TBM Score grid

Rules for scoring

The scores for criteria **S2 and U3** are attributed ***double the weight*** compared to the other score items.
The scores for criteria **S4 and U4** are attributed ***half the weight*** compared to the other score items.

The proposal will be **rejected** under the following circumstances:

1) any of the fit criteria (F1-4) obtain a "**fail**" score *(by panel consensus)*
2) any of the criteria assessing scientific quality (S1-4) or utilization perspectives (U1-4) obtain a score **below 6/10** *(by panel consensus)*

Adherence to programme criteria: "fit" (F)

	Pass	Fail
F1. Project focus on clinical translation of a new therapy, diagnosis or specific prevention of a particular disease/medical issue or a comparison of existing procedures in clinical practice	*Project is aimed at any of the following objectives:* • Further development of a new or improved therapy, diagnosis (including prognostic and theragnostic tools) or prophylactic treatment of a particular human disease/medical issue. • Comparison of existing therapies, diagnostics or preventive methods to find out their relative efficacy and cost-effectiveness. **N.B. This criterion examines *the objective in itself*, NOT the way the applicants want to reach it**.	*Any of the following criteria are met:* • Project is mainly NOT aimed at development of a new therapy, diagnosis or specific prevention of a particular disease/medical issue or at comparison of existing therapies, diagnostics or preventive methods. • Targeted application is already out-of-date. • Targeted application is already in practice abroad; no further research is required to introduce the application in Flanders. • Relative efficacy and cost-effectiveness of targeted interventions is already known; no further research is required.
F2. Position of the project in the path from discovery to a specific application	Proposal aims to translate scientific findings into clinical applications and consists of activities that are positioned correctly on the path from discovery to application: proof of concept has been reached, yet (some) further research is still needed before the acquired knowledge can be implemented.	Proposal includes **mainly** activities that are not positioned correctly on the path from discovery to application: either too early (fundamental or basic strategic research; no proof of concept) or too late (pure implementation activities e.g. market studies, registration studies, development of SOPs).
F3. Added value for the Flemish health situation	***EITHER** of the following criteria are met:* • Positive medical impact anticipated for the patient. • Positive societal impact anticipated for Flanders (reduced healthcare cost).	***BOTH** of the following criteria are met:* • No positive medical impact anticipated for the patient. • Barely any societal impact anticipated for Flanders.
F4. Absence of industrial interest	At present or in the near future, the industry has no interest to finance this project due to commercial or legal reasons (e.g. no obligation for efficacy testing before marketing). This should be thoroughly substantiated in the proposal.	*Any of the following criteria are met:* • Research in which the industry is already interested. • Research that could logically be supported via the support channel for companies (if submitted by a company). • Insufficient arguments provided about the absence of industrial interest. • Insufficient evidence provided that guarantees the independence of the researcher from commercial actors.

Scientific quality (S)

	1 2	3 4	5 6	7 8	9 10
S1. Contribution to international state-of-the-art	Project is clearly behind the current scientific state-of-the-art. Technology used is entirely out-of-date.	Project is somewhat behind the current scientific state-of-the-art.	Project is in line with the scientific state-of-the-art, but does not contribute to it.	Project builds on and makes a limited contribution to the scientific state-of-the-art.	Project builds on and makes a clear contribution to the scientific state-of-the-art.
S2. Quality, relevance and feasibility of research approach **[weight x2]**	• Clear mismatch between scientific objectives and research approach. • Scientific objectives are not feasible because intrinsic risk is much too high or because wrong scientific approach is used. • There is no proof of concept.	• Research approach shows serious shortcomings. • Objective and approach are not well aligned. • Proposal includes only very limited intrinsic scientific or technological risk. • Feasibility of scientific objectives is low. • Proof-of-concept data are insufficient.	• Research approach is reasonable. • Reasonable balance between intrinsic risks and feasibility of scientific objectives. • Some proof of concept has been provided.	• Research approach is relevant and suitable to reach targeted scientific objectives. • Good balance between intrinsic risks and feasibility of scientific objectives. • Proof-of-concept data are quite convincing.	• Research approach is the most relevant, effective and efficient one to reach the scientific objectives. • Optimal balance between scientific risks and feasibility of scientific project objectives. • Proof-of-concept data are extensive and convincing.
S3. Quality of project plan and management *	• Proposal does not include any work programme or project plan. • Work programme cannot be implemented within the set timeframe. • Substantial mismatch between research workload and requested level of personnel and resources. Appropriate adjustment amounts to >50% of the requested budget.	• Project plan is insufficiently developed or unfocused; needs structural adjusting. • Work programme likely cannot be implemented within the set timeframe. • Important unbalance between research workload and requested level of personnel and resources. Appropriate adjustment amounts to 33-50% of the requested budget.	• Project plan is reasonable. • Work programme might potentially be implemented within the set timeframe. • Level of requested personnel and resources is acceptable, provided that the budget is moderately adjusted (20-33%).	• Project plan is sound. • Work programme can be implemented within the set timeframe. • Good balance between research workload and requested level of personnel and resources (<20% adjustment needed).	• Project plan is sound. • Work programme can be implemented within the set timeframe. • Optimal distribution of tasks/responsibilities between partners. • Cost efficiency of the proposal is high.
S4. Competence and infrastructure **[weight x0.5]**	• Essential expertise or infrastructure is lacking.	• Important adjustments to consortium composition or infrastructure are needed. • Expertise of one or more participating groups is not relevant for the project. • Excessive fragmentation of resources.	• Expertise or infrastructure of the consortium is overall reasonably good, but gives rise to some concerns or shortcomings.	• Required expertise and infrastructure available. • Expertise of each partner (where there are several research groups) is complementary.	***ALL** of the following:* • Required expertise and infrastructure available. • Relevant cooperation across institutions. • Good synergy in the consortium.

