

# 2023 AGA Digestive Cancer Research Awards

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## Principal Investigator Information

First Name

Middle Name/Initial

Last Name

Degree(s)

Select all that apply.

- |   |                              |                                |
|---|------------------------------|--------------------------------|
| <input type="checkbox"/> MD                     | <input type="checkbox"/> PhD | <input type="checkbox"/> MBBS  |
| <input type="checkbox"/> DO                     | <input type="checkbox"/> DVM | <input type="checkbox"/> MBChB |
| <input type="checkbox"/> EdD                    | <input type="checkbox"/> ScD | <input type="checkbox"/> MA    |
| <input type="checkbox"/> MAS                    | <input type="checkbox"/> MBA | <input type="checkbox"/> MHS   |
| <input type="checkbox"/> MPH                    | <input type="checkbox"/> MS  | <input type="checkbox"/> MSHS  |
| <input type="checkbox"/> Other (please specify) |                              |                                |

ORCID ID

Provide your [ORCID ID](#) as a full URL. For example, the ID 1234-5678-9123-4567 is entered as:

- <https://orcid.org/1234-5678-9123-4567>

To find your number or create an ORCID ID, visit the [ORCID website](#).

[Open Link in New Window](#)

Email Address

List an email address you check regularly and that will remain active over the duration of the award. AGA may contact you regarding the status of your application or to request additional information.

Phone Number

List a phone number you check regularly and that will remain active over the duration of the award. AGA may contact you regarding the status of your application or to request additional information.

Completion Date of Terminal Training or Degree

Indicate the month and year that you completed your clinical training or received your terminal degree. If you have completed multiple fellowships or advanced degrees, report the date for the training/degree completed most recently.

Month

Select

Year

Select

Current Position

Select

Will you have a new position/title before the start date of this award?

No

Yes

Appointment Date

Enter the date that you were, or will be, appointed to a full-time faculty position. Applicants must have a full-time faculty or equivalent position before the start date of this award in January 2023.

Current Institution

Institution Address Line 1

Institution Address Line 2

Institution Address Line 3

City

State/Province

Select

ZIP/Postal Code

Country

Select

Will you hold a full-time faculty position at institution different from your current institution by the start date of this award in January 2023?

No

Yes

Sex

Female

Male

Other

I do not wish to identify my sex

## Ethnicity

Latinx or Hispanic origin

Not Latinx or of Hispanic origin

I do not wish to identify my ethnicity

## Race

Native American or Alaskan

Asian

Black or African American

Middle Eastern or North African

Native Hawaiian or Pacific Islander

White

Other (please specify)

I do not wish to identify my race

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## Principal Investigator Disclosure Statement

Applicants must disclose any arrangements or relationships relevant to the submitted proposal. These may include arrangements or relationships with:

- A company whose product is featured prominently in the submitted proposal.
- A company making a competing product to one that is featured prominently in the submitted proposal.
- Any organization or entity connected to this funding opportunity (e.g., as noted in the award title or funding acknowledgments).

## Principal Investigator Disclosure Certification

I, the undersigned, certify that I have disclosed all relevant arrangements and relationships that are relevant to this proposal. I understand that failure to disclose relevant arrangements and relationships may result in the immediate termination of my eligibility and/or forfeiture of AGA award funds. By typing my name in the field below, I acknowledge that I agree with the above statements.

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## AGA-R. Robert & Sally Funderburg Research Award in Gastric Cancer

Project Title

Type of Research

Select the category that best describes your proposed research.

- [Clinical Research](#): Research involving direct contact with human subjects or using clinical data to address problems related to the prevention, diagnosis, treatment, or outcome of human diseases (e.g., clinical epidemiology). This category also includes research related to health care delivery (e.g., health services, health IT).
- [Basic/Translational Research](#): Research with a primary goal of understanding basic biology or disease mechanisms. This category can involve animal subjects, cell culture, human biospecimens or human data as resources for laboratory- or informatics-based investigation.

Clinical Research

Basic/Translational Research

Area of Study

Select the area of study that is most relevant to your proposal.

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### Abstract

Provide a summary of the proposed project in 250 words or less.

Word count: 0 / 250

**Study Population**

Describe and justify your study population in 200 words or less. As appropriate based on the type of investigation, include:

- Plans for including sex as a biological variable.
- The demographic and/or genetic representativeness of human subjects, or data or samples derived from human subjects.
- The rationale for selecting a specific model system and lines thereof (for example, cell, organoid, or mouse lines).

Word count: 0 / 200

**Digestive Health Relevance Statement**

Describe the relevance of this research to human digestive health in 100 words or less. Investigators should describe how, in the short or long term, the proposed research would contribute fundamental knowledge and/or application of that knowledge to enhance digestive health or to reduce illness and disability among patients with digestive disorders.

