ERS EUROPEAN RESPIRATORY SOCIETY

every breath counts

# Guidelines for the development of ERS Clinical Research Collaborations (CRC)

JULY 2020

scientific@ersnet.org

# Table of Contents

# 1 Introduction

The European Respiratory Society (ERS) contributes to the coordination of research activities in respiratory medicine across Europe, by encouraging new initiatives, producing guidelines for European clinicians, supporting and disseminating information from academic-led multi-centre clinical research collaborations, developing joint documents with other major associations and/or international scientific societies, and other research activities including partnerships with Industry Collaborators.

ERS may support the work of a Clinical Research Collaboration (CRC) in areas of respiratory medicine where a pan-European multi-centre network of principal investigators aims to advance clinical and translational research. It may also integrate non-European countries as well as non-ERS members, representing different scientific disciplines which complement the network with multispecialty, multidisciplinary and multifunctional know-how and expertise.

If the application is successful, the CRC is expected to follow the ERS rules as described in chapter 7.

# 2 Definitions

## 2.1 ERS CRC



The aims of an ERS CRC are to promote the exchange of research ideas among clinicians and affiliated scientists in Europe and/or globally; to plan, conduct, evaluate and publish clinical and translational studies; to gain eligibility for network funding; to build an infrastructure for prospective clinical research and to agree on standardised approaches to address specific research needs. Outputs of a CRC would typically be scientific products, such as original articles for publication in scientific journals or abstract submission for presentation at scientific congresses. Clinical research resulting in results presentations and scientific session proposals for the ERS International Congress are encouraged.

Approved ERS CRCs are not legal entities. ERS aims to endorse projects under the current CRC rules and facilitate CRCs' developments. ERS CRCs are embedded in ERS activities and projects.

Clinical studies are health-related research studies in humans that follow a pre-defined (research) protocol. Multicentre research studies proposed by the CRC can be observational or interventional, prospective or retrospective. The types proposed can assess any combination of treatment, prevention, diagnostic, screening, health economic, or quality of life studies. These studies can provide a better understanding of the disease, including treatments and clinical practice patterns by generating innovative, new or alternative interventional and practice approaches.

## 2.2 Patient and public input

The ERS Science Council recognises that patient and public input into CRCs is important, strongly encouraged and likely to help to:

- Underpin the activities and outputs of the collaboration with patient experience
- Ensure that the work of the CRC addresses key issues of concern to patients or that may have been overlooked by healthcare professionals
- Build on the real-world experience of patients to ensure that proposed clinical studies and trials are feasible and acceptable to patients, and are likely to influence clinical practice
- Gain access to hard-to-reach patient populations
- Optimise patient engagement and access to the resulting outputs of the CRC

The European Lung Foundation (ELF; www.europeanlung.org) would welcome contact from any CRC chairs keen to investigate ways in which patient input could enhance their work. ELF has a long experience in coordinating patient engagement and an established network of patient organisations across Europe, with access to patients, carers and advocacy groups, who are keen to support CRC activities. Options include patient input into research priority-setting, patient representatives joining the CRC steering committee, patient input into clinical study design and outcome measures, patient review of participant information sheets, consent forms and ethics documentation, patient consultation (including surveys and focus groups), patient input into governance and ethics discussions, and the development of a patient version of outcome documents.

To discuss possible options for patient input, please contact ELF - Patient involvement and engagement (info@europeanlung.org).

### 2.3 Development and dissemination of novel research protocols

The CRC should decide on priority research questions related to where there is an unmet medical need, and where there is a need to gather real world evidence/data in a multi-centre research study. Based on the identified questions, the CRC will develop and share new research protocols on clinically orientated topics of the relevant disease area,and lead the development of priority research projects in the field.

Each year the ERS Science Council identifies key areas where there are potential gaps in the CRC portfolio by providing a 'highlight notice' and encourages proposals in the identified topic(s).

