this RFA. Scientific advances can often occur when researchers from different disciplines collaborate to approach a question from unique perspectives and with multiple discipline-specific tools. Partnering together, these collaborators can shine a light on clinically relevant questions to produce novel cancer screening, diagnostics, treatments, and survivorship strategies in adults. Applications in this category should stimulate

new collaborations that will lead to impactful changes or significant improvements in the standard of clinical care in adult oncology. Examples of projects include using existing patient data to develop better donor-recipient bone marrow matches, exploring transcription factors involved in oncogenesis and metastasis, identifying novel diagnostic biomarkers or immune signatures enabling precision medicine interventions, or examining patient specimens for prognostic signatures during and after treatment. A minimum of two Consortium members representing two different disciplines must collaborate on the scientific plan, with one member serving as the PI of the grant. Please indicate in the application if the proposed project is non-interventional and cross-disciplinary research and which disciplines are included (basic science, clinical, or population science).

Requirements:

- A new cross-disciplinary collaboration is required with two or more disciplines (i.e., basic science, clinical research, population science) represented.
- In the collaboration, there will one primary PI designated with one or more co-Investigator(s). The primary PI must have a primary appointment at Fred Hutch or a joint appointment at Fred Hutch. This eligibility requirement only applies to this donor-directed area of special interest.
- Projects involving early career investigators (i.e., assistant professors) will be prioritized.
- The question(s) being addressed should be clinically relevant.
- A patient advocate(s) is(are) encouraged as an advisor(s) to the study team and can participate in all phases of the study including design, implementation, analysis, and dissemination of results.

5. If relevant, indicate how this project addresses the Cancer Consortium's priorities (refer to the *Appendix* starting on page 5).

6. Contact Cancer Consortium Administration (cancerconsortium@fredhutch.org) with general questions regarding this opportunity or if you have any issues submitting your application using the InfoReady platform.

APPLICATION PROCESS

A. Eligibility

Faculty who have received a Cancer Center Support Grant (CCSG)-funded award of any kind or a Safeway pilot award within three years of the anticipated award start date (April 1, 2026), **are not eligible to apply.**

Eligibility Criteria
Only eligible applicants may serve as Principal Investigator (PI) on the Pilot Award.
Applicants must be Consortium members or provisional members* by the application deadline to be eligible.
Consortium members in Acting faculty positions are eligible to apply.
Faculty with clinical trial affiliate membership* are not eligible to apply but can be involved in the pilot project as collaborators.
Faculty can only serve as PI on one pilot award application per year; however, they may be collaborators/co-Investigators on more than one application.

**For additional information about membership categories (member, provisional member, and clinical trial affiliate) and an up-to-date listing of Consortium members, visit: https://www.cancerconsortium.org/membership.html.*

B. Application Content/Format

Applicants must complete and submit the 2026 Pilot Application using InfoReady. The application should clearly outline the aims and the strategy of the project and why funding through this pilot grant mechanism is appropriate, including how you anticipate this support will generate future funding.

- Adhere to NIH font and line spacing guidelines as outlined here.

- Provide the project information requested in the InfoReady platform (see section regarding PI and Award Institution determination) and an abstract that states the primary hypothesis. The abstract and the proposal should both be written to be understandable by reviewers with diverse expertise, as the review panel will consist of faculty from across the Consortium.

- Indicate if your project aligns with one or more Consortium strategic priorities and/or addresses a Consortium priority population, cancer type, or cancer control priority. See *Appendix* starting on page 5.

- The scientific research plan should be 2 pages maximum. The budget, budget justification, and figures/tables can each be one additional page, with no page limit for references. Please submit a budget and budget justification for each institution and/or subaward.

- If you have received CCSG or Safeway pilot funding in the past five years, include a summary (1 page maximum) describing the main aim of the funded project, and whether any publications, new collaborations, or external grants resulted from the funding.

- Include an NIH Biosketch that adheres to the most recent NIH guidelines. A biosketch sample, template, and instructions can be found here. A biosketch should be included for each key personnel involved with the project.

- Projects with a PI and work based at UW or Seattle Children's must submit a Letter of Intent (LOI) from their Sponsored Projects/Sponsored Research office along with their application.

C. Criteria For Funding

Applications should meet the criteria stated above in the *Guidelines* section. Successful applications will:

- Advance cancer-related research.
- Yield pivotal data in a one-year timeframe.
- Use cutting edge approaches.
- Represent unique intellectual perspectives coupled with innovative approaches.

D. Application Due Date

Applications are due **by 5:00pm PST on Friday, February 13, 2026**. Applications received after this deadline will not be accepted for evaluation by the Consortium Pilot Award Review Committee.

E. Application Submission

Applications should be submitted using InfoReady: Cancer Consortium Pilot Award Competition 2026.

