World Cancer Research Fund International

REGULAR GRANT PROGRAMME

DIET, NUTRITION, PHYSICAL ACTIVITY AND CANCER

Guidelines for research grant applications

American Institute for Cancer Research

World Cancer Research Fund

Wereld Kanker Onderzoek Fonds

OUR VISION

We want to live in a world where no one develops a preventable cancer.

OUR MISSION

We champion the latest and most authoritative scientific research from around the world on cancer prevention and survival through diet, weight and physical activity, so that we can help people make informed lifestyle choices to reduce their cancer risk.

As a network, we influence policy at the highest level and are trusted advisors to governments and to other official bodies from around the world.

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This document outlines what is required to make an application to the Regular Grant Programme.

Please, visit our website for more information in our FAQs and the Grant Terms and Conditions.

For more information on our Grant Panel, please visit this link.

1. Background and context

Cancer is an increasing burden throughout the world, and a major cause of mortality[1]. Together with avoiding tobacco, having a healthy diet, being physically active and maintaining a healthy weight are integral to the prevention of cancer (including primary and tertiary prevention). World Cancer Research Fund (WCRF) Network is unique in its mission to eradicate preventable cancers attributable to diet, nutrition (including body composition) and physical activity. This research grant programme is an important element in how we fulfil that mission.

CUP GLOBAL
Cancer Update Programme

Since its inception in 2007, our WCRF/AICR Global Cancer Update Programme, in reviewing the most current evidence, has helped identify knowledge gaps.

The 2018 WCRF/AICR Third Expert Report, *Diet, Nutrition, Physical Activity and Cancer: a Global Perspective*[2], highlighted several examples of strong evidence, sufficient to support cancer prevention recommendations. It also highlighted many factors for which the evidence was judged to be too limited in amount, quality or consistency to draw firm conclusions, especially for cancer survivors.

The report identified six critical areas of research for the whole scientific community. Four of these research areas are of particular relevance for the WCRF International Grant Programme:

- **Biological mechanisms by which diet, nutrition and physical activity affect cancer processes**
- **The impact of diet, nutrition and physical activity throughout the lifecourse on cancer risk**
- **The impact of diet, nutrition and physical activity on outcomes in cancer survivors**
- **Globally representative research on relevant exposures and cancer**

Visit our website for more information on the Global Cancer Update Programme reports and the Third Expert Report

wcrf.org/TER

References:

1. Bray F, Ferlay J, Soerjomataram I, Siegel RL, Torre LA, Jemal A. Global Cancer Statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA Cancer J Clin, in press.
2. World Cancer Research Fund/American Institute for Cancer Research. *Diet, Nutrition, Physical Activity and Cancer: a Global Perspective.* Continuous Update Project Expert Report 2018. Available at **wcrf.org/TER**

2. World Cancer Research Fund International Regular Grant Programme

The World Cancer Research Fund International Regular Grant Programme accepts applications from anywhere in the world.

World Cancer Research Fund International manages and administers the Regular Grant Programme on behalf of the following WCRF Network charities, who fund the approved grants:

- **World Cancer Research Fund (WCRF) in the United Kingdom**
- **Wereld Kanker Onderzoek Fonds (WKOF) in the Netherlands**
- **American Institute for Cancer Research (AICR) in the USA**

2a) Regular grant programme schemes

The Regular Grant Programme comprises of two grant types:

Investigator initiated grants

Investigator Initiated Grants (IIGs) are for established researchers. We encourage collaboration with other teams, therefore it is necessary to have at least one co-applicant. The aim of this grant funding scheme is to support innovative and original research into the link of diet, nutrition and physical activity in either cancer prevention or cancer survivors. IIGs are intended for substantive, hypothesis-testing research, including interventions, epidemiology, primary data collection and mechanistic studies.

IIGs are awarded for a maximum of £500,000 for up to four years. IIGs may be of any size or duration within these maximum limits; applicants should propose a budget and timeframe appropriate to the research. Applications that approach the maximum award amount (£500,000) are typically expected to involve primary data collection, and the budget must be clearly justified in relation to the proposed work. The total budget for the grant should be allocated approximately equally across each year of the project duration. Any significant deviations from an equal distribution will be evaluated by the Panel and may require revision during the full application stage. We encourage applicants to submit a budget that accurately reflects the needs of their research proposal.

Pilot and feasibility grants

Pilot and Feasibility Grants (PFGs) are intended as start-up funds for preliminary research to allow researchers to collect preliminary data or test study parameters to take them to a stage where an application for an IIG would be appropriate. PFGs are only for genuine pilot or feasibility questions that prepare for a later substantive study. PFGs could also study behavioural change in cancer survivors. Lifestyle interventions intending to change behaviour, including change in diet, physical activity, and change related to body composition should have a clear theoretical basis for the mechanism of action and predicted outcomes of the behavioural change. For more information, please see **doi.org/10.1146/annurev-psych-010416-044007** and **doi.org/10.1080/17437199.2012.654964**. If the proposal involves investigative research with the aim of testing a scientific hypothesis, it should be submitted as an IIG, even if the required budget and timescale are relatively small.

Only projects that fit with the definition of a pilot or feasibility study will be accepted:

Feasibility studies address whether something can be done, should it proceed, and if so, how. They aim to find out information such as whether patients and clinicians would be prepared to take part, and how long it might take to collect and analyse the data. They do not substantively address the main research question, for instance about the efficacy, effectiveness or impact of the intervention. The research question for a feasibility study should therefore mainly be related to feasibility.

Pilot studies may address the same questions but also have a specific design feature: in a pilot study a future study, or part of a future study, is conducted on a smaller scale to test that all the main parts of the study work together (eg recruitment, randomisation, follow-up assessment). Although pilots may give an indication of what a substantive study might show in relation to the research question and generate other relevant information, the main research question should reflect the pilot elements, rather than suggesting a scientific hypothesis-driven study. The pilot itself must not be designed to test a scientific hypothesis and should clearly demonstrate how it would lead to a subsequent full-scale study.

Applicants need to be clear and explicit regarding the purpose of the pilot or feasibility study, in particular what specific aspects are being studied (eg feasibility, preliminary data for power calculations, testing new methodologies, etc.), as well as what the next expected research steps would be after completion of the grant.

Acceptable outcome measures for pilot or feasibility studies should relate to process, methodological or implementation-focused endpoints, such as recruitment rates, eligibility and consent procedures, participant retention, data completeness, acceptability and adherence to the intervention, fidelity of delivery and feasibility of outcome measures. Projects that assess the clinical efficacy or effectiveness of an intervention, or aim to generate definitive scientific data, may include these as secondary outcomes; however, the primary outcome must focus on feasibility or piloting aspects.