## 3 Application and approval process

All CRC proposals are evaluated on scientific excellence and potential impact. The CRC proposals aim to describe the purpose and structure of the CRC and show how the objectives will be achieved. The CRC proposals can be submitted by several ERS members belonging to one or more scientific assembly/group.

### 3.1 Online Platform

Applications and all supporting documentation should be submitted in English and online *via* the ERS CRC application platform (https://www.ersnet.org/research/clinical-research-collaborations). The web browser Google Chrome is advised to be used for a smooth fill in of information and upload of all documents.

The application is considered as complete when it contains:

1. The CRC online application form duly filled (see Appendix 1 for the description of requested fields)
2. One page CV with the 5 main relevant publications of both Chairs, justifying their expertise in the field and their role/responsibility in the CRC proposal.
3. Lay Summary (500 words max) will be shared with patients and should be written in such a way that a non-scientist can easily understand the aims, outcomes and potential relevance to future practice.
4. The annual Declaration of Interest (DoI) signed by both Chairs.

The deadline for submitting applications and documents is by 15th of October each year without extension.

## 3.2 Evaluation and approval process

Each application will go through the following evaluation and approval process:

1. An administrative check for the completeness and eligibility will be conducted for all received CRC applications by the ERS Office.
2. A CRC proposal is considered as eligible to be sent for peer-review if the below selected criteria are met:
    - The project membership is multicentric. Significant participation of European countries is expected. Participation of institutions based outside of Europe can be included.
    - It focuses on disease areas of respiratory medicine or related issues.
    - The objectives and ambitions of the proposal is to develop a work programme and does not restrain itself to a single clinical study or trial.
    - At least one of the Chairs is an ERS member.

    The project membership diversity *i.e* the inclusion of patient(s) or carer representative(s), ERS early career members (<40 years old), gender balance (see ERS Diversity and Inclusion policy: https://www.ersnet.org/ers-diversity-and-inclusion) is considered an asset for the proposal but will not prevent the application being considered eligible if only this last point is not met. Please refer to section *7.2 CRC Composition* for additional details.

    The ERS CRC Director is entitled not to send a proposal to peer-review, should any of these criteria not be fulfilled.
3. The ERS CRC Director will select a minimum of three independent reviewers with relevant expertise in the field of the application to comment on the content of the application, one of whom is usually an expert in the field or member of the CRC working group. Note that the reviewers might be excluded if there is a conflict of interest (CoI) through contributing directly or indirectly to the CRC project application.
4. The reviewers will evaluate the scientific excellence of the eligible CRC proposals and the specific contribution that the CRC will offer to the respiratory community. Plans to obtain sustained external funding will also be evaluated during the reviewing process.
5. CRC requests for renewal will follow the same application and reviewing process as new applications. However, other reviewing criteria may be used measuring the success of the CRC in the previous funding period and the relevance of project continuation. Therefore, applicants should underline in the application form the achievements so far and expected future developments.
6. CRC proposal addressing a 'highlight notice' topic(s) will follow the same reviewing process as the other applications. These proposals will not be favoured during the review process but for applications evaluated of equal excellence, topics including highlight notices would be prioritized.
7. ELF will also review the application for the level and appropriateness of patient involvement. Patient reviewers may also be consulted during the reviewing process. When patient involvement has not been included, ELF may suggest at the review stage how patient involvement could benefit the CRC and propose ways of involving patients.
8. Based on the reviewers' assessment, the ERS CRC Director with the consultation of the CRC Working group will make acceptance/rejection recommendations of the CRC proposals. The recommendation will be considered at the next meeting of the ERS Science Council.
9. The ERS Science Council can reject the application for a CRC if it is not deemed to serve the interests of the Society as a whole, or request scientific and logistical changes as appropriate. The

ERS Science Council may also make recommendations on membership of the CRC. The ERS Science Council reserves the right to reduce the funding request or propose approval of the CRC without funding.

