



INVESTIGACIÓN PARA
OTRA OPORTUNIDAD

CRIS

Evaluation Guidelines

Call for Applications 2026

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Introduction

This document describes the evaluation and selection process for proposals submitted to the **CRIS Programmes** (**Out-Back**, **Emerging Leader**, **Translational Physician** and **Excellence**). Its purpose is to ensure a transparent, fair, rigorous, and independent assessment of applications, in line with CRIS Cancer Foundation (hereafter CRIS) mission to promote excellent cancer research with a clear translational orientation and meaningful impact for patients.

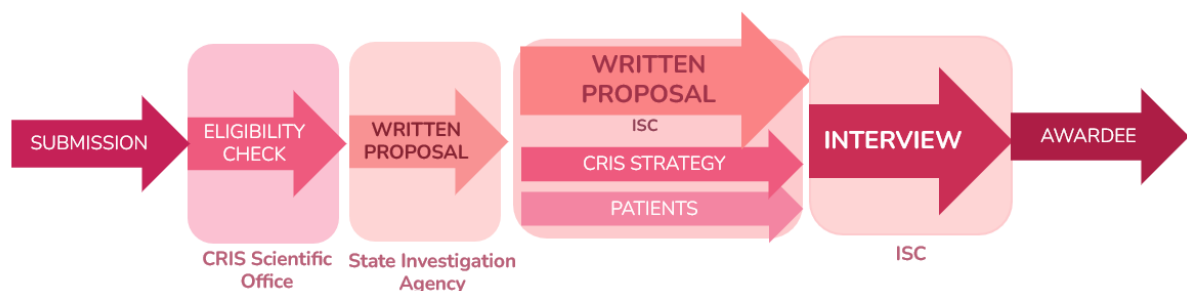
All evaluation procedures are governed by the principles of transparency, equity, independence, efficiency, and scientific excellence. Applicants will be informed of the status of their proposal at each stage of the process and will receive feedback on the evaluation outcome.

Overview of the Evaluation Process

The evaluation process of the **CRIS Emerging Leader**, the **CRIS Translational Physician** and the **CRIS Excellence Programmes** consists of three sequential and independent stages:

- Administrative Evaluation (Eligibility Check)
- Second Evaluation: Written Proposal Evaluation by an external agency.
- Final Evaluation: **International Scientific Committee** (ISC), CRIS Strategy and Patients Experts.

The selected candidates will proceed to the interview stage, conducted by the ISC, in which the final beneficiaries of the programmes will be decided.



In the case of the **CRIS Out-Back Fellowship**, the evaluation process consists of two sequential and independent stages:

- Administrative Evaluation (Eligibility Check)
- Written Proposal Evaluation: External agency, CRIS Strategy and Patients Experts.

The selected candidates will proceed to the interview stage, conducted by an expert panel, in which the final beneficiaries of the fellowship will be decided.



Only applications that successfully pass each stage will proceed to the next phase.

Stage 1: Administrative Evaluation – Eligibility Check

All submitted applications will be reviewed by the CRIS Scientific Office to verify compliance with the formal requirements and eligibility criteria defined in the Call for Applications.

This stage includes:

- Verification of applicant eligibility (training, research career, mobility, and independence requirements).
- Verification of project eligibility and compliance with the programme scope.
- Validation of required documentation and templates.

If minor documentation issues are identified, applicants may be contacted to provide clarifications or corrections. There will then be a corrective period of ten days during which any outstanding documentation will be requested, and any corrections or clarifications should be made.

Applications that do not meet the eligibility requirements will be rejected at this stage. Applicants will be notified of the decision through the CRIS calls platform, detailing the reason for rejection.

Stage 2: Written Proposal Evaluation (External Evaluation)

Eligible applications will undergo a second evaluation by an external evaluation agency, independent of CRIS and distinct from the final evaluation panel. Specifically, each application will be scored by at least two separate evaluators of the External Evaluation Panel (State Investigation Agency; Agencia Estatal de Investigación (AEI)).