Pilot or feasibility studies should clearly define progression criteria and thresholds that will determine whether the study is considered successful and can advance to the next phase, or deemed unacceptable for a full-scale study under the current design.

These grants are a maximum of £60,000 in total for up to two years. We will not accept projects proposing the development of new methodologies or new tools or any projects that do not fit the definition of pilot or feasibility studies above.

Note

These definitions follow the framework for defining pilot and feasibility studies by Eldridge et al., 2016 (**doi.org/10.1371/journal.pone.0150205**)

Mechanistic and epidemiological studies

Pilot or feasibility studies in epidemiological or mechanistic research may be eligible if the primary aim is to assess feasibility-related aspects, such as evaluating sample or data availability, testing recruitment procedures, validating data collection tools, or assessing the logistics of biological specimen handling or linkage.

However, studies intending to explore or generate scientific hypotheses (eg assessing associations between exposures and outcomes, identifying biological mechanisms or exploring molecular markers) fall outside the scope of this grant type and should be submitted as an IIG, regardless of budget or timescale.

2b) Remit

This section defines the scientific scope of the World Cancer Research Fund International Regular Grant Programme 2026-27. Applications must address the role of diet, nutrition, body composition physical activity and sleep in either cancer prevention or cancer survivors.

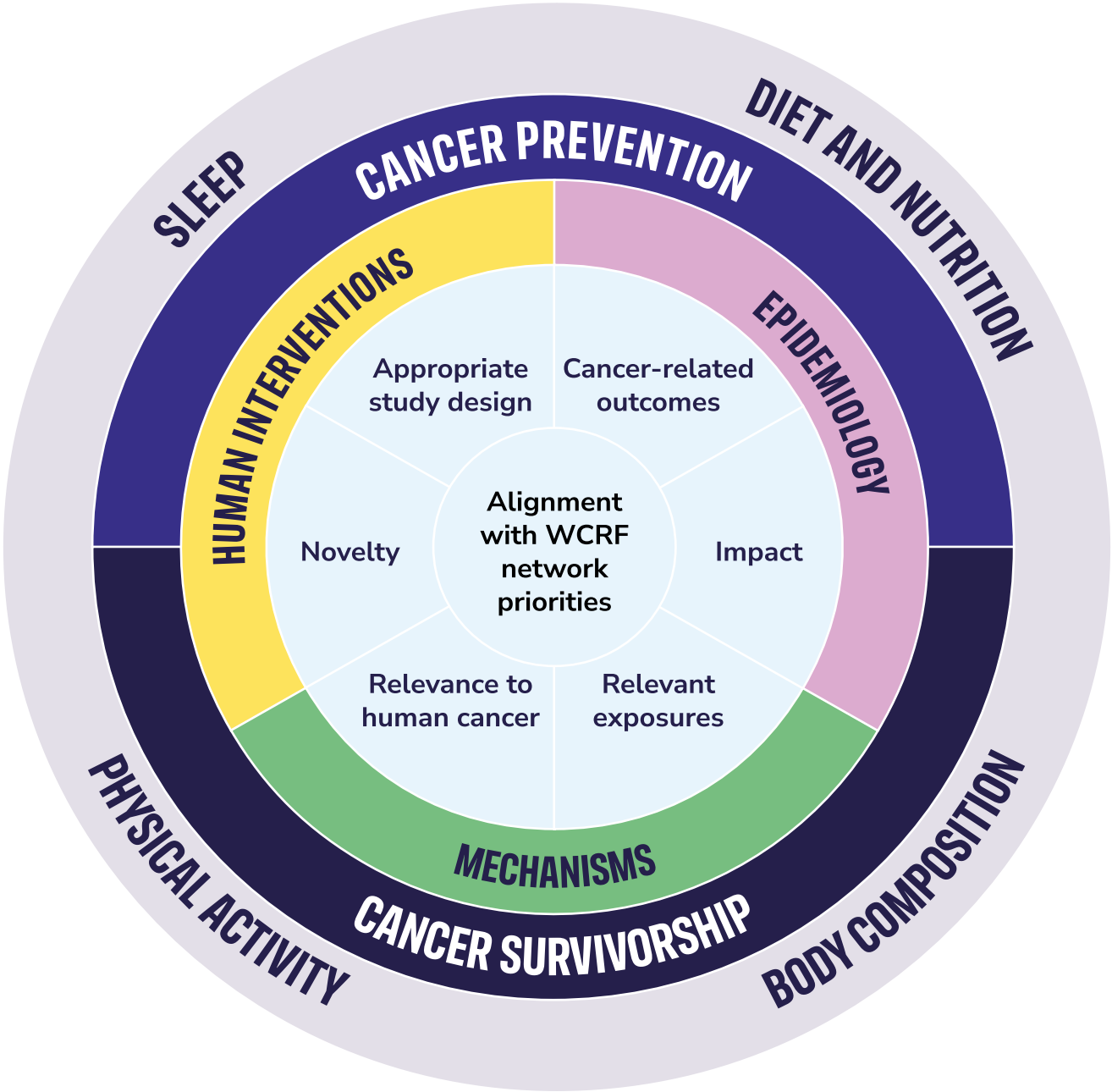
Applicants should be aware of the relevant existing evidence presented in the WCRF Global Cancer Update Programme when submitting their grant application.

Relevant exposures

The aim of the grant programme is to fund research that helps elucidate the role of diet, nutrition (including body composition) physical activity and sleep in cancer.

Relevant exposures encompass both confirmed and possible cancer risk factors related to diet, nutrition (including body composition) physical activity and sleep.

Figure 1: **Principles of the Regular Grant Programme**



The rationale for the chosen exposure needs to be justified in the application. Exposures must be well defined and could include:

- **Diet, dietary patterns, other diet related behaviours and — provided that they are part of the usual diet — foods, food components and dietary supplements. Please note that proposals focusing on the role of isolated food or herb extracts or items that are not part of the usual diet will not be accepted.**
- **Markers of nutritional status, including physiological or metabolic markers; body composition, and measures of growth, development and maturation.**
- **Physical activity, physical fitness, time spent being sedentary, metabolic or other markers related to physical activity and physical activity related behaviours.**
- **We accept studies investigating environmental exposures relevant to cancer risk, provided they are ingested dietary contaminants (including drinking water contaminants). For more details, please see below.**
- **For the 2026-27 grant call, sleep and circadian-related exposures, including sleep duration, timing, quality and regularity; sleep–wake patterns; circadian rhythms and circadian disruption; and related behaviours such as chronotype and shift work, where these are relevant to cancer risk.**

Exposures must be relevant to usual human exposures. For mechanistic research, exposures should be in a form that would normally be encountered in vivo and at a level that is relevant to humans. Exposures in animal research need to be justified in terms of their relevance to exposure in humans and why a human research model is not used. Extreme or unusual exposures, in dose or method of administration, will not be considered.