10. A final decision on endorsement and/or renewal of all CRCs is made by the ERS Executive Committee after examination of the ERS Science Council's recommendations.

    The time taken for the reviewing and approval procedure may vary and can take around four (4) months (until February of the next year) for a decision. The applicants of successful and unsuccessful CRC proposals will receive a notification letter by email.

## 4 Project Development

For all approved CRC proposals (both new proposals and renewals), a kick-off teleconference will be organised together with the CRC Chairs, the CRC director, a nominated CRC Link person and a member of ERS office in order to describe the terms and conditions of their project recognition, discuss logistic aspects, and, eventually, funding and supplementary background materials prior to the start (or continuation) of their projects. ELF will approach CRC Chairs to discuss plans for patient involvement following the kick-off teleconference.

CRC chairs will be asked to sign a CRC agreement to settle the terms of collaborations between ERS and the CRC Chairs.

Funding for CRCs is not to be considered as an ERS grant; it is funding that ERS has earmarked for up to a three (3)-year period for routine expenses during project development. Yearly reporting is expected for the CRC Director and CRC Working Group to assess project advances according to the CRC agreement and to review the yearly budget spent. Funding for ERS-supported projects can be managed by the ERS office in Lausanne. All expenditure charged to the ERS project accounts must be approved by the ERS office in advance.

Any substantive changes in the goals, strategy or the budget of a CRC must be reported to the ERS office at any time of the CRC funding period and should be approved by the ERS Science Council.

All official ERS policies including those on travel, publications, conflicts of interest, CME, and others must be followed during all phases of the project. Failure to comply with these will result in immediate cessation of the CRC status. The CRC Director and the Chair of the Science Council will inform the ERS Secretary General who will act accordingly.

## 5 Publications

Results of CRCs should lead to manuscripts for publication in relevant peer-reviewed scientific journals. Submission to an ERS journal, such as the European Respiratory Journal (ERJ), are encouraged and will be subject to the normal procedures for peer review. Guidance for manuscript preparation and submission to the ERJ can be found at: https://erj.ersjournals.com/authors/instructions

If during or after the research project the CRC steering committee considers the development of Guidelines, Statements, or Technical Standards relevant to the CRC topic, then, an official application through the ERS Task Forces funding scheme, under the supervision of the ERS Guidelines Director, should be submitted .

Preliminary results from these clinical research studies may lead to submission of abstracts for presentation at scientific congresses and submission for presentation at the ERS International Congress is encouraged.

Please note that any statement or other official communication in the name of the CRC or ERS must be approved by the ERS Executive Committee before publication.

CRCs are encouraged to consider how to communicate their outputs to patients and the public, for example, through the production of a lay summary or factsheet to accompany a scientific publication. The European Lung Foundation can support the production of patient-facing materials.

# 6 Education

The allocated ERS CRC funds cannot be used to cover educational activities. If during the conduct of the research project, educational activities (including webinars), research seminars, or other ERS dissemination methods are thought to be relevant, a separate application through the appropriate scheme is advised with cross-CRC initiatives particularly encouraged.

# 7 Rules for CRCs

## 7.1 CRC Governance

The CRC should be governed *via* its own steering committee, which should be composed of the CRC Chairs, academic ERS members and any other non-member academic stakeholders. Patient representatives could be members of the CRC steering committee. The CRC steering committee refers to their nominated CRC Link person and the CRC Director who, supported by the CRC working group, reports to the ERS Science Council.



## 7.2 CRC Composition

A CRC is multidisciplinary and expected to be primarily composed of principal investigators who are ERS members. The initiative should represent a significant proportion of pan-European countries to ensure a wide perspective and representativeness. The presence of ERS early career members (< 40 years old), the gender balance (see ERS Diversity and Inclusion policy: https://www.ersnet.org/ers-diversity-and-inclusion) as well as patient representatives is strongly encouraged. It may also integrate non-European countries as well as non-ERS members, representing other scientific disciplines which would complement the network with multispecialty, multidisciplinary and multifunctional know-how and expertise. CRC members can join the project later whenever deemed necessary or suitable.