*** N.B. Especially for projects requesting a budget >1M EUR (only allowed for large or multicentric trials), *cost-efficiency* is an important aspect to be considered under criterion S3.**

Utilization perspectives (U)

	1 2	3 4	5 6	7 8	9 10
U1. Relevance of the project in the attainment of the utilisation objective	• Clear mismatch between research approach (or scientific objectives) and utilisation objectives.	• Research approach shows serious shortcomings. • Research approach (or scientific objectives) and utilisation objective are not well aligned.	• Relevance and efficiency of research approach (or scientific objectives) are reasonable to reach utilisation objectives.	• Research approach (or scientific objectives) is relevant and suitable to reach utilisation objectives.	• Research scientific approach (or scientific objectives) is the most relevant, effective and efficient approach to reach utilisation objectives.
U2 Quality and feasibility of utilisation objectives and approach	• Societal objectives are (almost) not feasible. • No utilisation strategy has been formulated. • Strategy cannot lead to the targeted societal applications in Flanders. • Advisory committee is not adequately composed or not properly used. • Results will not be made available broadly in EU.	• Feasibility of societal objectives is low. • Utilisation plan is insufficiently developed. Structural adjustments are necessary. • Utilisation approach is not very feasible. • Significant obstacles or risk factors are clearly present, yet not acknowledged, nor tackled with an action plan.	• Feasibility of societal objectives is acceptable. • Vision and approach regarding utilisation shows definite shortcomings. • For certain parts or aspects the chosen utilisation approach is not good. • Superficial mentioning of potential obstacles or risk factors, but can be considered as manageable.	• Feasibility of the societal objectives is good. • Good perspective and approach in regard to utilisation. Utilisation plan is sound and accounts for possible obstacles. • Good composition of advisory committee. • Results will be made available broadly in EU on a non-discriminatory basis.	***ALL** of the following:* • Feasibility of societal objectives is very good. • Best possible approach to transfer the results to the patient. • Results will be made available broadly in the European Union on a non-discriminatory basis.
U3. Anticipated impact for the individual patient or cost reduction for Flemish healthcare * **[weight x2]**	***BOTH** of the following:* • Negative medical impact anticipated for the patient. • Almost no societal impact is anticipated for Flanders.	***BOTH** of the following:* • (Quasi) no medical impact anticipated for the patient. • Expected scope of the societal impact for Flanders is low.	***EITHER** of the following:* • Anticipated medical impact for the patient is limited to average. • Anticipated scope of the societal impact for Flanders is reasonable.	***EITHER** of the following:* • Anticipated medical impact for the patient is high. • Anticipated scope of the societal impact for Flanders is good.	***EITHER** of the following:* • Anticipated medical impact for the patient is very high (e.g. life-saving). • Anticipated scope of the societal impact for Flanders is excellent.
U4. Competence and track record with regard to transfer and utilization **[weight x0.5]**	• Applicants (and advisory committee) have no track record with regard to translation of research into societal applications. • Transfer of results from previous TBM projects failed.	• Competence and track record about translation of research into societal applications is very limited. • Transfer of results from previous TBM projects is very limited.	• Competence and track record about translation of research into societal applications is reasonable. • Transfer of results from previous TBM projects is limited.	• Competence and track record about translation of research into societal applications is good. • Though previous TBM projects have not had a large societal impact (yet), they are oriented towards implementation.	• Competence and track record about translation of research into societal applications is exceptional. • Previous TBM projects have caused a significant societal impact.

*** N.B. To estimate the medical impact in Flanders (U3), the following should be considered: impact for the individual patient, target group size in Flanders (small <50 pts , medium 50-3000 pts, large >3000 pts) and anticipated cost reduction, which should be well substantiated in the proposal.**