Environmental exposures

We accept studies investigating environmental exposures relevant to cancer risk, provided they are ingested dietary contaminants (including drinking water contaminants). Examples of in-scope environmental exposures include ingested aflatoxins, acrylamide, nitrates/ nitrites, chlorinated drinking water, mycotoxins, and heavy metals such as arsenic, cadmium, and lead. We also consider ingested endocrine-disrupting chemicals (EDCs) and related substances with established or suspected relevance to human cancer risk, including bisphenols (eg BPA/BPS), phthalates, formaldehyde-releasing agents, and PFAS (per- and polyfluoroalkyl substances). In addition, exposures to pesticide residues, persistent organic pollutants (POPs), and microplastics are within remit where there is a clear and evidence-based rationale for cancer relevance. All exposures must reflect usual human exposure levels in the general population and be clearly justified in the context of cancer risk.

We do not accept studies focused on exposures from other environmental categories, including air pollution, household or industrial emissions, radiation, chemical carcinogens used to induce tumours in animal models, infectious pathogens, or occupational exposures.

Cancer-related outcomes

Outcomes should be specific and well defined. Relevant outcomes include cancer endpoints as well as recognised surrogate markers of cancer (these do not include risk factors such as obesity, oxidative stress, hormone levels, behavioural change but factors that reflect the cancer process eg mammographic density, colorectal adenomas, leukoplakia, Barrett's oesophagus) or cancer outcome (eg pathological complete response to therapy), but applications must justify the use of a particular surrogate marker.

Please note that for the Cancer Prevention Research Area, body composition (eg adiposity) and behavioural change will not be considered appropriate outcomes, but they could be appropriate exposures (see above). However, for the Cancer Survivors Research Area, a wider range of outcomes is permitted. These are: overall survival, local cancer recurrence, distant metastasis, quality of life during treatment, quality of life after treatment, development of second primary cancers, and impact of treatment (including effectiveness, tolerability, toxicity, comorbidities), as well as body composition. Behavioural change will also be accepted as an outcome but only for Pilot and Feasibility Grants in the Cancer Survivors Research Area.

Please note that in this document the definition of 'cancer' includes the whole cancer process, both before and after diagnosis, from incidence to survivorship, local progression, distant metastasis and cancer mortality.

Drug development or testing new therapeutic targets will not be eligible even if only as part of the proposal. Studies focusing on interventions (through diet, nutrition, body composition, physical activity or sleep), that aim to improve the response to treatment, will be eligible.

Relevance to human cancer

Studies must be justified in terms of their direct relevance to human cancer. Experimental designs outside in vivo human settings, such as animal models, will only be considered for relevant studies that examine mechanistic pathways of the cancer process.

Applications that propose studies performed exclusively in **cell lines will not be accepted.**

The relevance to humans and to human cancer of the proposed animal model will need to be clearly explained.

The experimental murine model needs to be clearly described, including any genetic modifications. **Please note that tumour models in animals induced by chemical carcinogens, or any studies outside mammalian systems will not be accepted.**

Applications proposing the use of animals must provide a strong and clear justification for the work, including an explanation of why the research aims could not be met using an alternative study model.

To help our peer reviewers and Panel of experts assess these applications we ask for detailed information on the proposed research. The questions we ask are based on the advice of the National Centre for the Replacement, Refinement & Reduction of Animals in Research (NC3Rs). The NC3Rs is a UK-based scientific organisation dedicated to the 3Rs. These questions allow applicants to demonstrate how they have considered the 3Rs in their research. For more information visit **nc3rs.org.uk**

Studies involving humans or animals will need the appropriate ethical approval and the relevant licences and/or certification. WCRF International adheres to the guidelines from the Association of Medical Research Charities (AMRC) and subscribes to the AMRC policy on the use of animals in research. For more information, visit **amrc.org.uk/position-statement-on-the-use-of-animals-in-research**

Appropriate study design

The study design must be appropriate and able to answer the research question. Sufficient information on the proposed study design must be provided. Applicants should clearly outline the project timeline and provide a detailed description of their approach to handling ethical approval, data access, required licenses, or data transfer agreements, if applicable. They should highlight potential challenges or risks and explain how they will be managed. The research question(s) should be formulated as a clear and specific hypothesis and be explicitly justified. For further information on guidelines for complex intervention studies, please see: **bmj.com/content/374/bmj.n2061**

Please note that, unless it is not feasible or appropriate to collect prospective data, applications proposing a case-control study design not nested in a cohort study, or a cross-sectional study design, will not be accepted.

Applicants need to provide data to support the hypothesis that will be tested and to demonstrate the feasibility of the study. When such data need to be obtained, applicants are encouraged to apply for a PFG, before applying for an IIG.

Detailed power calculations for a specific outcome and a clear justification of the proposed sample size must be provided. **Please note that applications without sufficient information on the proposed statistical methods, including power calculations, will not be accepted.** We strongly recommend that statistical input is obtained before submitting an application; this applies to all studies whether on animals or humans.

Epidemiological and other study designs need to take into account evidence from basic science and experimental models investigating the biological processes for specific exposure outcome links, as well as epidemiological, clinical and other data. An interdisciplinary approach to the research is encouraged, but applicants must demonstrate they have secured the appropriate expertise across all relevant disciplines in their research team (eg through consulting, collaborating and/or staffing provision).

Where feasible, applicants should optimise resources through appropriate collaborations, for example the addition of a nutrition or physical activity component to an existing or planned study. When multiple studies are proposed from a single study population, a case-cohort design is generally preferred to nested case-control designs.

Additionally, relevant systematic reviews including pooled and meta-analyses will also be accepted.

Novelty

Applicants need to demonstrate that the proposed research is novel. Applications should propose a novel research question from careful interpretation of existing data, and/or propose an innovative approach to an existing research question: the aim is to test new or innovative ideas, but please note that applicants must still demonstrate the feasibility of their proposed study.

It must be clear from the application that the researchers have carried out a careful assessment of the existing body of knowledge, including the findings from CUP Global, to demonstrate the novelty and validity of the proposed research question.