## 7.3 Funding

The approved CRC will be funded up to €15,000 per year by the ERS for a maximum of three (3) years, allocating a total budget of €45,000.

Allocated funds by ERS may be administered by the ERS office depending on the terms of the CRC agreement. For the use of the ERS CRC funding regarding meeting expenses, refer to section *7.9 Meetings*.

The release of the yearly CRC funds is dependent on successful review of the annual progress report (section *7.7 Reports*).

ERS does not have the financial means to fund the research or clinical studies and/or trial that the network intends to conduct. If appropriate and relevant, grant applications for research and/or network funding should be submitted to the EU and/or other funding agencies with the aim of funding the activities of the CRC.

ERS provides independent funding to ELF to facilitate patient involvement. Patient input does not come out of the CRC budget; however, patient participation to CRC meetings has to be funded by the ERS CRC funds and sufficient budget should be considered. In case external funding is sought (e.g. industry, academic grants…), budget to support ELF activities is expected to be included (e.g. translation of multi-lingual survey).

## 7.4 Duration of support

The approved CRC will follow different phases of funding with the applicable conditions:

1. Initial funding support: The proposed CRC would be financially supported by ERS for an initial duration of three (3) years, based upon the deliverables defined in the CRC agreement.
2. Renewal **WITH** funding support: CRC renewal over the initial duration of three (3) years might be considered upon reapplication and will be evaluated according to section 3.2, clause 7. If the CRC Chairs apply for renewal with direct funding, the option for a CRC to receive CRC funds is applicable for **only one** additional period of three (3) years, giving a maximum of six (6) successive years of funding.
3. Renewal of the ''ERS CRC'' badge **WITHOUT** funding support: For the CRC that have reached the end of the maximum of six (6) years funding period or for which the funding has been discontinued, the CRC Chairs could apply for renewal without direct funding through ERS to keep the "ERS CRC" badge and keeping the benefits linked to CRCs (*e.g.* section *7.9 Meeting facilities* and *7.11 Promotion*) for an additional three (3) year. In such a case, the CRC rules continue to apply especially the clause *7.7 Reports* and *7.12 Liability*. Application for ''ERS CRC'' badge only, is managed through the annual reporting process.
4. End of funding period: If at the end of a CRC funding period, the CRC is not renewed - even without direct funding application - then the "ERS CRC" badge will be removed and all the CRC benefits and, if applicable, any left-over budget will be cancelled.



## 7.5 CRC Link person

Once the CRC is endorsed, a member of the CRC Working group is nominated by the CRC Director as a CRC Link person and will have the responsibilities outlined below towards the CRC project:

1. Provide close support to the CRC research project during the first year at the initial/set-up stages of the project.
2. Oversee the CRC project advance and delivery according to the CRC proposal.
3. Provide insights, problem solving support, and facilitate the CRC progress.
4. Link for any potential collaboration with other CRCs.
5. Provide feedback to ELF on patient engagement.
6. Review the CRC annual progress reports and evaluate progress compare compared to the initial CRC application and/or previous CRC annual progress reports.
7. Provide any recommendations or highlight any corrective actions to be taken if deemed necessary.
8. Report to CRC Director and/or the rest of the CRC WG any potential CRC project issues or risks to be raised at any project stage.

CRC Chairs should liaise with the CRC Link person throughout the duration of the CRC for any type of support and invite him/her to join teleconferences for project progress status that the CRC Chairs may have with the rest of the CRC.

CRC Chairs can meet face to face with their CRC Link person during the ERS International Congress.

Note that the CRC Link person should not have a conflict of interest (CoI) with the CRC project.

