2026 NETRF Early Detection Request for Applications

Pilot Award Application Guidelines

LOI Due: June 15, 2026

Application Due: October 6, 2026

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NETRF Summary

The Neuroendocrine Tumor Research Foundation (NETRF) is the largest global funder of neuroendocrine cancer research. Our mission is to accelerate scientific discovery that improves the lives of people affected by these cancers. Our Research Roadmap guides our grantmaking across three broad areas of emphasis: early detection, new therapies, and precision medicine, alongside other high-impact opportunities across the field.

NETRF invites investigators and teams worldwide to study neuroendocrine cancers in new ways. We primarily support transformative basic and translational research that addresses critical questions, advances understanding of tumor biology, removes roadblocks to therapeutic development, and applies innovative technologies and strategies. We also fund select clinical research when it is especially compelling and positioned to accelerate progress for patients, particularly when it enables more timely diagnosis, more effective intervention, or improved clinical decision-making.

Since its founding, NETRF has awarded more than $42 million in research grants worldwide to advance research on neuroendocrine tumors (NETs) and neuroendocrine carcinomas (NECs) arising in the gastrointestinal tract, pancreas, lung, adrenal system, and other sites. Despite important progress, many patients still experience substantial delays in diagnosis and are often identified at advanced stages of disease. Continued investment in innovative, clinically relevant research is essential to enable earlier detection, develop more effective treatments, and deliver more personalized care for patients.

NETRF Pilot Award Program

Pilot Awards provide $100,000 over one year. Proposals have one (or two smaller) aims that describe work requiring one year to complete. They typically have only one PI with or without collaborators. Pilot Awards are designed for pilot/feasibility studies.

Application Timeline and Review

The NETRF request for applications uses a two-step process. First, applicants submit a competitive Letter of Intent (LOI). Applicants may submit one LOI per award mechanism, but may submit only one full application across all 2026 NETRF Early Detection award mechanisms, which includes the Investigator Award and the Pilot Award. Applicants selected to advance will be invited to submit a full application.

- An LOI must be submitted, and all eligibility criteria must be met to proceed to the full application stage. LOIs that do not meet these requirements will be administratively rejected.
- If invited, applicants must submit a full application that meets all program guidelines. Applications that do not meet these requirements will be administratively rejected.
- LOIs and full applications will be peer reviewed by an independent panel of scientific experts.

APPLICATION TIMELINE	
LETTER OF INTENT DUE	June 15, 2026 by 5PM ET
INVITATION TO SUBMIT FULL PROPOSAL	Late July/Early August 2026
FULL PROPOSALS DUE	October 6, 2026 by 5PM ET
AWARD NOTIFICATION	Dec 2026/Jan 2027
PROJECTED START DATE	February-March 2027

Applicant Eligibility

- Applicants must have an MD, PhD, MD/PhD or equivalent degree and be appointed as faculty at the Instructor level or above (or equivalent position). Research track faculty are eligible to apply.
- Applicants must have the skills, knowledge, and resources necessary to carry out the proposed research.
- Eligible organizations include nonprofit public or private institutions, such as universities, colleges, hospitals, and research laboratories, both within and outside of the United States. For-profit entities, including biotech and pharmaceutical companies and other for-profit life sciences organizations, are not eligible. Government entities and their employees are not eligible to apply.

Grant Budget and Restrictions

The requested budget should be proportional to the scope of the proposed project and be at or below $100,000 USD for one year. Awarded funds are directed to the institution.

- For Pilot Awards, up to 10% in indirect costs may be requested. Indirect costs are included in the $100,000 total budget.
- NETRF adheres to the NIH salary cap for principal investigator(s) and personnel. However, NIH salary scale requirements do not apply to graduate students or postdoctoral fellows.
- Funds may be used only for personnel salaries, supplies, small equipment, and/or research-related services. For more specifics, see our Award Budget and Expenditure Policy.
- Funds must not be used entirely for salaries and may not be applied to costs covered by other sources.
- Funds should be allocated to attend the Annual NETRF Research Symposium.