Impact

The research we fund must have beneficial implications for people's lives by improving our understanding of the role of diet, nutrition (including body composition) physical activity and sleep have on cancer. The outcome of the research must, in some way, contribute towards helping reduce people's risk of developing cancer, or improve outcomes in people living with and beyond cancer. Applicants need to demonstrate they have considered the potential impact of their research in relation to the following areas, as appropriate:

- **Potential for translation into clinical practice**
- **Usefulness to other researchers in the field**
- **Outreach to the general public or patients**
- **Influence on public health, including, when relevant, in policy settings**
- **Sustainable Development Goals and application of environmentally conscious practices**

Patient and public involvement and engagement

WCRF International strongly encourages active public and patient involvement and engagement (PPIE) in the design and assessment of clinical research. The expectation is that your research will be "co-produced" with patients or members of the public with direct relevance to the project. PPIE in this context is not about being a research participant, but rather actively engaging with and consulting patients and members of the public on setting research priorities, defining research objectives, and outcome measures, providing other input into study design and conduct, and contributing to the evaluation and dissemination of results. Please note that applicants are required to provide details on PPIE as part of their application. When putting together your proposal, please consider the following questions, which are based on the Guidance for Reporting Involvement of Patients and the Public (GRIPP):

- **How was the development of the research question and outcome measures informed by patients' priorities, experience, and preferences?**
- **How did you involve patients in the design of this study?**
- **Will patients be involved in the recruitment to and conduct of the study?**
- **How will the results be disseminated to study participants?**

For more information on public and patient involvement and engagement in research, visit **amrc.org.uk/guidance-and-tools-for-public-involvement** and consult the **WCRF PPIE Guidelines document**.

Sustainable research environments

WCRF is committed to promoting sustainable environmental practices that reduce the environmental impact of research. We therefore encourage grant applicants to consider and integrate sustainable practices into their research. We also encourage applicants to familiarise themselves with the **17 Sustainable Development Goals** (SDGs) so that research is aligned with the SDGs and can address current global challenges effectively.

Research areas

Applications to the Regular Grant Programme must fall into either the Cancer Prevention or the Cancer Survivors Research Area.

For the Cancer Prevention Research Area, we accept research into the links relating diet, nutrition (including body composition) physical activity and sleep to the causation or primary prevention of cancer.

The Cancer Survivors Research Area focuses on individuals who have received a cancer diagnosis or research involving murine models of cancer.

Guidelines on cancer survivors research from the Global Cancer Update Programme

Systematic reviews carried out for the Global Cancer Update Programme have examined relationships between diet, nutrition, physical activity and cancer/ non-cancer outcomes in cancer survivors. These have revealed a number of limitations in the current evidence which

have largely precluded our expert panel from making strong recommendations. We have identified some key issues that future research should aim to address, and we encourage applications to consider these:

- **Conducting well-designed clinical trials that account for differences in cancer sub-types (eg ER+ vs. ER- breast cancer), timing and types of treatment (eg surgery, medication), and other patient characteristics (eg co-morbidities, age, race, ethnicity). These factors should be accurately reported.**
- **Using more accurate methods to assess 'usual' pre-diagnosis dietary intake, physical activity and adiposity, with more accurate reporting of the timing of exposures.**
- **Providing further information on the biological pathways that may explain the relationships between diet, nutrition, physical activity, body weight, and cancer/non-cancer outcomes.**

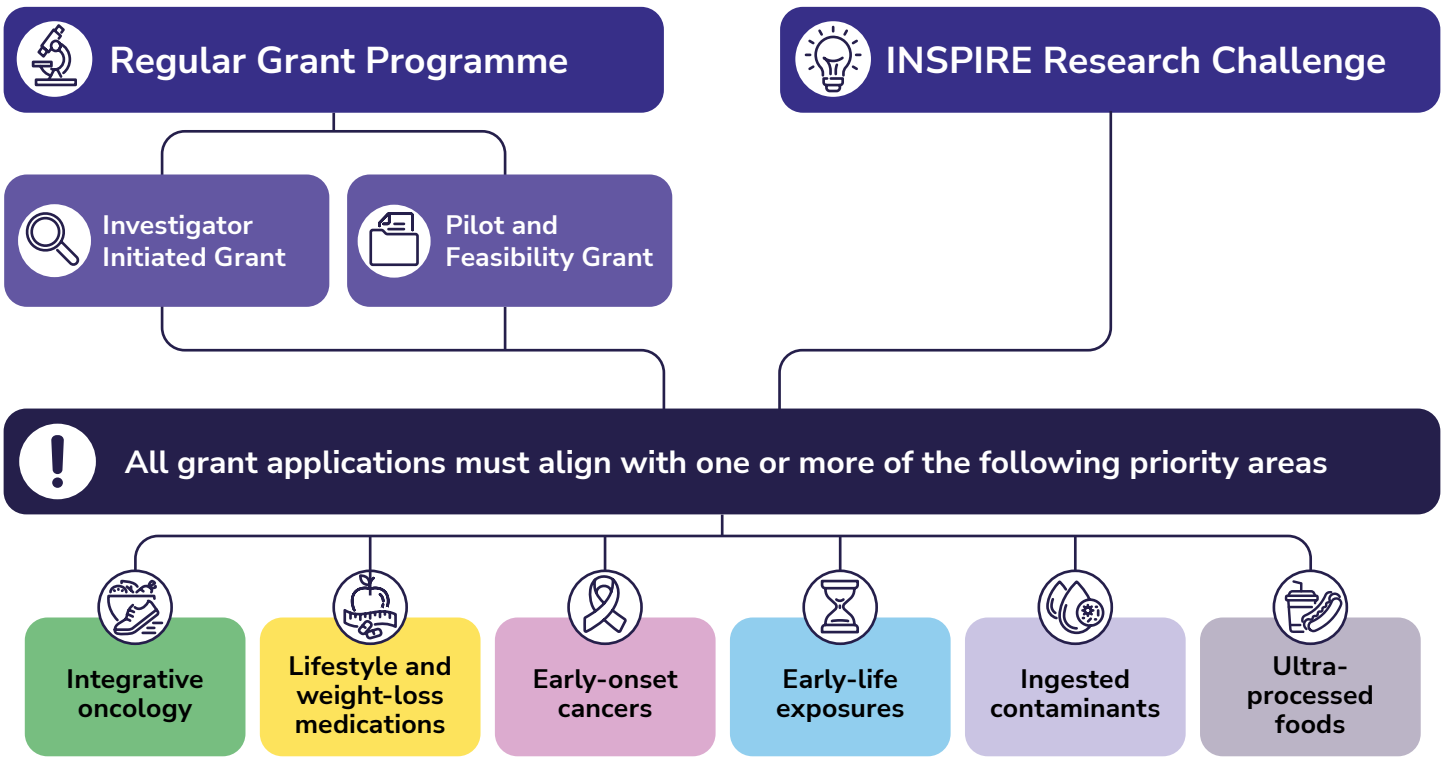
What we do not fund

We do not fund implementation research, including studies primarily aimed at developing or evaluating policy tools, educational materials or other resources for service or programme delivery. We also do not fund cancer screening, early detection, diagnosis or other forms of secondary prevention; drug development or testing of new therapeutic targets; or research without direct relevance to human cancer and our remit. We do not accept studies conducted exclusively in cell lines, studies using non-mammalian systems or chemically induced animal tumour models, or research using exposures, doses or methods of administration that are not relevant to usual human exposure. Proposals focused on isolated food constituents, supplements or herbal extracts that are not normally consumed as part of the diet are also outside the scope of this call.