Each evaluator will assign a score between 0 and 100.

The final score for this stage will be the average of the two evaluations.

The possible scores and rating scales are detailed below, in the Evaluation Criteria section.

(Only in the cases of the **CRIS Emerging Leader**, the **CRIS Translational Physician** and the **CRIS Excellence Programmes**): The top 10 applications or those ranking within the top 20% (whichever is higher) will advance to the Final Evaluation stage. / Please note that only those applications with very good scores (above 75 points) will be considered to move forward to the next phase.

Applicants progressing to the next phase will be informed through the CRIS calls platform.

All applicants will receive an Evaluation Summary Report issued by the Agency as feedback on their proposal

Stage 3: Final Evaluation

a. ISC Written Proposal Evaluation (only in the cases of the CRIS Emerging Leader, the CRIS Translational Physician and the CRIS Excellence Programmes)

The final evaluation will be conducted by the CRIS International Scientific Committee (ISC), composed of internationally recognised scientists with broad expertise across cancer research disciplines.

The evaluation committee shall consist of a Chairperson, a Vice Chair, other members participating in the evaluation, a representative of CRIS, and the technical secretary of the committee.

Each finalist's application will be evaluated by two ISC members, based on the written proposal and supporting documentation.

Applications will receive a score between 0 and 100.

Evaluation will follow the Evaluation Criteria included in this document.

In the case of the CRIS Out-Back Fellowship only the evaluation conducted by the external agency will be carried out; there will be no second-stage evaluation by the ISC.

The score resulting from this scientific assessment will be complemented by two additional evaluations, which are applied across all CRIS programmes:

b. CRIS Strategy

The CRIS Scientific Office will assess the degree to which each proposal aligns with CRIS's strategic priorities and mission in cases where applications demonstrate comparable levels of scientific excellence and merit. This strategy will be taken into account in the pre-interview stage and for the Final Ranking List in a similar way.

c. Patients' evaluation

Patients' Evaluation: a panel composed of cancer patients- including patients, survivors, and relatives of patients and survivors- will assess each application based on the Lay Summary. This evaluation will focus on the relevance of the project from the patient perspective, including unmet needs, potential impact, clarity of objectives, and the role of patients in the research. Each application will be reviewed by at least two patients or relatives. Reviewers will complete an evaluation template including both a score and qualitative comments. These will be made available to the interviewers during the next round of evaluation.

The patients' evaluation and the written proposal evaluation will contribute to the final score according to the weighting scheme set out below. The CRIS strategic criteria shall not form part of the weighted scoring system but may be considered, in cases of comparable scientific excellence, for the Final Ranking List and at the pre-interview stage to prioritise candidates for invitation to interview.

The formula used for candidate selection is as follow:

→ Evaluation of the application by the **International Scientific Committee*** (according to the Evaluation Criteria): 95%.

→ Patients`review: 5%

*In the case of the **CRIS Out-Back Fellowship**, 95% corresponds to the evaluation of the application by the External Agency.

d. Interviews

Final beneficiaries of the **CRIS Emerging Leader**, the **CRIS Translational Physician** and **CRIS Excellence Programmes** will be selected through interviews conducted by the International Scientific Committee (ISC). In contrast, interviews for the **CRIS Out-Back Fellowship** will be conducted by a separate Interview Panel, also composed of leading international researchers.

The evaluation committee will meet to discuss the candidates put forward, discuss the most relevant aspects of the project, and prepare the questions to be asked during the interview phase of the candidates` selected for interview.

Candidates who are offered an interview should take into account the following:

- Interviews will last between **12 and 15 minutes**.
- Interviews will be conducted in English.
- Candidates must summarise, **without slides**, their candidacy, briefly commenting on their career, their project proposal, the technical approach and the expected results and impact in **5 minutes**.
- They will be asked questions related to their career and the project, their capacity to develop the proposal, additional resources, etc.