Tumor Types In Scope

NETRF funds research on neuroendocrine neoplasms (NENs) across sites and stages, including well-differentiated neuroendocrine tumors (G1–G3) and poorly differentiated extrapulmonary neuroendocrine carcinoma (epNEC), encompassing unknown primary, metastatic disease, and hereditary contexts (e.g., MEN1, VHL, NF1, SDHx) when NEN biology is central. MiNEN are eligible when the neuroendocrine component is biologically or clinically driving, but neuroendocrine features within other primary cancer types are out of scope for funding.

Eligible NEN types and clinical contexts supported by NETRF include:

- GEP-NET (small intestine, pancreas, appendix, colon, duodenum, rectum, stomach, hepatobiliary)
- Lung NET (typical/atypical carcinoid), DIPNECH
- Thymic NET
- Pheochromocytoma/Paraganglioma
- Pituitary NET (PitNET)
- NENs within hereditary syndromes (e.g., MEN1, VHL, NF1, SDHx)
- MiNEN
- Medullary thyroid carcinoma (MTC)
- Extrapulmonary NEC, including small cell and large cell histologies, across sites such as GI, pancreatic, esophageal, genitourinary, and Merkel cell carcinoma

The Foundation may consider supporting work on other NEN types, subject to available funding, provided they are not specifically listed as out of scope.

Tumor Types Out of Scope

Out-of-scope tumors include small cell lung cancer (SCLC), pulmonary large-cell neuroendocrine carcinoma (LCNEC), treatment-emergent neuroendocrine prostate cancer (NEPC) and other prostate NEC variants, neuroblastoma, adrenocortical carcinoma, and non-neuroendocrine carcinomas, including lung adenocarcinoma/squamous, mesothelioma, poorly differentiated non-NE NSCLC, thymic carcinoma, acinar cell carcinoma, and appendiceal carcinomas.

Early Detection Areas of Emphasis

People with neuroendocrine neoplasms (NENs), especially those with NETs, often experience substantial delays in diagnosis. For example, patient surveys in NET populations suggest an average of 4–5 years from first symptoms to diagnosis, with many individuals making numerous healthcare visits before receiving the correct diagnosis. For many NET subtypes, more than half of patients already have metastatic disease at diagnosis.

Currently available biomarkers, including chromogranin A (CgA), 5-HIAA, and neuron-specific enolase, have limited sensitivity and specificity for early-stage disease. Somatostatin receptor-based functional imaging, such as 68Ga-DOTATATE PET/CT, has improved detection and staging, particularly for somatostatin receptor–positive NETs, but remains limited in receptor-negative tumors and in identifying early or low-volume disease. As a result, there remains a critical need for approaches that can detect disease earlier, better define which patients warrant further evaluation, and support more timely and appropriate clinical decision-making.

To help change this trajectory, **this RFA supports research aimed at earlier, more accurate detection of NENs, precursor or premalignant lesions, and recurrence or progression in defined clinical or high-risk settings. NETRF is particularly interested in approaches that can be developed and validated in populations where disease risk, clinical suspicion, or recurrence risk is sufficiently elevated to support feasible and actionable early detection.** Examples of such settings may include patients with symptoms or other findings suggestive of NENs, incidental lesions requiring further evaluation, known predisposition syndromes, precursor conditions or lesions relevant to NEN development, or post-treatment settings where earlier detection of recurrence or progression could affect management.

Earlier detection, in itself, is not sufficient. Proposed approaches should address how earlier detection could reasonably be expected to alter clinical management, reduce morbidity, improve patient-relevant outcomes, or better guide surveillance intensity or intervention.

NETRF encourages applications addressing understudied NEN populations, including pediatric and adolescent/young adult patients, rare or unusual primary NEN sites, and other groups historically underrepresented in NEN research, provided the proposed work aligns with the goals of this RFA and includes a clear early-detection use case, defined target population, and credible path to validation or clinical application.

