



**27TH WORKSHOP ON
METHODS IN CLINICAL
CANCER RESEARCH**

20 – 24 June 2027
Sint Michielsgestel, Netherlands



MCCR 2027 Application Guidance

**This is a reference tool only. To apply online visit
www.eortc.org/mccr**

Applicant Information

- Degree(s) held (MD, DO, PhD, etc.)
- Last name
- First name
- Oncology discipline (e.g. Surgical Oncology)
- Oncology speciality (e.g. Breast Cancer)
- Number of years of experience in your oncology discipline
- Specific areas of expertise
- Number of years of clinical training (minimum 1 year of clinical training at the time of application)
- Year of completion of medical school (yyyy)
- Institute
- Department
- Address
- Zip/Postal code
- City
- Country
- Belgium
- Date of birth (dd/mm/yyyy)
- Gender
 - Male
 - Female
- Telephone
- Mobile
- Email
- Personal email



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Trial Protocol

- Title of protocol
- Tumour type
- Phase of the trial
- Main objective of the trial (Describe in 2-3 sentences)
- Proposed trial design (No more than 4 sentences describing the elements of the trial.)
- Upload a schematic diagram that shows the general schema/flow of the proposed trial.
- Rationale for performing this trial (including a short background) (Describe in 3-4 sentences. Have you witnessed and/or performed the procedure.)
- Characteristics of the population under study (Outline 2-3 major points and mention main inclusion criteria.)
- Proposed endpoints/measurable outcome (Bullet points: primary, secondary etc.)
- Feasibility of the study (Access to the required number of patients, adequate supplies of the drugs, adequate resources etc.)
- Translational studies (What translational studies would you consider? e.g. Imaging, laboratory etc. Please specify)
- Have you had preliminary discussion with a biostatistician at your institute for feasibility and accrual issues regarding your protocol? (Please specify the discussion you have had.)
- Have you had preliminary discussion with a Patient Advocate at your institute for feasibility and accrual issues regarding your protocol? (Please specify the discussion you have had.)

Applicant CV and Publications

- Motivation (Briefly describe reasons for wanting to participate in this workshop, limit to less than 250 words)
- Date when specialty training will be completed (Month/Year)
- Provide a description of your previous research background (limit to less than 250 words)
- A description of the programme you are scheduled to participate in over the next two years (limit to less than 250 words)



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 **EORTC**  **ESMO**  **AACR**



- An indication of type of programme in which you would ideally wish to be working in 5 years' time (limit to less than 250 words)
- An explanation of how participation in the Workshop would help the design and conduct of the trial to be outlined in the final protocol (limit to less than 250 words)

Supervisor Approval

Please refer to the mentor statement document [here](#).