## 7.6 CRC Tier Model: Funding partners engagement and ERS-Research Agency

When the CRC is endorsed, three (3) different tiers/layers of ERS engagement can be applied by the CRC Chairs. The level of engagement is mainly related to additional fund-raising activities and involvement of the ERS-Research Agency.

Industry partnerships with CRCs are encouraged where considered appropriate and beneficial for the delivery of the aims of the CRC. In case of Tier 2/3 and to ensure coordination between CRCs and other ERS initiatives and industry, the partnerships must be discussed with the CRC Director.

Transition to one tier to the next level is possible depending on the development of the CRC project.

Any exceptions to the conditions laid out in each tier (for example where an existing set up makes it difficult to fully agree to all conditions) should be agreed by the ERS Science Council Chair and CRC Director and made clear to the concerned parties.



| TIER 1 | |
|---|---|
| **Goal** | Provide financial support to the set up and/or maintenance of a CRC research network where the researchers wish to receive seed funding from ERS but wish to run the project independently of the ERS-Research Agency. |
| **CRC Funds** | One of the CRC Chair's institution receive the CRC funds. The CRC Chair's recipient institution will organise the split with the other CRC Chair's institution if needed. |
| **Conditions** | 1. CRC Chairs are responsible for ensuring the approved budget is not over-spent.<br>2. Salary expenditure could be anticipated for administrative staff, NOT for expert stakeholders involved in the project.<br>3. ERS office is not involved in the conduct of the project. ERS cannot be held responsible for any actions taken by the CRC research network. In case of litigation, ERS is not liable.<br>4. For collaboration with any third-party funders (*i.e* pharmaceutical and medical device companies, other medical or research societies, foundations…), the CRC chairs cannot claim to be an ERS-Research Agency supported CRC but can state they have received a financial support from ERS to support their project.<br>5. ELF ensures basic services linked to patient involvement in the project. |
| **TIER 2** | |
| **Goal** | Bring a CRC research network to a status where they are able to obtain through the support of ERS-Research Agency substantial funding needed to deliver and achieve major objectives of the CRC. |
| **CRC Funds** | The CRC funds would be held and managed by the ERS office to cover the expenditure mentioned in the CRC proposal. |
| **Conditions** | 1. In case of collaboration with funding partners, negotiations and contracting activity |

will be coordinated by ERS office.

a. As per ERS policy, contribution from a minimum of two different industry companies is expected.
b. All funding for the CRC will be collected and managed through the ERS office with a retention of 10-percent (10%) yearly overheads from the industry funds spent to cover the indirect costs of the ERS office.
c. The CRC chairs will lead the discussions on the scientific content and the ERS office will lead the contractual and financial matters.
d. The CRC chairs will have to provide a milestones-based project summary including benefits offered to funding partners, a description of the governance structure, a data access policy, a publication policy, as well as a detailed budget and a plan how the budget will be used. This will have to be approved by the ERS office, the CRC Director and ERS Science Council chair.
e. The CRC chairs should always involve the ERS office in their contact with potential funders and particularly the Industry to ensure there is one single communication channel through ERS office regarding funding and all other terms of the contractual agreement.
f. In case contractual relationship are already in place this condition could be submitted to modifications.
g. Any new contractual agreement with funding partners will be between ERS and the funding Partner only and the application for funding will follow the agreed process set out by ERS office.
h. The same conditions apply for any funding partner. However, the requirements of the different funders need to be taken into consideration during the negotiation period.