Projects must clearly state their intended clinical context and a plausible path toward real-world use, such as:

- Earlier diagnosis in patients with symptoms, incidental findings, biochemical abnormalities, or other features suggestive of NENs
- Detection of premalignant, precursor, or early-stage lesions, including settings such as DIPNECH or other lesions relevant to NEN development
- Risk stratification of individuals, lesions, or findings that may warrant additional evaluation, intervention, or surveillance
- Post-treatment surveillance to detect recurrence or progression earlier in settings where earlier detection could influence management
- Detection in defined high-risk populations, such as individuals with hereditary predisposition syndromes

Projects should clearly identify:

- the target population and why it is appropriate for the proposed approach
- the intended clinical use (i.e., how and where the tool/approach would be used in care)
- the specific clinical decision the tool or approach is intended to inform (i.e., what action would change based on the result)
- the comparator or current standard of care, when relevant
- a plausible path toward analytical validation, clinical validation, and eventual implementation

NETRF is particularly interested in projects that develop, optimize, validate, or clinically position tools and approaches such as:

1. **Biomarker assays and diagnostic tests**
   For example, blood-, urine-, stool-, saliva-, breath-, tissue-, or other biological sample-based approaches, including cfDNA, circulating tumor cells (CTCs), tumor-educated platelets (TEPs), methylation, RNA, protein, metabolite, extracellular vesicle, and autoantibody-based strategies
2. **Imaging and image-based detection approaches**
   Including anatomical or functional imaging (e.g., 68Ga-DOTATATE, 68Ga-DOTATOC, 64Cu-DOTATATE), radiomics, radiogenomics, image interpretation tools, or methods to improve detection, characterization, or risk assessment of suspicious lesions
3. **Risk prediction and decision-support models**
   Including statistical or AI/ML-based models that integrate clinical, imaging, laboratory, pathologic, or genomic data to support earlier diagnosis, diagnostic work-up, lesion characterization, or recurrence/progression monitoring
4. **Longitudinal and digital monitoring approaches**
   Including wearables, remote physiologic monitoring, symptom-based digital biomarkers, or multimodal monitoring strategies in post-treatment or high-risk surveillance settings, when tied to a clearly defined early-detection or recurrence-detection use case.

Projects using multi-cancer early detection (MCED) platforms are eligible, provided the proposed work includes NEN-specific validation, a defined NEN target population, and a clear NEN-specific clinical use case.

NETRF is **not** seeking proposals focused on broad population-wide screening, large community screening trials, or biomarkers primarily intended for treatment response or prognostication. Discovery efforts are also out of scope unless they include a clearly defined clinical use case, target population, and path toward validation.

Resource and Data Sharing

Grant recipients who create unique research resources, including but not limited to model organisms, cell lines, plasmids, protocols, software, and data using NETRF funds, are required to share such resources within the scientific community. NETRF expects that, where available, resources will be deposited and archived in standard repositories (e.g., Addgene for plasmids). Resources should be shared openly with the research community no later than the publication date or within 12 months of the end of grant funding, whichever comes first.

NETRF is committed to sharing research information to ensure research transparency and enable unrestricted access to research results. Recipients must submit all publications, excluding non-research articles such as review articles, that were in part or fully funded by NETRF as a preprint to bioRxiv, medRxiv, or a similar preprint sharing service prior to or at the time of initial journal submission.

Applicants must provide a resource sharing plan in the full application. To demonstrate a commitment to sharing

that will be actualized, applicants should provide information in their sharing plan that clearly states the type of resource that will be shared, the method, characterization, and timing of such sharing, and the anticipated resources (budget, personnel, etc.) required by the applicant and the resource user. Reviewers will consider the extent to which the dissemination of resources produced under the award will enhance or diminish the impact of the proposed work.

Grant Reporting and Other Requirements

- Collaborative efforts are encouraged; however, a single principal investigator and institution must be selected to receive an award.
- Progress and financial reports are required every six months throughout the duration of the grant. The progress reports track milestones, research progress, and the use of the funds. Future funding is contingent upon review and approval of progress reports and will be paid in six-month installments in US dollars. A final report is required at the conclusion of the project detailing study findings and project expenditures.
- Post-award outcomes of the funded research must be reported at one, three, and five years after the completion of funding.
- It is mandatory for Awardees to attend and present at the annual NETRF Research Symposium whether in person, or virtual, for the duration of their grant and upon completion. NETRF grant funds may be used to cover NETRF conference travel if the conference is held in person.

