The National Health and Medical Research Council (NHMRC), in partnership with Cancer Australia, is offering a TRIP Fellowship to promote the uptake of evidence into clinical practice for gynaecological or lung cancers. Cancer Australia/NHMRC Fellowships provide an opportunity to improve the care and support for people diagnosed with cancer, their carers and families, through the translation of research findings for the management of gynaecological and lung cancer.

Project proposals should identify and address a current important evidence-practice gap. While applications across the continuum of care for gynaecological and lung cancer management are invited, areas of special interest for Cancer Australia are:

- Promotion of evidence-based care through adoption of clinical best practice recommendations
- Follow-up, supportive care and quality of life during and/or following treatment
- Multidisciplinary care

The successful candidate will be required to provide an annual project summary that briefly outlines project purpose, progress and achievements, any variation to project scope and a publication plan. Financial acquittals of Cancer Australia funds are also required.

**Gynaecological cancers**

In 2016, an estimated 5,683 women were expected to be diagnosed with a gynaecological cancer in Australia, accounting for 9.7% of all new cancers in women, an average of 31 women diagnosed every two days\(^1\). Uterine cancer is estimated to be the most commonly diagnosed gynaecological cancer in 2017, followed by ovarian cancer and cervical cancer\(^2\).

As a result of the ageing and growing population, the number of women diagnosed with ovarian, uterine and cervical cancer is expected to increase. It is estimated that in 2020, 1,640 women will be diagnosed with ovarian cancer; 2,830 women will be diagnosed with uterine cancer; and 915 women will be diagnosed with cervical cancer\(^3\).

In 2016, an estimated 1,743 women were expected to die from gynaecological cancer in Australia, accounting for 8.6% of all cancer deaths in women, with an average of 5 deaths per day\(^1\). Ovarian cancer is estimated to be the most common cause of gynaecological cancer deaths in 2017 (1,047 deaths), followed by uterine cancer (453 deaths) and cervical cancer (254 deaths)\(^2\). Incidence and mortality for uterine and cervical cancers is also higher in Aboriginal and Torres Strait Islander people than in non-Indigenous Australians.\(^2\)

The five-year relative survival (2009-2013) varied for the individual gynaecological cancer types – 83% for uterine cancer, 72% for cervical cancer and 44% for ovarian cancer\(^2\). While
the survival rate for ovarian cancer has improved significantly in recent years, it still remains low in comparison with other gynaecological cancers.

**Lung Cancer**

Lung cancer represents the fourth most commonly diagnosed cancer in men and women and the fifth most commonly diagnosed cancer overall\(^2\). It is projected that in 2017, there will be 12,434 new cases of lung cancer diagnosed\(^2\) with an estimated 13,640 people expected to be diagnosed with lung cancer in Australia by 2020\(^3\).

In 2017, lung cancer is estimated to be the most common cause of cancer death for men and women, with 9,021 deaths overall accounting for 18.9 per cent of all cancer deaths\(^2\). Survival rates remain poor, with on average only 16 per cent of people with lung cancer surviving five years beyond their diagnosis, compared with 68 per cent for all cancers combined between 2009 and 2013\(^2\). Evidence indicates that cancer incidence and mortality increases with decreasing socio-economic status, and with increasing remoteness. Lung cancer incidence and mortality is also higher in Aboriginal and Torres Strait Islander people than in non-Indigenous Australians.\(^2\)

**References:**


**Contacts at Cancer Australia are available to discuss prospective TRIP Fellowship Projects in Gynaecological or Lung Cancer.**

Usha Salagame
Senior Project Officer, Gynaecological Cancers
Usha.salagame@canceraustralia.gov.au or 02 9357 9425

David Salvestrin
Senior Project Officer, Lung Cancer
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Someone is diagnosed with cancer, on average, every 13 minutes in NSW; making cancer control an important priority for the people of NSW and the health system.

The Cancer Institute NSW provides the strategic direction for cancer control across the state, which is driven by the goals and objectives of the [NSW Cancer Plan](#):

1. Reduce the incidence of cancer
2. Increase the survival rate of people with cancer
3. Improve the quality of life of people diagnosed with cancer

Established under the [Cancer Institute NSW (2003) Act](#), the Institute works collaboratively with the NSW Ministry of Health, NSW Health Pillars and local health districts; as well as the community, health professionals, researchers, and other government and non-government agencies in its mission to lessen the impact of cancer across NSW.

The Institute delivers key cancer control programs and works with the sector to develop and implement initiatives throughout the full cancer continuum; from cancer prevention and early detection, through to optimising cancer treatment and care, and facilitating research in all of these areas.

As the largest funder of cancer research in NSW, the Institute’s strategic investment on behalf of the NSW Government is building research capacity, attracting and keeping world-class researchers, fostering innovation and supporting the translation of new discoveries into clinical practice.

**A focus on translational cancer research**

[Translational cancer research](#) is a key focus of the Institute, which funds seven [translational cancer research centres](#) in NSW that bring together more than 848 members across 70 leading research and clinical institutions.

The Cancer Institute NSW provides a number of other funding opportunities for translational research, including support for [Translating Research into Practice (TRIP) Fellowships](#).