Research priority areas for the 2026-27 grant call

For the 2026-27 grant call, applications must focus on at least one of the six priority areas, identified through evidence gaps highlighted by the Global Cancer Update Programme, our strategic objectives and consultation with our scientific stakeholders. Applications may span more than one priority area where this is scientifically justified; applicants should identify all rel-evant areas and make the main alignment of the proposed research clear. Alignment with a priority area does not replace the usual requirements for scientific quality, relevance to WCRF International's remit, feasibility and potential impact.

Grant calls 2026–27



Definitions

1. Integrative oncology

This priority area focuses on diet, physical activity, body composition, sleep, prehabilitation and other relevant supportive-care interventions delivered alongside conventional cancer treatment in childhood and adulthood. Research should determine which interventions work, for whom and at what stage of the cancer pathway, and how they can be incorporated safely and effectively into routine oncology care. Studies should address outcomes that matter to patients and for clinical practice, including treatment tolerance and toxicity, quality of life, physical function, symptom control, recurrence and longer-term health. Applications on broadly or loosely defined complementary therapies that do not have a clear link to WCRF International's remit or that lack a strong scientific rationale, are outside the intended scope of this priority area.

2. Lifestyle and weight-loss medications

This priority area examines how diet, physical activity and behavioural support can be integrated with weight-loss medications, including GLP-1-related medicines across cancer prevention, treatment and survivorship. Research should address cancer-specific benefits and risks, including cancer incidence and relevant risk biomarkers, nutritional status, body composition and lean-mass preservation, physical function, treatment tolerance and effectiveness, quality of life, recurrence and survival. Studies should consider the timing, duration and discontinuation of weight-loss medications, and seek to distinguish the effects of the medications themselves from those attributable to weight loss, metabolic improvements and lifestyle changes. Research should also examine whether effects vary by medication, cancer type, treatment stage or population characteristics, and consider inequalities in access and use where relevant.

3. Early-onset cancers

This priority area seeks to explain the increasing incidence and prevalence of early-onset cancers to establish whether their modifiable risk factors and biology differ from cancers diagnosed later in life. This priority area considers cancers diagnosed in early adulthood, defined as 18-50 years old. Research may consider lifecourse exposures, including diet, body composition, physical activity and sleep, alongside tumour characteristics and relevant biological pathways.

4. Early-life exposures

This priority area investigates how modifiable exposures from preconception through pregnancy, infancy, childhood and adolescence influence cancer risk later in life (defined as adulthood, 18+ years). Research should define the exposure precisely and, where appropriate, define the approach/model being used within the study (for example, critical developmental window/sensitive period, accumulation, trajectory, pathway, social mobility or mixed model) and may consider maternal, paternal and intergenerational factors, diet, growth, body composition, physical activity, sleep and relevant ingested exposures. The long interval between early-life exposure and cancer means that studies should use robust methods to address familial and socioeconomic confounding and, where possible, combine epidemiological evidence with biomarkers or mechanistic evidence.

5. Ingested contaminants

This priority area investigates the role of ingested contaminants in food and drinking water in cancer prevention and survivorship. Relevant exposures may include endocrine-disrupting chemicals, pesticides, heavy metals, persistent organic pollutants and micro- and nano-plastics, where there is a clear and evidence-based rationale for cancer relevance. Research should consider cumulative exposure and mixtures, identify credible biological or causal pathways, and distinguish the effects of ingested contaminants from those of overall diet, occupation, air pollution and correlated social or geographical factors.

6. Ultra-processed foods

This priority area seeks to clarify whether and how ultra-processed food consumption influences cancer risk and survivorship. Research should move beyond associations based solely on broad ultra-processed food classification systems to identify whether specific processing characteristics, additives, changes to food structure or related biological pathways may be causal. Studies should address limitations in food classification and dietary assessment, account for changes in the food supply over time, and distinguish the effects of processing from those of energy intake, body composition, overall diet quality, the nutritional composition of individual foods and other relevant determinants of health. Exposure data must reflect, or demonstrate clear relevance to, contemporary products and consumption patterns. Applications that do not adequately account for changes in food formulation, processing and consumption over time will not be considered.

Recommended study types and considerations

The following guidance outlines study types and approaches that may be particularly effective in addressing the identified evidence gaps, although other well-justified approaches may also be appropriate.

1. Integrative oncology

This area includes pragmatic clinical intervention studies, including multicentre studies embedded in oncology services and studies designed to generate implementation-ready evidence. Pilot and feasibility studies may be appropriate to test whether a future fully powered trial of the intervention can be conducted, while mechanistic studies nested within interventions can help explain effects on tumour-host biology and response to treatment. Analyses of existing treatment and survivorship cohorts may also be informative. Proposed studies should be adequately powered for their primary outcomes and proportionate to the available funding; large trials powered for survival are unlikely to be feasible without substantial existing infrastructure or co-funding.

Our work on cancer survivors in CUP Global identified many limitations in the current evidence which makes interpretation of associations between exposures and health outcomes challenging. The CUP Global expert Panel made recommendations to strengthen future research and address these limitations, and we will prioritise applications using strong study designs which address these. The Panel's research recommendations are summarised below and described in detail in our two recent reports on colorectal and breast cancer survivorship.

1. **Reverse causation is a particular issue in this population, especially regarding body weight. Conducting well-designed clinical trials and prospective cohorts that account for differences in cancer sub-types, timing and types of treatment (for example surgery, medication), stage at diagnosis, and other patient characteristics (for example co-morbidities, age, race and ethnicity) should be prioritised. These factors should be accurately measured and reported.**
2. **Using more accurate methods to assess "usual" pre-diagnosis dietary intake, physical activity and body weight, with more accurate reporting of the timing of exposures, and accurate measurement of potential confounding factors. Measurement of exposures pre and post diagnosis, and preferably repeated measures over time to capture changes after diagnosis and "usual" pre-diagnosis behaviour, are recommended.**
3. **Providing further information on the biological pathways that may explain the relationships between diet, nutrition, physical activity, body weight and cancer/non-cancer outcomes would be informative.**
4. **More inclusive and representative study populations are needed. Increasing diversity and inclusivity of study populations and accurate characterisation of samples is recommended.**

2. Lifestyle and weight-loss medications

Relevant study types may include clinical intervention studies combining weight-loss medications with dietary, physical activity or behavioural support, including among people receiving or who have completed cancer treatment. Prospective observational studies, secondary and pooled analyses of established cohorts, pooled analyses, and studies using linked electronic health records or pharmacy data may also be appropriate, including well-designed target-trial emulations. Studies should assess body composition and nutritional status where relevant rather than relying on BMI alone. Mechanistic and biomarker studies should prioritise human samples linked to clinical outcomes and investigate whether effects are explained by weight loss and improved metabolic health or by weight-loss-independent pharmacological mechanisms. Given the limited duration of follow-up and long latency of many cancers, research on mechanisms, intermediate biomarkers, treatment outcomes and other survivorship outcomes may be more feasible than definitive trials powered to assess cancer incidence, recurrence or survival.