- Fred Hutch users should use the single-sign-on (SSO) to start their application.
- Seattle Children's and University of Washington applicants will first need to create an account. *Please use the applicants' primary institutional affiliation email address*.
- If you would like an administrator to submit on your behalf, the primary applicant will need to sign-in and designate this role.
- Use the templates provided in the "Details" menu under Supporting Documents.

Contact Cancer Consortium Administration cancerconsortium@fredhutch.org with any technical concerns or questions about using the InfoReady platform or for assistance with proxy submission if needed.

F. Award Timeline

Applications will be reviewed in March and funding is expected to begin by April 1, 2026. Access to award funds is subject to Fred Hutch Office of Sponsored Research (OSR) review and receipt of all required compliance documents.

PRINCIPAL INVESTIGATOR AND AWARD INSTITUTION DETERMINATION

Who is the Principal Investigator (PI) of the Pilot?

The individual identified with the Role of PI on the project and who has the appropriate level of authority and responsibility to direct the project supported by the award. Faculty can only be listed as the PI on one application for this funding competition.

How are Key Personnel or subaward sites identified?

Investigators associated with UW or Children's who will receive a subaward off of a prime project awarded to FH should be listed with the role of co-Investigator and listed on the application associated with a subaward institution. If the prime project is awarded to UW or Children's with a FH component, a FH Investigator should be named as a co-Investigator/Administrative PI.

Which Institution will receive the award?

The primary award institution listed on the application should be the institution to receive and administer the award. It is the institution from where the primary work will be conducted by the PI and the budget will reside.

ADDITIONAL APPLICATION GUIDELINES

PI of the application must have some measurable effort on the project for direction and supervision. Consortium leadership recommends the PI include some salary on the project.

Primary Site Fred Hutch:
• Hutch Grants routing will be required only after an award is made.
• UW or Children's collaborators are allowable and a subaward should be budgeted.
  ○ Submit a PHS398 budget page for each institution. Direct cost budgets should total $100,000 combined.
  ○ An LOI from the subaward institution must accompany the pilot application.
• If a subaward will go to a non-Consortium institution, the subaward institution's F&A must be included in the FH direct cost total.

Primary Site UW or Children's: • Institutional sign-off should be received prior to submission of a pilot award proposal for review. • An LOI must accompany the pilot application. • Per UW OSP, submit an e-GC1 anticipating that if awarded, both direct and indirect costs will be received. • Third tier subawards are not allowed.
Funding
Subawards allowed.
Not allowable: tuition, upgrades to established shared resources, or equipment.
Funds should be spent in one year.
A single no-cost extension will be considered on a case-by-case basis and will only be considered for projects facing extenuating circumstances. • All no-cost extensions will be reviewed by the appropriate oversight committee, depending on the funding source.

Primary Site UW or Children's:
A subaward will be issued for costs incurred at the primary award institution with F&A provided at the appropriate institutional rate.

Primary Site UW or Children's with a FH budget component:

- A FH co-Investigator (or Administrative PI) needs to be named to maintain financial oversight of the work taking place at FH. This person should have a measurable amount of effort; salary support is not required.
- Funds to be spent at FH will be deducted from the award amount prior to issuing the subaward; the balance will be issued via a subaward to UW or Children's.
- FH direct cost budget and UW/Children's direct budget should total $100,000 combined. F&A will be provided to each institution at the appropriate rate. Submit a PHS398 budget page for each institution.
- Additional F&A associated with Consortium F&A collection will be included in your award and will not come out of your direct costs.

APPENDIX: CONSORTIUM STRATEGIC PRIORITIES

Lead in scientific discovery and research innovation

Advance capabilities in:

- Fundamental biology
- Precision medicine
- Immune modification
- Viruses and microbiome
- Prevention and early detection
- Intersection of data, technology, and science

Foster collaboration with patients and communities

- Establish and maintain bidirectional partnerships
- Leverage partnerships to advance cancer control strategies and research on priority cancers and populations
- Provide and advocate for alleviating the burden of cancer in our community
- Enhance participation in clinical trials

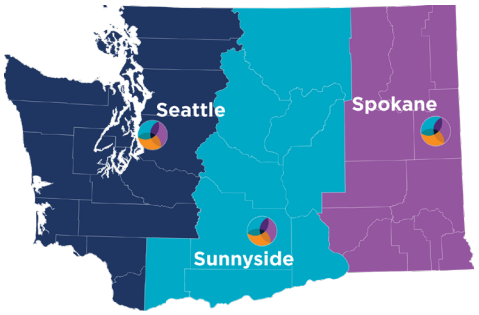
Strengthen the foundation of research and care

- Foster a culture of belonging
- Train and retain world class clinicians and researchers
- Unlock the power of collaboration and integration
- Enable groundbreaking advancements through effective infrastructure