2. The project should not start incurring costs outside of the €15,000 Euros per year (€45,000 Euros in total) original funding agreement until the contracts with the funding partners for the wider projects outlined by the project summary have been finalized.
3. The ERS would provide through the ERS-Research Agency basic operational and project management support *i.e.* organise regular TCs and meetings, support in setting up documentation (project plans and budgets) and monitoring project delivery, suggest service providers, ensure links with other CRCs or ERS research activities (*e.g*. congress, research seminars, fellowships, task forces…). This will be adapted depending on the needs of the projects.
4. Additional responsibilities of the ERS-Research Agency would be negotiated on a per project basis, before starting the negotiation process with funding partners and have to be covered by the additional CRC funds.
5. No service is offered by the ERS-Research Agency to manage a project-specific website. However, funds can be used to develop a website for the CRC and a project specific logo to reflect its own identity.
6. An ERS CRC should use ERS logo made specially for ERS CRCs that would act as a kite mark to demonstrate that the ERS ensures all the benefits promised to funding partners.
7. CRC should recognise ERS for its financial support on all material, presentations and publications. Use of ERS logo needs to be approved in advance by the ERS office.
8. Meetings can be organized through the ERS office on request (see section 7.9)

| TIER 3* | |
|---|---|
| **Goal** | To ensure that the timelines and deliverables agreed with the funding partners are met as well as the adequate use of the funds.<br>**This model is only applicable once relationship with funding partners are established. Therefore, this model is not applicable at the time of the endorsement of the CRC.* |
| **CRC Funds** | The CRC Funds AND the Funds received from funding partners would be held and managed by the ERS office. |
| **Conditions** | The following additional conditions from Tier 2 enter into forces:<br>1. The ERS office will collect and manage funding for the CRC and will retain 10-percent (10%) yearly overheads from the funds received from funding partners to cover the indirect costs of the ERS office.<br>2. ERS must have a broader role in the CRC through the ERS - Research Agency mainly in project management to ensure that contract requirements with fund providers are met. This includes regular tracking of milestones and deliverables. This would be covered by the €45,000 Euros CRC funds as well as the 10% yearly overheads.<br>3. Additional responsibilities for the ERS - Research Agency negotiated on a per project basis have to be covered by the additional CRC funds.<br>4. The CRC Chairs will have to comply with the conditions of the collaboration agreement with the Funding Partners, in terms of the milestones, objectives of the project, access to data and reporting terms.<br>5. Extended patient involvement through ELF would need to be covered by the CRC funds.<br>6. The allocation of the funds is decided by the CRC chairs. Involvement of external consultants should be limited to tasks that could not be performed by the CRC chairs, CRC members, ERS early career members, ERS office or academic institutions, kept to the minimum and supported by good arguments.<br>7. The allocated funds from funding partners can NOT be used for the payment of the salary of experts stakeholders (i.e CRC Chairs, principal investigators) and patients representatives for their involvement in the project.<br>8. The allocated funds from industrial funding partners can NOT be used for the development of Guidelines, Statements, or Technical Standards.<br>9. Any change from the originals plans especially to the milestones and deliverables, the budget and the plan on how to spend it as well as the funding partners benefits have to be discussed with ERS office, the CRC Director and ERS Science Council chair prior to implementation. |



## 7.7 Reports

CRC Chairs will provide an annual progress report, explaining the achievements and completion of expected deliverables or any deviation from the initial plans as well as a detailed description of the expenses, to be sent to the ERS office (scientific@ersnet.org) usually by **the end of March each year**.

The CRC Director, the CRC Working Group and ELF will review the status of all ongoing CRCs and will provide feedback, including recommendations if deemed necessary. The progress status of all running CRCs will be reported at the ERS Science Council Spring meeting.

The release of the yearly CRC funds is dependent on successful review of the annual progress report.

The ERS reserves the right to reduce the amount of funding if the amounts allocated in the previous year has not been fully spent or not used within the ERS CRC guidelines or to withdraw the ''ERS CRC'' badge in case of non-compliance to the terms of the CRC agreement.

## 7.8 Regulatory and ethical issues

The institution of investigators from the CRC would need to endorse the legal sponsor responsibility of any clinical studies and trials conducted in the frame of the CRC. ERS will not endorse the legal sponsor responsibility for any clinical studies or trials.