The Technical Secretary, in addition to coordinating and monitoring the evaluation process, will perform the following tasks:

- Distribute the candidacies to the evaluators taking into account the expertise of each evaluator and the research area of the candidate.
- Ensure that each evaluator prepares a summary evaluation report for each application received.
- Ensure the evaluators who participate in the evaluation process do not present a conflict of interest with the candidates.
- Draw up a final report. The evaluation committee will meet at the end of the evaluation process and draw up a report listing the chosen candidates.

Final Ranking and Selection

Following the interviews, the **ISC**/the **Interview panel** will meet to discuss the candidates and establish a final ranking by consensus. CRIS strategy may be also taken into account for the establishment of the Final Ranking List, in cases of comparable scientific excellence.

Funding decision:

- CRIS will fund two beneficiaries per Programme.
- A reserve list will also be established. This list will include candidates who, although not initially selected for funding, are considered to have demonstrated sufficient scientific quality to be funded in the event of:
 - a withdrawal by one of the selected beneficiaries; or

- the availability of additional funds allowing CRIS to support further applications.

However, the **International Scientific Committee** reserves the right to award funding to only one candidate or to declare the call void, should it consider that the required level of scientific quality has not been sufficiently met. All candidates who make it into the last assessment round will be notified of the comments resulting from the final discussions of the **International Scientific Committee**.

Applicants will be notified through the CRIS calls platform whether their proposal is rejected or selected to proceed to the next stage at any point during the evaluation process. All candidates will receive appropriate feedback in the form of an evaluation report at the end of stage 2 and stage 3. Decisions resulting from the evaluation and selection procedures are final and shall not be subject to reconsideration or appeal. Neither the process itself nor the technical or scientific judgments made by the evaluators may be contested. The design of the evaluation and selection procedures ensures their independence and objectivity.

Evaluation Criteria

1. Interviews and written evaluations by the external agency, **ISC** and the **Interview Panel** are based on the following criteria:

Rating	Very poor	Poor	Good	Very Good	Excellent
SCORE	0-19	20-49	50-74	75-89	90-100
EXCELLENCE OF THE PROPOSAL (50%)	Lacks innovation, unclear hypothesis, poor alignment with the call, insufficient feasibility, with no clear IP/exploitation strategy or translational focus	Limited innovation and feasibility, partially defined hypothesis and alignment, and underdeveloped IP/exploitation strategy or translational focus	Reasonable innovation and alignment, acceptable feasibility, and basic IP/exploitation strategy and translational focus	Clear innovation, strong hypothesis and alignment, well-supported feasibility, and well-defined IP/exploitation strategy and translational focus	Exceptional innovation and transformative potential, robust feasibility, excellent alignment, and excellent IP/exploitation strategy and translational focus
IMPACT (15%)	No clear or credible patient impact. No defined benefits in prevention, diagnosis, treatment, follow-up, or patient care. No future potential to reduce toxicity or contribute to personalised medicine.	Limited and weakly justified patient impact. Vague clinical benefits. Minimal or speculative future potential to reduce toxicity or improve quality of life. Unclear contribution to personalised approaches.	Relevant and plausible patient benefits. Reasonable future potential to reduce treatment-related toxicity and improve quality of life. Some contribution to personalised and stratified medicine	Clear and well-justified patient benefits. Strong future potential to reduce toxicity and improve quality of life. Well-defined contribution to personalised medicine and clinical decision-making.	Outstanding and transformative patient impact. Significant expected benefits. Strong future potential to reduce toxicity and improve quality of life, and a clear contribution to clinical practice.
IMPLEMENTATION & CANDIDATE (35%)	Implementation plan is unclear or unrealistic, timeline, resources, and budget are inadequate, risks are not identified, insufficient candidate track record and experience and inadequate host institution or supervision (if applicable)	Weak implementation; partially defined work plan, unrealistic timeline or resource allocation, limited or insufficient risk mitigation, limited track record of the candidate and experience and insufficient justification of institutional capacity or supervision (if applicable).	Acceptable implementation, coherent work plan, reasonable timeline and resources, basic identification of risks and mitigation measures, solid candidate track record and experience and adequate institutional support or supervision (if applicable)	Well-structured implementation, realistic timeline and budget, clear risk identification with adequate mitigation, strong candidate track record and experience and suitable host institution or mentor (If applicable)	Outstanding implementation, highly coherent and efficient work plan, optimal use of resources and budget, exemplary risk management, excellent candidate track record and experience and strong institutional capacity or highly suitable mentor (if applicable)

