PART A. TO BE FILLED OUT BY APPLICANT

|  |  |
| --- | --- |
| **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

|  |  |
| --- | --- |
| **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* |  |