The initiative should seek Ethics Committee approval on clinical studies/trials in at least one Ethical committee per country involved.

All projects involving clinical trials should comply with the relevant local and international specific regulations and as a requisite to be considered, provide proof of having the necessary insurances in place, as well as an EudraCT number in the case of drug-based research.

## 7.9 Meetings

The ERS CRC funding cannot be used to cover meeting expenses during or in relation to the ERS International Congress (travel, registration or accommodation), except for patient representatives as defined in the relevant ERS travel policy. If the CRC is approved, the ERS office can offer meeting facilities (room with audiovisual equipment) at the ERS International Congress. Meeting room request form will be sent by the ERS office to CRC Chairs in May each year.

If funds are used for meetings organised outside of the ERS International Congress through the ERS office, then, the ERS CRC and Task Force travel policy for reimbursement will apply. Claims for reimbursement of expenses must be accompanied by the relevant receipts.

Meeting facilities also exist at the ERS office in Lausanne, Switzerland and Brussels, Belgium with a limited number of ~15 participants. In such case, the meeting facilities are free of charge to the CRC funds but Travel/Accommodation/Catering expenses will be charged on the CRC funds.

For meetings organised at ERS office or to an external place, logistical support (travel/accommodation) can be provided upon request to ERS office up to 3 months before the meeting.

## 7.10 Joint CRC with other organisations

Applicants are encouraged to seek for collaboration with other organisations. In such a case, it should be highlighted in the CRC proposal. If collaboration with another organisation is approved, a written agreement will need to be established by all parties outlining the major terms of collaboration in accordance with ERS policies. This will include details of how the expenses and outcomes of the project will be handled.

## 7.11 Promotion

The CRC can be promoted through ERS promotional channels and a dedicated webpage can be set up on the ERS website. The initiative can use the ERS logo on its website and for its correspondence during the period for which it has been endorsed.

## 7.12 Liability

Each CRC, through its chairs, has total responsibility related to all actions and activities undertaken using the ERS name and logo. These actions and activities should be in compliance with the CRC agreement. ERS should be informed in advance of any action or activity performed by the CRC (*e.g*. involving ERS name and logo) which is not part of the approved CRC agreement. Failure to inform ERS will result in immediate cessation of the CRC recognition and funding.

## 7.13 Intellectual property

Each CRC proposal should clearly define the sharing between all partners involved, the ownership or sharing of intellectual property or any other product or outcome from the work performed under the CRC. This should also include any subsequent financial revenue.

## 7.14 CRC assets sharing

The ERS CRC umbrella intends to establish a collaborative spirit and the ERS CRC programme encourages sharing of project assets between CRCs. Therefore, ERS expects CRC Chairs to assess thoroughly requests made through the ERS Office to share any results of the CRC (existing patient data, registries, biobanks or samples collected) within the frame of the CRC as well as protocols, SOPs or templates with other researchers to answer additional research questions or to support the setup of other projects.

## Appendix 1 - CRC online application: Checklist of the requested fields/documents

This appendix represents a checklist of the different requested fields of the CRC online application form and /documents which would support you to prepare your CRC application and submit it to the ERS CRC application platform.

**Only CRC applications received through the ERS CRC application platform will be considered for review**. Any exception case must be discussed upfront with the ERS Office by contacting scientific@ersnet.org before the submission deadline of October 15th.