CONSORTIUM CATCHMENT AREA PRIORITIES

The Consortium's Catchment Area

- Constitutes all 39 counties in Washington (WA)
- Includes 7,785,786 people
- 36.5% of the population are members of minoritized racial or ethnic groups
- On average, 39,412 cases of invasive cancer are diagnosed annually among people living in WA



Populations experiencing health disparities in cancer

- Black/African American
- American Indian/Alaska Native (AI/AN)
- Children ages 0-14 with Leukemia
- Women ages ≥65 with Ovarian cancer

Priority Cancers

- Breast cancer
- Colon cancer
- Lung cancer
- Hematologic malignancies
- Prostate cancer

Cancer Control Priorities

- Colorectal cancer screening
- Breast cancer screening
- HPV vaccination

The following is a snapshot of the cancer burden in WA, as presented in the 2025 Community Health Assessment.

Table 1. Age-adjusted cancer incidence rates per 100,000 in Washington State, All ages, All races and ethnicities, 2017-2021

	Annual Average Count	Rate	95% Confidence Interval
Female breast	6205	137.1	(137.1-135.6)
Prostate	4815	104.0	(102.6-105.3)
Lung	4513	49.0	(48.4-49.7)
Hematologic malignancies	3729	42.6	(42.0-43.2)
Colorectal	2964	34.2	(33.7-34.8)

WA Disparities in Cancer Incidence (2017-2021)

- Breast Cancer:
  - AI/AN people have the highest incidence rate of female breast cancer (159.9 per 100,000).
  - AI/AN people also have the highest rate of late-stage female breast cancer (63.8 per 100,000).
  - Chelan county has the highest incidence of late-stage female breast cancer (57.1 per 100,000).
  - Chelan, Skagit, and Snohomish counties all experienced late-stage female breast cancer incidence that significantly exceeded the overall rate in WA.

- Prostate cancer:
  - Black men have the highest incidence rate of prostate cancer (164.0 per 100,000).
  - The incidence of late-stage prostate cancer is highest among Black men (46.7 per 100,000).
  - San Juan county has the highest incidence of late-stage prostate cancer (42.1 per 100,000).
  - San Juan, Clallam, Whatcom, and King counties all have significantly higher incidence rates of late-stage prostate cancer compared to the overall rate in WA.

- Lung Cancer:
  - The incidence of lung cancer is higher for males (51.5 per 100,000) than females (47.5 per 100,000).
  - AI/AN people have the highest lung cancer incidence rate (77.3 per 100,000).
  - AI/AN people also have the highest rate of late-stage lung cancer (54.8 per 100,000).
  - Mason, Grays Harbor, Okanogan, Pierce, Skagit, Snohomish, Clallam, and Thurston counties all have significantly higher incidence rates of late-stage lung cancer compared to the overall rate in WA.

- Hematologic malignancies:
  - AI/AN people have the highest incidence rate (48.3 per 100,000) of hematologic malignancies.

- Colorectal cancer:
  - AI/AN people have the highest rate of colorectal cancer (53.4 per 100,000).
  - AI/AN people also have the highest rate of late-stage colorectal cancer (33.7 per 100,000).
  - Counties with the highest incidence of late-stage colorectal cancer include: Adams, Franklin, San Juan, Island, Jefferson, Grays Harbor, and Skamania.

Table 2. Age-adjusted cancer mortality rates per 100,000 in Washington State, All ages, All races and ethnicities, 2018-2022

	Annual Average Count	Rate	95% Confidence Interval
Female breast	904	18.7	(18.2-19.3)
Prostate	770	20.5	(19.8-21.2)
Lung	2762	29.8	(29.3-30.3)
Hematologic malignancies	1291	14.6	(14.2-14.9)
Colorectal	1065	11.9	(11.6-12.2)

WA Disparities in Cancer Mortality (2018-2022)

- Breast cancer mortality rates for White (19.6 per 100,000), Black (19.3 per 100,000) and AI/AN (21.6 per 100,000) people are significantly higher than the mortality rates for Asian/Pacific Islander (11.1 per 100,000) or Hispanic (12.8 per 100,000) people.

- Black men have the highest prostate cancer mortality rate (36.5 per 100,000).

- Lung cancer mortality rates for White (31.2 per 100,000), Black (31.8 per 100,000) and AI/AN (38.3 per 100,000) people are significantly higher than the mortality rates for Asian/Pacific Islander (20.8 per 100,000) or Hispanic (14.6 per 100,000) people. Black (16.0 per 100,000) and AI/AN (16.1 per 100,000) people have the highest mortality rates of hematologic malignancies.

- AI/AN (17.8 per 100,000) and Black (14.3 per 100,000) people experience significantly higher mortality rates of colorectal cancer compared to Hispanic (9.1 per 100,000) and Asian/Pacific Islander people (9.1 per 100,000).

For more information, please see *2025 Community Health Assessment*. If you need any other cancer data for your application, please complete an OCOE Recruitment & Retention Shared Resource Request Form.