Letter of Intent (LOI) Instructions

The purpose of the LOI is to determine whether the proposed research is responsive to the scope of the 2026 NETRF Early Detection Request for Applications, appropriate for the Pilot Award mechanism, and competitive for invitation to the full application stage. LOIs should concisely describe the proposed project and its significance, innovation, and potential impact. All LOIs will be peer-reviewed by independent scientific reviewers with relevant subject-matter expertise. A limited number of applicants whose LOIs are deemed most meritorious will be invited to submit a full proposal.

To ensure a fair and unbiased peer-review process, all abstracts will be reviewed in a blinded format.

- Requirement: Do not include names, institutional affiliations, or specific departmental titles within the abstract text.
- Citations: When referencing your own previous work, use third-person language (e.g., "Previous studies have shown…" rather than "In our previous study…").
- Consequence: Abstracts containing identifying information may be returned for revision or disqualified prior to review.

LOI Section Descriptions

Letters of intent must be submitted through the Proposal Central platform. Once you create or log into your account, click on the "Grant Opportunities" tab and search for the Neuroendocrine Tumor Research Foundation. Click on the "Apply Now" button to begin.

The LOI content will be entered directly into Proposal Central. You will be asked for the following information:

1. **Title Page**
2. **Enable Other Users to Access This Proposal** (*Optional*). Enter the email address of any individual you would like to grant access to your LOI.
3. **Applicant/PI Information**
4. **Organization/Institution Information**
5. **Co-Investigators and Collaborators**
6. **Abstract & Keywords**
    a. **Scientific/Clinical Impact Statement** (1,500 characters max)
    b. **Scientific Abstract** (3,500 characters max)
        - Format the Abstract to include the following sections:
            a) Background – the clinical or scientific problem being addressed, including its relevance to earlier detection or surveillance of NENs in a defined clinical or high-risk setting (e.g., diagnostic evaluation, risk stratification, precursor or premalignant lesion detection, or recurrence/progression monitoring);
            b) Specific Aims – the objectives the proposed research is intended to accomplish and the specific question(s) being addressed;
            c) Methods – the proposed approach, including the population, samples, datasets, or model systems to be used, as well as access to these resources, where relevant. Applicants should clearly specify the target population, intended clinical use, and the clinical decision the proposed approach will inform. Applicants may also briefly describe any preliminary

data or prior work supporting feasibility;

d) Significance – the potential of the proposed work to address an unmet need in NEN early detection, including how the approach could influence clinical management, decision-making, or patient outcomes.

- Include citations as needed.

c. **Lay Summary** (2,000 characters max)

The LOI Submission Deadline is Monday, June 15, 2026, at 5PM ET.

Full Application Instructions

Full applications are by invitation only. Full applications are due by **Tuesday, October 6, 2026, by 5PM ET**. All information submitted for the LOI will be copied into the full application and will be available for editing. To access the full application, log in to Proposal Central, click on your proposals tab to find the full application, and click edit to begin.

The full application content will be entered directly into Proposal Central. You will be asked for the following information:

