Attempts to secure funds for STORM-HBV Consortium

Three applications to MRC:

i) MRC Partnership Grant (outline submitted in April 2015; full application in Jan 2016; declined May 2016)

ii) MRC Stratified Medicine (outline submitted Dec 2016; declined March 2017)

iii) MRC Partnership Grant (outline submitted Nov 2018; full application Jan 2019; declined June 2019)

MRC Partnership Grants

Key features of the scheme:

i) Designed to support novel partnerships between diverse groupings of researchers

ii) Activities supported include a) establishing collaborative consortia, b) enabling national strategy across the field and c) enabling knowledge sharing across institutions

iii) Provides infrastructure support for establishing a unique shared resource and capacity building in strategically important areas

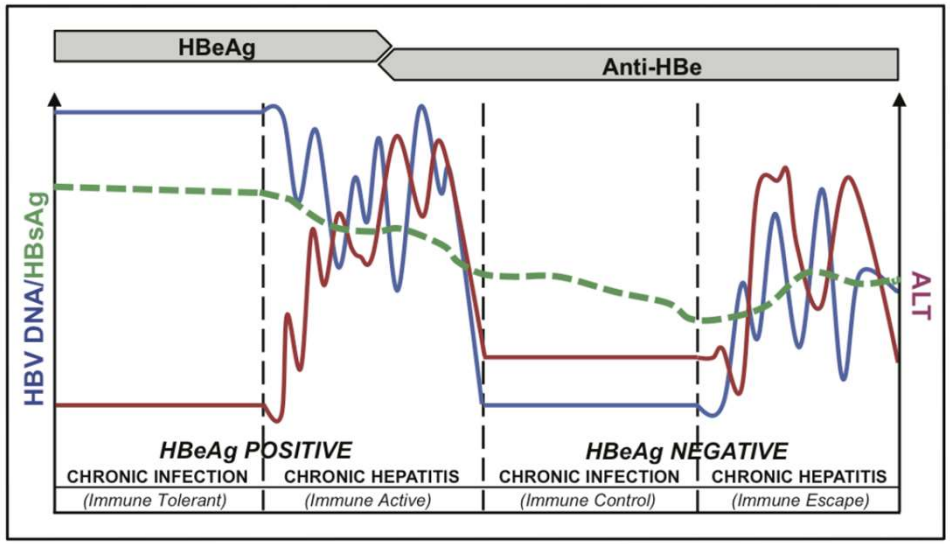
iv) Successful partnership grants include a combination of these components

v) CHART (Childhood Arthritis Response to Treatment Consortium) was a case study of a successful grant

Aims of the application

HBV cohort (n=4500)

- Rx naïve, HBeAg+ (n=500)
- Rx naïve, HBeAg- (n=2000)
- On Rx, HBeAg+/- (n=2000)



	COHORT 1		COHORT 2			COHORT 3
	HBeAg positive disease		HBeAg negative disease			Anti-viral therapy
	Chronic infection	*Chronic hepatitis*	*VL >20,000*	*VL 2,000-20,000*	*VL <2,000*	*NA-virally suppressed*
Universal sample collection	250	250	2000			2000
PBMC (Immune studies)*	100	100	200			200

Topics that would benefit

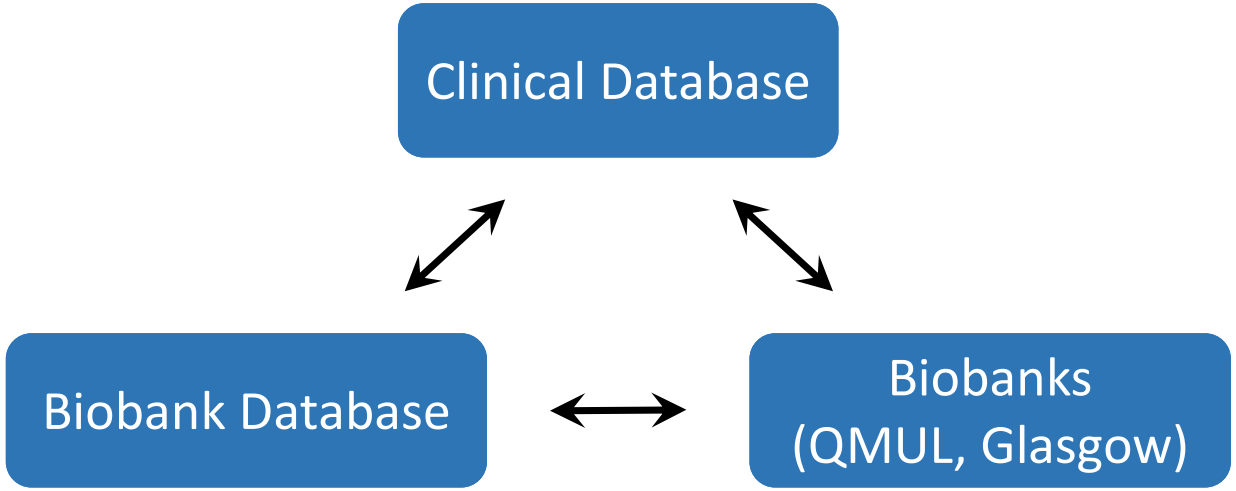
1. *Clinical Hepatology*
   - Initiation of early Rx intervention
   - Novel therapeutics for functional cure
   - Understanding disease progression in HBeAg- group
2. *Viral Immunology*
   - Deep immune phenotyping to distinguish inactive carriers from intermittent flares in HBeAg- group
   - Identify innate and adaptive immune targets to be targeted for functional cure
   - Monitoring blood profiles with distinct pathogenic phases
3. *Molecular and Diagnostic Virology*
   - Influence of viral genotype on in vitro infection
   - Host/virus interplay that defines cccDNA pool
   - Impact of viral integrant Ag expression on end-points
   - Host pathways regulating virus assembly and transmission routes

How would the funding be used?

Steering Committee (~30 members)

TDAC

Management Group (PK, WI, JM)



Project Coordinator
Data Officer
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Technician

Why Were We Unsuccessful?

1. *General comments*
   - IIB receive very few Partnership Scheme applications
   - Both the reviewers and Board members were fully briefed this was not a standard grant application and therefore criteria were different
   - Recognised STORM-HBV was being built on the successful HCV Research UK model

2. *Major criticisms*
   - Transformative need not fully articulated (e.g. HBV treatment landscape in a different 'place' compared to HCV at the time of HCV Research UK being established)
   - Expensive (why 4 staff?; additional costs justified?; above expected awards for Partnership Grant)
   - Justification of cohort numbers (are 4500 patients available for recruiting; power calculations)

3. *Who would be the major beneficiaries?*
   - Balance of benefit lay with industry rather than academia? (raised by a supportive reviewer)
   - Upfront financial support from industry may have helped (funding request to MRC considered expensive)

4. *Final comments*
   - Board unlikely to be enthusiastic without major change to the application
   - What questions could be answered (less drug focussed?)
   - MRF discussed but would likely take lead from IIB

Where do we go from here?

i) Application to MRC on 3 occasions unsuccessful – (they have been unconvinced about the need for a cohort)

ii) MRF would likely follow MRC guidance

iii) NIHR – what schemes are available?

iv) Would financial backing from industry open other doors? Would industry back a consortium?

v) Wellcome Trust (any outcome from Jane's application?)

vi) Other charities?

vii) Programme grants?