Word count: 0 / 100

**Clinical Guideline(s) Relevance**

Does your project address any evidence gaps highlighted in an [AGA clinical guideline](#), such as the [GI Cancer Surveillance in Gastric Intestinal Metaplasia guideline](#)? If yes, please provide a reference to the specific guideline(s) and briefly summarize those aspects of the investigation.

Note that project relevance to clinical guideline evidence gaps is not used in the evaluation of applications.

Word count: 0 / 200

Keywords

Provide one to five keywords that best describe the proposed research. Separate keywords with commas.

Word count: 0 / 10

Current Percent Effort

What is your current total percent effort dedicated to research?

Percent Effort on the Proposed Project

What percent effort will you dedicate to this project if you receive funding from AGA?

Institutional Review

Indicate if your project requires IRB/IACUC approval.

Note that if the proposed project is funded, a copy of the institutional approval must be provided to AGA prior to funds disbursement. If approval is not necessary, then the recipient must provide documentation from the appropriate regulatory committee.

- IACUC
- IRB
- Not Applicable

Other Personnel Involved in the Research

List individuals other than the principal investigator (i.e., applicant) who are involved in the project (e.g., collaborators and other key personnel), their degrees/credentials, institution, and a brief description of their specific role within the project (1-2 sentences).

Note: You must upload a biosketch for all key collaborators and personnel in the *Required Uploads* section of this application.

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Personnel	Action
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No Personnel have been added. Click on Add Individual below.

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Add Individual

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## AGA-R. Robert & Sally Funderburg Research Award in Gastric Cancer

### Instructions for Applicants

All documents outlined below must be uploaded as PDF files. Individual files must not exceed 25 MB. Clearly mark each document with a section header at the top of the first page (e.g., LastName\_ResearchPlan).

Follow the page limits and formatting guidelines provided in the Application Questions section of [AGA's Frequently Asked Questions page](#).

Applications missing any of the required documents will automatically become ineligible for review.

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### 1. Specific Aims

The specific aims are limited to one page. Follow the formatting guidelines provided in the Application Questions section of [AGA's Frequently Asked Questions page](#).

No file chosen

### 2. Research Plan

The research plan is limited to three pages and should include three distinct subsections:

- Significance.
- Innovation.
- Approach (you may include preliminary data in this section).

The research plan should include sufficient information to evaluate your proposed project independent of any other documents submitted with your application.

No file chosen

### 3. References

There is no page limit for your list of references. Use the [formatting style](#) of the AGA journal *Gastroenterology*.

No file chosen

### 4. Budget

Use the [AGA budget template](#). Complete a budget for each year of the grant and adhere to the guidelines noted below on allowable and unallowable costs.

The following expenses are allowable:

- Salary and benefits of the applicant (principal investigator).
- Salary and benefits of research assistants, laboratory technicians or other key personnel.
- Biostatistics support.
- Supplies, animals, equipment and/or other materials necessary for the proposed research.

The following expenses are not allowable:

- Indirect costs.
- Travel costs.

Choose File No file chosen

## 5. Budget Justification Narrative

There is no page limit for the budget justification. Follow the formatting guidelines provided in the Application Questions section of [AGA's Frequently Asked Questions page](#).

Choose File No file chosen

## 6. Research Facilities and Resources

Using the [AGA Facilities and Resources template](#), describe existing institutional facilities and resources you will leverage to support the proposed project.

Choose File No file chosen

## 7. PI Biographical Sketch

Use the [NIH Biographical Sketch](#) template. The biosketch is limited to five pages.

Choose File No file chosen

## 8. Other Biographical Sketches

This section is for biosketches of all key collaborators and personnel involved in the project.

Use the [NIH Biographical Sketch](#) format. Each biosketch is limited to five pages. Combine all biosketches should into a single PDF for upload.

Choose File No file chosen

## 9. Letters of Support

Each letter of support is limited to one page. Combine all letters of support into a single PDF for upload.

Applicants should submit any letters of support verifying commitments from key collaborators or others critical to the success of the project. Letters of support from division chiefs, department chairs, or deans that outline support for the applicant and their proposed project are encouraged but not required.

Choose File No file chosen

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## Eligibility Exemption

If you received an eligibility exemption letter from AGA, upload that exemption letter here.

Choose File No file chosen

## Resubmission Report

Upload a resubmission report if you have previously submitted an application for this award. The report should note the year of the previous submission and clearly indicate areas where the original proposal was revised. The resubmission report is limited to one page.

Choose File

No file chosen

Prev

Save

Save And Next