TRIP fellows who are interested in funding opportunities from the Institute should look to develop models that will optimise the translation of cancer research findings and evidence into clinical practice; with a particular focus on:

- implementing evidence-based models of care that reduce demand on acute cancer services
- improving cancer clinical treatment practices
- improving symptoms, supportive care or psycho-social outcomes for people with cancer
- improving cancer outcomes for priority populations and/or priority cancers as described in the [NSW Cancer Plan](#).
Interested fellows should discuss their proposal with the Institute to confirm that it aligns with the Institute's objectives.

Successful TRIP fellows will be encouraged to link to a translational cancer research centre to provide a supportive academic and effective translational environment.

For more information, visit www.cancerinstitute.org.au or contact grants@cancerinstitute.org.au
JDRF Australia, in partnership with the NHMRC is offering to fund NHMRC Translating Research Into Practice (TRIP) Fellowship Top-Ups of $50,000 per year for research relevant to JDRF’s mission – the treatment, prevention and cure of type 1 diabetes and its complications.

The JDRF TRIP Fellowship Top-Up aims to promote and improve research translation into clinical practice by supporting research that will have a direct and positive impact on the lives of people with type 1 diabetes. The successful candidate will have a demonstrated commitment to research focused on type 1 diabetes or type 1 diabetes complications.

JDRF requires acknowledgment in any publications or media publicity relating to the supported research, and requires a copy of any published articles arising from the supported research. Annual progress reports and financial acquittals will be required. JDRF may call upon fellows to provide assistance with publicity and other events. Co-funded fellowships may have additional conditions in relation to funding administered by JDRF.
The mission of Multiple Sclerosis Research Australia is to accelerate Australian multiple sclerosis (MS) research toward the prevention, better treatments and a cure for MS.

While prevention, better treatments and a cure for MS are our ultimate goals, we also aim to promote research with a focus on assisting people with MS to manage the symptoms and challenges of living with MS. Social and applied research in the areas of nursing, allied health, employment, and support and services for people with MS are strongly encouraged.

The NHMRC / MS Research Australia TRIP Fellowship will provide an opportunity for a health professional to undertake a practical project and to develop a leadership role in improving MS care and services practice in Australia. Project proposals should nominate and address an important evidence-practice gap in the management of MS.

MS Research Australia will provide top-up funding of up to $30,000 per year for project support and up to $20,000 per year for salary top-up, up to a maximum of $100,000 over two years.

MS Research Australia requires acknowledgment of its support for the research in any publications or media publicity, and requires a copy of any published articles arising from the supported research. MS Research Australia may call upon Fellows to provide assistance with publicity and other events.
The National Heart Foundation of Australia offers co-funding support for TRIP Fellowships. The Heart Foundation believes health professionals who have a strong research background are uniquely placed to champion the translation of research into practice and/or conduct translational research and implement evidence-based practice.

In addition to the Fellowship package provided by the National Health and Medical Research Council (NHMRC), the Heart Foundation may provide $50,000 p.a. for two years (up to a maximum of $100,000) towards Fellowship funding to facilitate high impact research outcomes.

Applicants must have a commitment to and a track record in, cardiovascular research and may be working in any area of cardiovascular research, including biomedical, clinical, public health or health services research.

To be eligible for this joint award, applicants must, as part of their NHMRC application, outline the relevance of their work and their commitment to cardiovascular health, and briefly describe the proposed use of the project funds. Only successful TRIP Fellows who have provided this additional information may be selected to receive co-funding from the Heart Foundation.

The successful Fellow(s) will be required to provide yearly updates on their work, along with yearly financial acquittals, to the Heart Foundation. The Heart Foundation may also have additional conditions in relation to the expenditure of Heart Foundation funds.

Please note that the Heart Foundation requires that individuals, research groups or research institutions associated with this award must not accept any research grant funds, consultancies or sponsorship from the tobacco industry or any person connected with the tobacco industry.

The Heart Foundation may call upon Fellows to provide assistance with peer review, publicity and other events related to their research. Fellows must acknowledge the Heart Foundation support for their research in any publications or media publicity, and provide a copy of any published articles arising from the supported research.
SpinalCure Australia aims to support one TRIP Fellowship for the next funding period. The successful candidate will have a commitment to and/or track record in, research towards a greater understanding of and/or potential treatments for spinal cord injury. SpinalCure Australia encourages applications from researchers in the cellular field (such as stem cells) or those using neurological or physiological approaches that aim to improve function or stimulate movement after a spinal injury.

SpinalCure may call upon the successful candidate to provide assistance with publicity, and other events. It also requires acknowledgment of its support for the research in any publications or media publicity, and requires a copy of any published articles arising from the supported research.

The successful candidate may be asked to present progress reports to the directors of SpinalCure. There may also be opportunities to make presentations at other functions and their work may be mentioned in SpinalCure publications.

The NHMRC / SpinalCure Australia TRIP Fellowship offers recipients the opportunity to network with other researchers and professionals in the field and may help them with the translation and dissemination of their research findings.

*SpinalCure Australia funds research aimed at curing the paralysis caused by a damaged spinal cord.*