**Cancer Symptom Trials (CST) - New Study Proposal**

In line with the purpose and aims of CST, new study concepts should meet the following criteria:

* Randomised controlled trials (RCTs)
* Small pilot studies for proof of concept (feasibility, safety, efficacy)
* Sub-studies embedded within a current study that adds value to the suite of currently running RCTs.

Please complete the proposal and submit to cst@uts.edu.au.

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| **Date received** | *CST office use only* |
| **1. PERSONAL DETAILS OF APPLICANT** |
| **Full name and title** |   |
| **Organisation** |  |
| **Address** |  |
| **Telephone**  |  |
| **Email** |  |
| **2. STUDY DETAILS** |
| **Study Title** |
| <Your text here> |
| **Investigator Team** |
| <Concept proposer> |
| <Your text here> |
| **Is this an Investigator Initiated Study? Yes/No**<If no, please enter the company name and contact person> |
| **Administering Institution (if known)** |
| <Your text here> |
| **Collaborating partners (if known)** |
| <Your text here> |
| **Study design (One paragraph outline i.e. RCT)** |
| <Your text here> |
| **Intended/possible source of funding (if known)** |
| <Your text here> |

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| **3. STUDY DESCRIPTION** |
| *Your Concept Proposal document should NOT EXCEED TWO A4 PAGES in length (excluding the table on page 1) and should address each of the headings below.* |
| **Background and rationale (including key papers)** |
| <Your text here> |
| **Aims and hypotheses** |
| <Your text here> |
| **4. METHODS** |
| 4.1 What are the Primary and Secondary objectives? |
| <Your text here> |
| 4.2 Explain the study population? |
| <Your text here> |
| 4.3 What are the relevant safety and toxicity information? |
| <Your text here> |
| 4.4 What analyses is being proposed? |
| <Your text here> |
| 4.5 Any other comments regarding the methods used. |
| <Your text here> |

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| **5. POTENTIAL SUPPORT, RESOURCES, BUY-IN****Briefly outline resources and support for this study which you have already identified, e.g. interested recruiters, potential CIs, sources of pilot funding, mentors, institutional support etc.** |
| <Your text here> |
| **6. CONSUMER INVOLVEMENT****Briefly outline your plans for consumer involvement.** |
| <Your text here> |
| **7. POLICY MAKER CONSULTATION****Briefly outline any discussions or engagement with policy makers.** |
| <Your text here> |