3. Early-onset cancers

We welcome secondary analyses of established cohorts, including international pooled analyses that bring together sufficient numbers of early-onset cancer cases. Where studies or datasets are combined, applicants should explain how differences in exposure measurement and cancer-outcome definitions will be reconciled so that the data are comparable. Strong proposals may also include repeated exposure measures, cancer-registry linkage, robust causal-inference methods, and molecular epidemiology or tumour-characterisation data. Substantial extensions of existing collaborations may be appropriate, but proposals to establish new long-term cohorts are unlikely to generate timely evidence.

4. Early-life exposures

We particularly encourage secondary analyses of established birth or lifecourse cohorts and international pooled analyses that increase statistical power and population diversity. Extending existing cohorts through continued follow-up or cancer-registry linkage, repeated assessment of exposures and during specific developmental periods, comparing family members or using naturally occurring changes in exposure, and incorporating epigenetic, biomarker or other mechanistic evidence may help determine whether observed associations are causal. Human-relevant preclinical studies may also help address defined mechanistic gaps. Establishing new standalone cohorts without adequate follow-up or cancer outcomes is unlikely to be suitable; proposals should build on accessible data, samples and infrastructure. Our lifecourse research has identified key differences in the impact of early life exposures and different site-specific cancers (for example, early life BMI and colorectal and breast cancer). Because of this, research needs to define the outcome of interest clearly.

5. Ingested Contaminants

Suitable approaches may include secondary analyses of established cohorts using repeated or otherwise validated biomonitoring, together with international pooled analyses where harmonisation is feasible. Studies assessing cumulative and combined exposure to multiple contaminants, prospective studies, research using mechanistic biomarkers, and carefully justified human-relevant laboratory or animal studies may help determine whether observed associations are causal. Targeted primary data collection may be appropriate where it examines a specific measurement gap. Questionnaire-only exposure assessment, environmentally unrealistic doses, exclusively cell-line studies and single-contaminant analyses without validation or a credible causal pathway are unlikely to be competitive.

6. Ultra-processed foods

This priority area may be addressed through longitudinal analyses using repeated dietary assessments and novel or technologically advanced methods, including objective biomarkers and refined classification approaches. Studies should consider relevant exposure periods and cancer latency, capture changes in ultra-processed food consumption, product formulation and processing over time, and specify appropriate comparator or substitution foods. Carefully controlled feeding studies, short-term mechanistic interventions and human-relevant laboratory research may be used to isolate specific processing characteristics, components, biological mechanisms or pathways. Proposals should avoid treating all ultra-processed foods as biologically equivalent and should investigate differences across ultra-processed food subgroups, products and population groups. Studies should also consider the timing and duration of exposure, differences among ultra-processed food subgroups, the foods they replace in the diet, plausible biological mechanisms, and variation in exposure and effects across population groups.

2c) Eligibility

Grant applications are open to Lead Applicants based at a research institution from any country.

World Cancer Research Fund International encourages international collaborations.

Applications for which the Lead Applicant based in a low- and middle-income country are also encouraged, such as for high-quality studies that explore relevant exposure-outcome links in under-researched regions or populations. Applicants should ensure the relevant expertise has been secured, for example through appropriate international collaborations.

Institutions

The Regular Grant Programme accepts applications from universities, medical schools, hospitals, research institutes and other academic centres. We also accept applications from independent medical research centres not affiliated with universities. Research for commercial organisations is not eligible.

A maximum of three RGP applications will be accepted from one institution in any one grant cycle; it is the responsibility of the Lead Applicant and the host institution to coordinate the number of applications submitted. Institutions are encouraged to contact us to discuss the prioritisation of their applications, if needed. The INSPIRE Research Challenge is delivered as a separate grant call, so you are welcome to make another three applications as an institution to this.

Personnel

The Lead Applicant must be the Principal Investigator who will lead the research and be responsible for delivering the project.

The Lead Applicant (Principal Investigator) must hold a higher academic research degree (PhD or equivalent) and be a senior established researcher, demonstrated by previously receiving at least one independent research grant.

Only one application per Lead Applicant per grant cycle is permitted.

Only one person can act as the Lead Applicant, though an applicant can be a Lead Applicant for one application and a co-applicant in one or more other applications (up to a maximum of four).

The Lead Applicant's salary cannot be covered by the grant, wholly or partly.

The grant may cover the salary or stipend of personnel (other than the Lead Applicant) involved in the project, including the stipend or salary of PhD students.

If a PhD student is to be included in a research grant project, the following criteria must be met:

- **The host institution must be responsible for the progress and training of the PhD student and must ensure adequate supervision and assessment of the student's progress and the research training provided.**
- **The PhD student should be spending 100 per cent of their time on the WCRF funded project, on a full-time or part-time basis.**

2d) Grant budgets

Budgets should cover the costs of such items as salaries for personnel (excluding the Lead Applicant), research equipment, Open Access publication fees, supplies and travel to conferences/ meetings. Lead Applicants are expected to use any Open Access publication funding available through their institution before requesting these costs from the Regular Grant Programme.

Budgets must be submitted in pounds sterling (GBP) only. Please note that any fluctuations in the exchange rate will be at the Institution's expense or gain. For more information on payments, please see our **Terms and Conditions**.

Full application budgets must contain a detailed breakdown of each item per year and a detailed justification of all elements of the budget.

Personnel

Lead applicant

The salary of the Lead Applicant cannot be included in the grant budget, wholly or partly, except for PIs based in a low-or-middle income country, in which case we would consider funding part of the salary. If necessary, calculate and include the percentage of any time claimed by any co-applicants and collaborators, if their respective institutions do not fund/compensate for this time.

Please note that those compensated in whole or in part with funds from a grant shall not be considered as employees of the World Cancer Research Fund Network charities.

PhD student stipend

Full PhD student stipends may be included for IIGs. We appreciate that PhD stipends vary between countries. In order to recruit high quality students, we recommend that the stipend award be at the top end of the scale for PhD studentships.

Additionally, up to £2,000 per year charged by the host institution towards PhD fees can be included in the budget.

Equipment

Only equipment essential for the study will be considered for funding. Single items costing more than £700 must be itemised.