| Description | Completed |
|---|---|
| **CRC online application form (sections 1 to 3 describe the requested fields to be completed online)** | |
| **1. CRC Description** | |
| **1.1 Title** | ☐ |
| **1.2 Lead Assembly and Groups** *relevant for your proposal*:<br>**And Tracks:** ☐ Airway diseases ☐ Interstitial lung diseases ☐ Paediatric respiratory diseases ☐ Pulmonary vascular diseases ☐ Respiratory critical care ☐ Respiratory infections Sleep and breathing disorders ☐ Thoracic oncology | ☐ |
| **1.3 Summary** (250 words max) | ☐ |
| **1.4** ☐ New application or ☐ Renewal WITH funding support | ☐ |
| **1.5 Background and relevance**<br>*In case of application renewal, please underline the achievements so far.* | ☐ |
| **1.6 Objectives**<br>*In case of application renewal, please highlight adaption of objectives in line with project advances.* | ☐ |
| **1.7 Deliverables and Publications**<br>*In case of application renewal, please highlight adaption of objectives in line with project advances.* | ☐ |
| **1.8 Action plan and deliverables timelines**<br>*Indicate the yearly deliverables expected for the three years duration of the CRC funds, listed chronologically.* | ☐ |
| **1.9 Risks**<br>*Indicate the top 3 risks foreseen along with the mitigation actions to monitor each risk.* | ☐ |
| **1.10 Patient input factors**<br>*If public and patient input is being considered, please explain the role you envisage for patient input, how you think this could add value to your CRC, and what form(s) of input would be appropriate/ desirable. Please outline your plans for patient input, including key activities and the ways in which patient perspectives will be incorporated into the other aspects of the CRC. We recommend contacting ELF in advance to discuss plans for involving patients and the support available:* info@europeanlung.org | ☐ |
| **2. Stakeholders** | |

| | |
|---|---|
| **2.1 Proposed Chairs**<br>- **Chair 1 AND Chair 2**: Name (first, last), Title, Institution, Department, mailing address, Post code and City, country, email address and telephone. | ☐ |
| **2.2 Members of the CRC**<br>- Name, Specialty, institution, City, country<br>*[enter as many you have member]*<br>*We recommend to consider an adequate diversity of the CRC membership. The presence of ERS early career members (< 40 years old) and the gender balance is strongly encouraged.* | ☐ |
| **2.3 ELF involvement** ☐ Yes ☐ No<br>*If public and patient input is being considered, please explain the role you envisage for patient input, how you think this could add value to your CRC, and what form(s) of input would be appropriate/ desirable. Please include details of key activities and the ways in which patient perspectives will be incorporated into the CRC. In case you do not see a role for patient involvement, at the review stage ELF may suggest how patient involvement could benefit the CRC and propose ways of involving patients.* | ☐ |
| **2.4 Others Parties** ☐ Yes ☐ No | ☐ |
| If yes, if the proposal is for a joint CRC with (an)other society-ies, please indicate:<br>- Name(s) of the Society-ies and: Nature of the contributions (ie. Financial, support)<br>*[enter as many you have identified Society]* | ☐ |
| If yes, if industry partnership is foreseen, please indicate:<br>- Name(s) of the industrial company-ies and: Nature of partnership (ie. Financial, support)<br>*[enter as many you have identified industrial company]* | ☐ |
| **3. Budget Details** | |
| **3.1 Expenditure details**<br>Source (ie. Meetings, salaries, events, etc) / Amount (€) / comments<br>*[enter as many you have identified source to spend budget]*<br>*After approval, the ERS will support the CRC for the three years duration period allocating a total budget of 45,000.00 Euros. Please provide a detail of the sources of expenditure which will be covered by the CRC funds.*<br>*Salary expenditure is anticipated for administrative staff, NOT for the salary of expert stakeholders involved in the project* | ☐ |
| **Lay Summary (500 words max)** | ☐ |
| **Chair 1_ One page CV with his/her 5 main relevant publications** | ☐ |
| **Chair 2_ One page CV with his/her 5 main relevant publications** | ☐ |
| **Chair 1_Declaration of Interest (DoI)** | (*) |
| **Chair 2_Declaration of Interest (DoI)** | (*) |

**The Declaration of Interest (DoI) of both Chairs will be requested electronically by the ERS office as soon as the CRC application online form will be submitted. Both Chairs should ensure to reply back to the ERS office in order to have the application fully completed.*