PART A. TO BE FILLED OUT BY APPLICANT

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| **Title** |  | |
| **Advice seeker** | *Your name, affiliation and contact information (mail address and phone no.)* | |
| **Research team** | *Names and functions of all involved persons* | |
| Reason to conduct this research | *What is the reason to conduct this research? What is known and what is not (from literature)? What gap in knowledge will this research address?* | |
| Relevance | *What is the relevance of this proposal (clinically, societal)? What do you hope to obtain from this study and for whom?* | |
| Research question | *Please provide a detailed research question (max 250 words)* | |
| Is this research part of a honoured grant application? | No  Yes, namely ………………  *This ensures the committee knows if and how much input on the design is possible.* | |
| Methods/analysis | *How will the research be conducted: what type of research will be used and how will results be analyzed statistically? Describe how many patients you expect to include and show a power calculation (if applicable).* | |
| Study endpoints | *What are the endpoints/envisioned results?* | |
| Would you be willing to give a 5-minute pitch during the advisory committee meeting if the committee needs further explanation?  3dt Wednesday of the month 17:15-18:15 | Yes  No  *Room for explanation:* | |
| **Level of aggregation** | Aggregated  Record  *Concerns requested data; we expect the output to be aggregated.* | |
| **If aggregated, level of selection** | National  Regional, namely …..  Municipal, namely ….. | Postal code, namely …..  Hospital, namely …..  Other, namely ….. |
| **Year(s) of diagnosis/study period** |  | |
| **Sex** | Male  Female  Both | |
| **Age limits and or grouping** |  | |
| **Requested data** |  | |
| **Pertains to data source (please tick all possible sources)** | Netherlands Cancer Registry (NCR)  DICA Audit Head Neck Oncology (DHNA)  Registry of histopathology and histocytology (PALGA)  Other, namely… | |

PART B. TO BE FILLED OUT BY THE COMMITTEE

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| --- | --- |
| **Application number (if applicable)** |  |
| **Date of request** |  |
| **DVISE committee** | |
| *Assessor* |  |
| *Date of assessment* |  |
| *Is the research question clear?* | Yes  No, because ……………… |
| *Is the question relevant from a clinical/societal point of view?* | Yes  No, because ……………… |
| *Is the study feasible (methodologically)?* | Yes  No, because ……………… |
| *Are relevant items requested?* | Yes  No, because ……………… |
| *Are superfluous items requested?* | No  Yes, because ……………… |
| *Is (necessary) specific expertise involved and secured?* | Yes  No, because ……………… |
| *Is there overlap with other projects and how should this be dealt with?* | No  Yes, because ……………… |
| *Optional: questions for the researcher and/or suggestions for improvement.* |  |
| *Advise* | Positive\*   Positive, provided that suggestions are implemented \*  *\** ***The committee wishes you every success in conducting your research and would appreciate to hear about the progress and results of your study for learning purposes!***  Negative     Response of the investigator requested |
| *Advise regarding the source of the data (tick all sources that are applicable)* | Netherlands Cancer Registry (NCR)  DICA Audit Head Neck Oncology (DHNA)  Registry of histopathology and histocytology (PALGA)  Other, namely… |
| *Remarks for discussion during advisory committee meeting* |  |