Travel to conferences

WCRF International encourages Lead Applicants and other grant personnel to attend conferences and relevant scientific forums to present the grant's outputs, and will provide funds towards the cost of travel, registration and accommodation. These funds must only be used to allow the attendees to present work funded by the grant, in the form of a poster or oral presentation.

The maximum allowance for travel is £3,000 for IIGs and £1,500 for PFGs over the duration of the grant period.

Other pertinent travel costs not related to conferences should be included under the Miscellaneous section of the budget.

Open access publication

WCRF International encourages the Open Access publication of research. The maximum allowance for Open Access publication is £6,000 for IIGs and £3,000 for PFGs. Funds to cover the cost of publishing under Open Access can be included in this budget section.

Miscellaneous

Other relevant and justifiable additional costs pertaining to the study, such as the travel expenses of study participants, travel to meetings required to co-ordinate multicentre studies, maintenance contracts or the cost of obtaining certification or licenses to carry out research involving humans or animals, can be added under the Miscellaneous section.

Please note that all costs added to this budget section will need to be itemised and clearly justified in the application.

Institutional overheads

Budgets should not contain overheads or any institutional expenditure; only the direct cost of research should be included.

Table 1: Regular Grant Programme budget

Grant type	Budget	Maximum amount	Requirements
IIG	**Equipment**	£700	All items should be itemised. Any single items over £700 should be fully explained and justified.
	Personnel	No maximum	Salary of Principal Investigator cannot be included wholly or partly. The grant may cover the salary or stipend of co-applicants and collaborators.
	PhD Student Stipends	No maximum	WCRF International recommends the stipend award should be at the top end of the scale for PhD studentships to recruit high quality students.
	PhD Student Fees	£2000	Limit applies per year.
	Supplies	No maximum	
	Travel	£3000	For attending conferences where findings related to the grant project are disseminated. Travel costs unrelated to conferences should be included under Miscellaneous.
	Open Access Publication	£6000	Applicants should seek to utilise transformative agreements available through their Lead Institution for research paper publication wherever possible, before allocating grant funds to Open Access costs.
	Miscellaneous	No maximum	All costs should be clearly itemised and justified. Please note, the grant cannot be used for training courses, overheads or institutional expenditure.
	PPIE	No maximum	At least one budget item for PPIE should be included. If absent, this should be fully justified.

Grant type	Budget	Maximum amount	Requirements
PFG	**Equipment**	£700	All items should be itemised. Any single items over £700 should be fully explained and justified.
	Personnel	No maximum	Salary of Principal Investigator cannot be included wholly or partly. The grant may cover the salary or stipend of co-applicants and collaborators.
	Supplies	No maximum	
	Travel	£1500	For attending conferences where findings related to the grant project are disseminated. Travel costs unrelated to conferences should be included under Miscellaneous
	Open Access Publication	£3000	Applicants should seek to utilise transformative agreements available through their Lead Institution for research paper publication wherever possible, before allocating grant funds to Open Access costs.
	Miscellaneous	No maximum	All costs should be clearly itemised and justified. Please note, the grant cannot be used for training courses, overheads or institutional expenditure.
	PPIE	No maximum	At least one budget item for PPIE should be included. If absent, this should be fully justified.

3. APPLICATION PROCESS

Applications must be submitted through ProposalCentral, and all applicants and signatories will need to make a ProposalCentral account. Applicants are encouraged to create an **ORCID** account if they do not already have one, and to link their up-to-date academic record to their application.

After submission, the application must be approved by the applicant's Head of Department and Finance Officer before WCRF International receives it. Applicants should allow these colleagues at least three working days to approve the application before the deadline. We operate a two-stage process for reviewing IIG and PFG applications. The projects that are shortlisted after the Letter of Intent (LOI) will be invited to submit a Full Stage application.

Applications that are not clearly relevant to the goals of the Regular Grant Programme, as outlined in this document, will not be sent for review. Please note that applications that only partially align (ie with components that do not align) with our remit will be rejected. At the LOI stage, applications will also be assessed for baseline scientific quality, feasibility, novelty within the WCRF International research portfolio and alignment with WCRF International priority areas.

Given the competitive funding landscape and the high quality of applications received, novelty and feasibility will form an important part of the triage process. Applicants are encouraged to consider the current funding portfolio and previously funded grants when developing their proposal.

Final approval for funding of IIGs and PFGs is decided by the relevant WCRF Network charity Board of Trustees at the end of September each year.

Lead Applicants of applications awarded a grant will be notified by early October. Notification of awards will include details of the grant amount and the WCRF Network charity that is funding the grant. Funding must begin between 1 December of the current year and 1 April of the following year.

Stage 1: Letter of Intent (LOI) applications

After the LOI deadline and with the support of our Panel Chair, all applications will be 'triaged' by the WCRF International Research Funding team. The initial triage review confirms that the applicant, host institution and research team meet the eligibility requirements and that the application is complete. It also checks that the proposed research addresses an eligible exposure and cancer-related outcome, has clear relevance to human cancer, uses an appropriate study model, falls within the programme's remit and meets the main budget and duration requirements.

Applications that do not adhere sufficiently to the remit, or are submitted by Lead Applicants who are not eligible to apply, will be rejected. Applications with missing information, forms or attachments may also be rejected during 'triage'.

Triage outcomes are approved by the Panel Chairs, and applications where there is any uncertainty are moved to the Panel for formal review.

During the first Grant Panel meeting, the Panel evaluates the scientific merit of the applications, their feasibility and their relevance to the remit. The Panel then advise on which applications should be invited to submit a full application.

Stage 2: Full applications

The Lead Applicant for each recommended application after Stage 1 is invited to submit a full application. Each full application undergoes external peer review. Suggested peer reviewers for each application are obtained from the Grant Panel, from the applicants and from suggested peer reviewers who are unable to review the application themselves.

Grant Panel members review the full applications, which are then discussed at the second Grant Panel meeting. At the meeting, after discussion, Panel members give each application a numerical score according to scientific merit. The scores are averaged and the applications ranked by score as a basis for funding decisions.

Further information or clarification may be requested from the applicant after the second Panel meeting before a final decision is made. Please note that this is not an indication that the application will necessarily be put forward for funding. Rejection indicates insufficient merit to warrant funding. The written peer reviews and a summary of the Panel discussion are provided in unattributed form to the applicants at the end of the process, to support future applications.

Final approval of funding for IIG and PFG grants

Please note that although approval by the Grant Panel indicates that the application is of sufficient scientific merit to be considered for funding, it is not a guarantee, as this depends on available funds and final WCRF Network Board of Trustees approval.

