Internal ID: *Filled-in by the Research Office* Date: *Click here to enter a date.*

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| --- | --- |
| Project title | *Project title* |
| Main applicant(s) | *First and last name and main institute of employment between parentheses (…)* |
| Co-applicant(s) | *First and last name and main institute of employment between parentheses (...)* |
| HollandPTC employee(s) contacted by the researcher(s) about the project: | *First and last name(s)* |

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| To which funding agency (and the call) are you planning to submit this proposal? | *Funding agency and expected date of submission* |
| In case the project is already funded, please describe the funding. | *Funding agency and call* |

Scientific summary:

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| *Summary of the research (including; introduction/problem description, aim of the project, methods and materials/plan of investigation, expected outcome).* |

Time schedule:

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| Expected start of the project: *Expected start of the project*  *Describe the estimated time schedule of the research, specifically the expected date of the requested resources at HollandPTC and expected duration of the study/experiment.* |

The research in HollandPTC

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| Describe the study population | *Patient population and study sample (eligibility criteria, sample size)* |
| What clinical data do you want to use and/or collect, and indicate at which time points? | *Data and time points* |

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| Describe the research intervention(s) | *Intervention (including additional medication needed), estimation of the burden to the patients and time points*  Does the project involve experiments using (additional) radiation?  *Describe the part of the experiment where radiation is used and what radiation facility will be used (excluding the radiation used during standard clinical treatment).* |

In case of an intervention study, fill in the following pages.

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| With this study I would like to use the following facilities of HollandPTC: *(\*choose from the available options)* *This does not include interventions that are already included in the standard clinical care* | |
| CT | Number of scans: *……………..*  Expected duration of scan: *……………..* min  Performed with dual-energy CT scanner  with contrast: *……………..*  Persons will be scanned with radiotherapy masks  with phantom: *……………..*  with additional hardware in room (e.g. physiological monitoring):  *……………..* |
| MRI | Number of scans: *……………..*  Expected duration of scan: *……………..* min  with software patch: *……………..*  with contrast: *……………..*  with one or more coil(s): *……………..*  Persons will be scanned with radiotherapy masks  with phantom: *……………..*  With additional hardware in room (e.g. physiological monitoring):  *……………..* |
| PET/CT | Number of scans: *……………..*  Expected duration of scan: *……………..* min  with tracer: *……………..*  with other medication: *……………..*  with diagnostic CT  with CT contrast: *……………..*  Persons will be scanned with radiotherapy masks  with phantom: *……………..*  with additional hardware (e.g. physiological monitoring):  *……………..* |
| Treatment planning (using Raystation) | Number of plans: *……………..*  for *proton/photon\** plans  with patient data from *medical center*  with imaging made during treatment at HollandPTC  access to clinical scripts  use own scripts |

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| Treatment | Expected duration per patient: *……………..* min  with use of imaging*: kV / CBCT / CT on rails*  with other additional hardware that is already present in the gantry:  *……………..*  with additional hardware that is not already present in the gantry:  *……………..* |
| CE-marking | use device(s) without CE-marking:  *……………..*  use device(s) with CE-marking, but with off-label use:  *……………..* |
| IT facilities | *Describe the requested IT support* |

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| During the study I would like the following support of HollandPTC personnel: *This does not include interventions that are already included in the standard clinical care (\*choose from the available options)* | |
| Patient inclusion | Patient inclusion *support/performed completely by HollandPTC\** |
| Radiotherapy masks | Construction of the radiotherapy masks |
| Imaging | *Developing/Optimizing\** scan protocols  Performing one of more phantom scans  Performing the *CT/MRI/PET-CT\** imaging |
| Treatment planning | Making treatment plans  Delineating *OAR/tumour\** |
| Treatment | *Developing/Optimizing\** treatment protocol  Performing study specific treatment  Performing study specific interventions in the gantries (not including study specific treatments) |
| Other support | *Support* |

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| *[Optional] Provide extra information on what is needed from HollandPTC for this study* |