The evaluation will assess the excellence of the proposal (50%), as well as its impact (15%) and the implementation of the proposal and candidate profile (35%), in accordance with the assigned weighting. In addition, each peer reviewer will provide a justification for the score awarded, including a brief explanation of the evaluation and a summary of the proposal's main strengths and weaknesses.

The final score will be calculated as the weighted sum of the scores obtained in each section and translated into the corresponding rating using the same scale.

EXCELLENCE OF THE PROPOSAL: QUALITY & VIABILITY (50%)

- Proposal with high potential to go beyond the state of the art and deliver innovative, highly relevant results with transformative impact.
- Clear scientific hypothesis addressing a relevant unmet need, well aligned with the objectives and priorities of the call.
- High feasibility of the proposal, supported by the project's level of development, available resources and expertise, an appropriate study design (including inter/multidisciplinarity, gender dimension, sample size and statistical methods) and, where applicable, preliminary data or proof-of-concept result.
- A comprehensive plan to ensure the effective translation of the expected results into clinical practice, real-world application, and further technological and scientific development.
- Clear strategy for intellectual property protection and exploitation, supporting the sustainability, scalability and impact of the project outcomes.

IMPACT OF THE PROPOSAL (15%)

- The expected benefits of the project in terms of prevention, diagnosis, treatment, follow-up, or patient care.
- The future potential to reduce treatment-related toxicity and long-term adverse effects, contributing to safer and more tolerable therapeutic strategies improving patients' quality of life.
- The long-term contribution to personalised and stratified medicine, enabling more accurate patient selection and optimised clinical decision-making.

IMPLEMENTATION & CANDIDATE (35%)

- The candidate's potential to make significant advances in the treatment of cancer, supported by the candidate's excellent track record and demonstrated expertise in the field.
- Candidate's capacity to train early-stage or new researchers, as well as demonstrated experience in translational collaboration *
- *This criterion does not apply to the **CRIS Out-Back Programme**
- Well-structured and feasible implementation plan: appropriate methodology, a coherent work plan, clearly defined tasks, milestones and deliverables, well-planned timeline, resources and budget, ensuring the efficient execution of the proposal.
- Proactive identification of study limitations, supported by appropriate mitigation measures.
- Capacity of the host institution to implement the project, including the availability of appropriate infrastructure and institutional support.
- (Only for the **CRIS Out-Back Programme** and the **CRIS Translational Physician Programme**) Suitability of the proposed supervisor/mentor to ensure the success of the project and the professional and scientific development of the candidate *
- *Different considerations will be taken into account when scoring the mentor, depending on the programme:

- In the **CRIS Out-Back Programme**, the supervisor is expected to be a person who guides and supports the early-career researcher, fostering their scientific development, independence and the initiation of their research career.
- In the **CRIS Translational Physician Programme**, in addition to providing scientific guidance, the mentor must ensure that the physician has protected time for research and that this commitment is respected by the host institution.

2. Evaluation by CRIS Scientific Office is based on the following criteria:

Without prejudice to the primacy of scientific excellence, in cases where two or more applications receive similar scientific evaluation scores, and are thus considered to present equivalent scientific excellence and merit, CRIS may apply the following strategic criteria. These criteria may be taken into consideration for the purposes of progression and ranking, in a duly justified and **case-by-case manner**, in alignment with CRIS's institutional mission and long-term objectives. The strategic aspects to be considered are the following:

Career Stage

In line with CRIS's objective of reinforcing the development and continuity of high-quality researchers, preference may be given to applicants at earlier stages of their research careers, in order to facilitate the progression towards research independence, PI's support and long-term career development.