The decision to recommend funding will be based on the scientific merits of the application within the context of WCRF Network's research strategic priorities. In order to achieve the research objectives of our network members, at least one of the top scoring application based in the US, UK and Netherlands will be presented to the Board for approval.

amrc
EXPERT REVIEW AUDIT
2025

Conflicts of interest

Grant Panel members and external peer reviewers do not review an application that has been submitted by themselves (as Lead Applicant or co-applicant), by a member of their institution, or by an applicant with whom they have had any involvement in the project, or with whom they might have a possible conflict of interest.

If a Grant Panel member has a conflict of interest for a particular application, the other Grant Panel members review it and the conflicted Panel member is excluded from discussion on the proposed project.

The Regular Grant Programme has been audited by the Association of Medical Research Charities (AMRC) and has been awarded a certificate to show that it follows best practice when peer reviewing grant applications.

Contract terms and conditions

The World Cancer Research Fund International terms and conditions will need to be accepted by the Lead Applicant of the approved grants, as well as by relevant representatives of the host institution, including Finance, Human Resources and Public Relations/

Communications departments. Grant applicants are asked to alert their legal department to the grant's terms and conditions before submitting an application. For more information, please check our **Terms and Conditions**.

Collaboration with other funding bodies

With the consent of the applicant, World Cancer Research Fund International may occasionally enter into collaboration with other organisations to jointly fund an application for high-quality research that meets the objectives of both organisations. All applications considered for collaborative funding will be reviewed using the standard World Cancer Research Fund International grant application process (detailed in this document), which includes both Panel review and external peer review. In addition, it is expected that the collaborating organisation may also review the application using their internal application review process. Rejection by the collaborating organisation will not affect eligibility for funding by the World Cancer Research Fund

International Regular Grant Programme. Applicants will be informed as soon as possible if their application is deemed potentially eligible for a collaborative grant.

AI use in grants administration

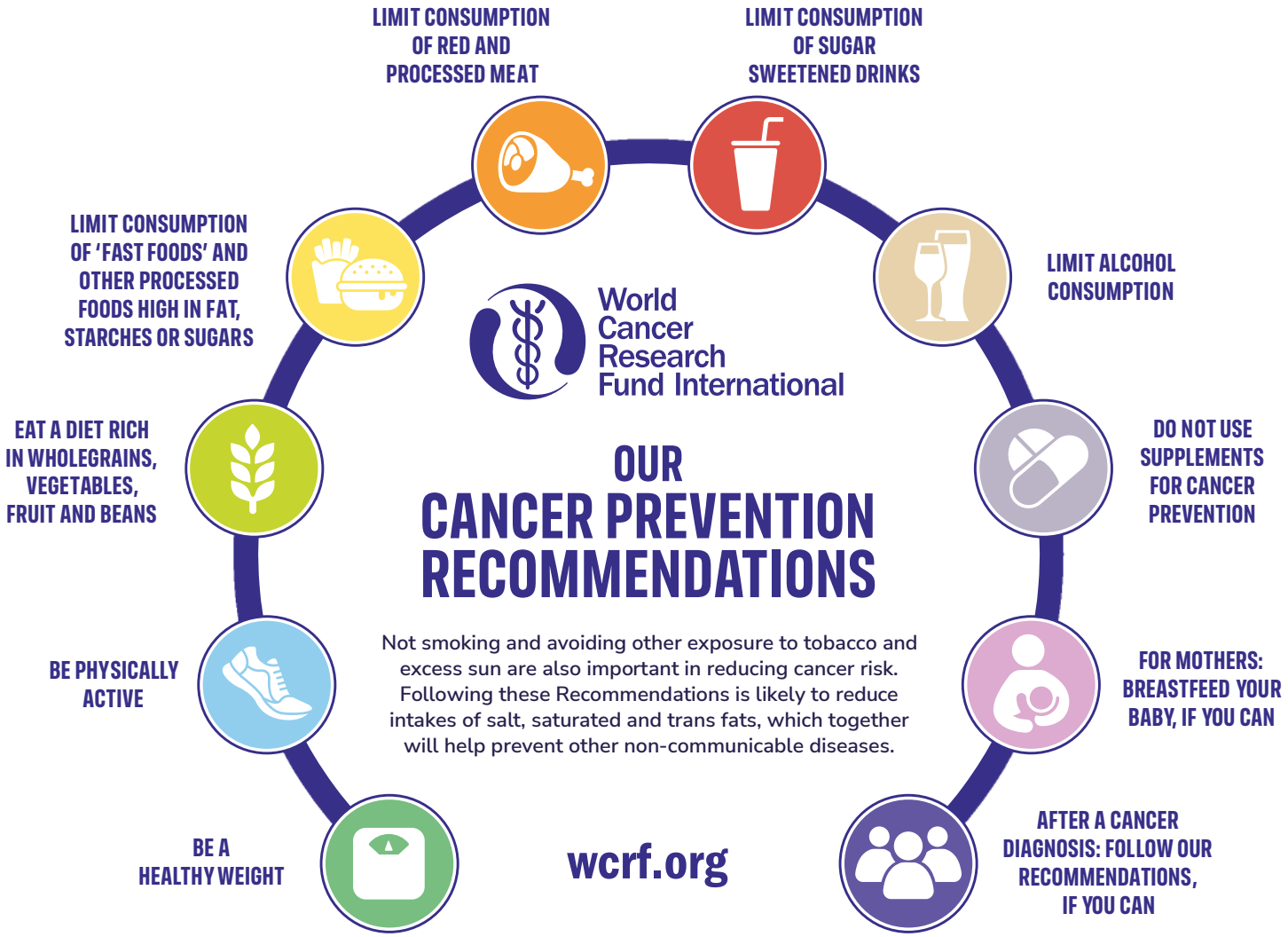
Artificial intelligence (AI) tools may be used to support the administrative assessment of grant applications against established triage criteria and to assist in identifying potentially suitable peer reviewers based on relevant expertise. These tools operate solely in an advisory capacity: they will not make automated funding, eligibility, triage, reviewer-selection or other decisions, and all outputs will be subject to meaningful review and approval by appropriately authorised WCRF International personnel, who retain full responsibility for each decision. AI use will be governed by applicable data-protection legislation, confidentiality obligations and WCRF International policies, with proportionate technical and organisational safeguards (including controlled access, data minimisation, secure processing, appropriate retention arrangements and supplier due diligence) applied to protect personal, confidential and commercially sensitive information. Information will be processed only for authorised grant-administration purposes and shared with service providers only under appropriate contractual and data-protection arrangements. AI-assisted outputs will be treated as recommendations requiring independent human judgement and will not be relied upon as the sole basis for any decision affecting an applicant or prospective reviewer.

Contact

For queries regarding applications, please e-mail **research@wcrf.org**

For technical issues with Proposal Central, **pcsupport@altum.com**

CANCER PREVENTION RECOMMENDATIONS



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American Institute for Cancer Research

World Cancer Research Fund

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