1. **Title Page**
2. **Download Templates and Instructions** – download instructions and templates for required uploads. Use the Research Proposal Template to create your proposal.
3. **Enable Other Users to Access this Proposal** (*Optional*). Enter the email address of any individual you would like to grant access to your LOI.
4. **Applicant/PI Information**
5. **PI Data Sheet**
6. **Organization/Institution**
7. **Key Personnel**
8. **Milestones and LOI Recommendations**
9. **Abstract & Keywords**
    a. Scientific/Clinical Impact Statement (1,500 characters max)
    b. Scientific Abstract (3,500 characters max)
    c. Lay Summary (2,000 characters max)
10. **Budget Period Detail**
11. **Budget Summary**
12. **Organization Assurances** – human subjects and vertebrate animal approvals
13. **Upload Attachments** – these items will be uploaded directly to Proposal Central
    a. **Research Proposal**. *Download and use the Research Proposal Template in "Download Templates and Instructions" for this.* The proposal sections include:
        i. **Title**
        ii. **Proposal Narrative (limit seven pages)**
            1. Introductory Statement – include objectives as they relate to the NETRF mission
            2. Background and Preliminary Data
            3. Rationale and Hypothesis
            4. Specific Aims
            5. Research Design and Methods – In addition to the methods, applicants should clearly justify the selected target population and explain why it represents an appropriate or enriched setting for early detection or surveillance.
            6. Path to Validation and Future Development – Describe the anticipated next steps required to validate and advance the proposed approach toward clinical use, including potential study populations, datasets, or settings for further evaluation.
            7. Potential Problems and Contingencies
        iii. **Significance (limit one page)**
            1. **Significance**: Describe the key clinical or scientific problem being addressed by your proposal and why it is important to earlier detection, diagnostic

evaluation, risk stratification, premalignant or precursor lesion detection, and/or recurrence or progression surveillance in neuroendocrine neoplasms. Applicants should describe the current standard of care or existing approaches in the proposed setting and clearly articulate how the proposed work would improve upon them.

2. **Statement of Innovation**: Describe how the proposed study employs a novel, high-impact, or untested idea, technology, or approach.
3. **Potential for translational application and patient benefit**: Describe the potential for the proposed work to improve clinical decision-making, accelerate translational development, and/or ultimately benefit patients through earlier diagnosis, more accurate evaluation, improved surveillance, or changes in clinical management.
4. **Clinical Context and Intended Use:** Describe the target population, intended clinical use, and the specific clinical decision the proposed approach is intended to inform. Explain how the approach would be integrated into a clinical workflow or diagnostic pathway.

iv. **Facilities (limit two pages)**
v. **Plan for Sharing Research Data and Resources (limit two pages)**
vi. **Plan for Access to Patient Samples or Biospecimens, if applicable**
Describe access to and the proposed number of human samples needed for the proposed work, such as tumor tissue (specify type if applicable), blood, urine, stool, saliva, breath, or other relevant biospecimens.
vii. **References Cited** – use Vancouver or NIH style (numbered citations within text) format

b. **PI Biosketch(es) –** limited to five pages, including references
c. **Collaboration Letter(s) and Biosketches** – if applicable
d. **Letter of Institutional Commitment** – the letter(s) must be written by the department head, dean, or other senior member of the institution on behalf of the applicant, on institution letterhead. The letter(s) should confirm that the institution has the infrastructure required to support the project. The letter(s) must critically address the scientific merit and novelty of the proposed research, the requisite scientific expertise demonstrated by the applicant in previous work, and the dedication of the applicant to NEN research.
e. **Other Support** – list other sources of support and amounts, including funds that may be contributed by the Sponsoring Institution.

14. **Signature – IMPORTANT:** the PI and an institutional signing official must sign before the application can be submitted.

Formatting Instructions

Applicants must adhere to the following instructions for the research proposal:

- Must use 12-point Times New Roman for the text, and no smaller than 9-point type for figures, legends, and tables.
- Single-spacing is acceptable, and space between paragraphs is recommended.
- The page margins must be no less than 0.75 inches on each side.
- The Research Proposal must be numbered consecutively.

Use of AI writing tools (including LLMs):

Applicants may use AI tools to assist with writing or editing their application. Applicants are solely responsible

for ensuring the accuracy, completeness, and appropriate attribution of all submitted content, including any AI-assisted text. NETRF does not require applicants to disclose the use of AI writing tools. Reviewers are prohibited from uploading, pasting, or otherwise entering any portion of submitted proposals into AI/LLM tools, consistent with NETRF's Scientific Review Board – Conflict of Interest and Confidentiality policy.

Contact

If you have any questions regarding this grant mechanism, contact Mandy Westland, PhD, Research Program Coordinator at grants@netrf.org.