Gender equity

In line with CRIS's commitment to promoting gender equity in research, additional consideration may be given to applications led by women researchers.

Physician Scientist profile

In line with CRIS's objective of strengthening translational cancer research, additional consideration may be given to applicants holding a medical degree (MD) or with a recognised clinical background

Alignment with CRIS Mission and Strategic Priorities

Additional consideration may be given to proposals that demonstrate strong alignment with CRIS's mission and strategic research priorities

3. Evaluation by Patients is based on the following criteria:

Rating	Very poor	Poor	Good	Very Good	Excellent
SCORE	0-19	20-49	50-74	75-89	90-100
Context and Needs (20%)	The disease and health problems are unclear. No patient-centered justification.	Superficial description of the condition or need, without supporting evidence.	General description of the disease and patient need, but limited depth or supporting detail.	Clear and well-supported description of the disease and its impact. Demonstrates how the project addresses real patient needs.	Precise and compelling description supported by solid data or references. Clearly identifies a critical unmet need and convincingly shows how the project addresses it.
Objectives (20%)	Objectives are unclear, poorly defined, or not aligned with the proposed research.	Objectives are vague, overly general, or unrealistic.	Objectives are generally clear and achievable but lack specificity or measurable indicators.	Clear, specific, and realistic objectives aligned with the research aims.	Precisely defined, measurable objectives fully aligned with patient needs.
Impact (20%)	No clear patient benefit described. Impact is negligible or absent.	Benefits are mentioned but vaguely described or unrealistic. Limited explanation of how patients will benefit.	Plausible benefits described, but limited detail regarding magnitude, timeline, or applicability.	Clear and realistic impact with concrete benefits for patients. Timeline and relevance are reasonably defined.	Convincing and detailed demonstration of significant impact. Clearly explains how the project will improve quality of life and/or survival within realistic and well-defined timelines.
Limitations (20%)	No discussion of limitations or risks. The project appears unrealistic.	Limitations are identified superficially, without explanation of impact.	Relevant limitations acknowledged, but mitigation strategies are insufficiently developed.	Clear identification of foreseeable challenges with reasonable mitigation strategies.	Comprehensive and realistic analysis of risks and limitations, with robust and well-defined mitigation plans.
Role of patients (20%)	No consideration of patient experience or impact.	Minimal or superficial reference to patients.	Recognizes the importance of patient experience, with limited integration into the project.	Clearly incorporates patient perspective in relevant aspects of the project.	Patients are placed at the center of the research, with active integration of their experience and quality-of-life impact throughout the proposal.

Context and Needs

The evaluators will assess:

- The clarity and quality of the general context of the specific pathology or pathologies addressed.
- The relevance of the health problem or challenge targeted by the project.
- Whether the proposal clearly responds to an unmet need experienced by patients.

Objectives

The evaluators will assess:

- The clarity, relevance, and feasibility of the research objectives.
- Whether the objectives are well defined and aligned with the identified need.
- The extent to which the proposed research aims to generate meaningful and achievable outcomes.

Impact

The evaluators will assess:

- The expected benefits of the project in terms of prevention, diagnosis, treatment, follow-up, or patient care.
- The potential of the project to improve patients' quality of life and/or survival.
- The clarity with which the potential benefit for patients is explained.
- The definition of clear and realistic timelines for the translation or application of the expected advances

Limitations

The evaluators will assess:

- The identification of potential challenges, risks, and limitations of the project.
- The realism and transparency with which these limitations are addressed.
- Whether appropriate mitigation strategies are considered, where applicable.

Role of patients

The evaluators will assess:

- Whether patient experience and perspective have been considered in the design of the research.
- The role of patients in the project, including their involvement in the development, implementation, or dissemination of the research, where relevant.

Fast-Track Procedure for Previous CRIS Beneficiaries

CRIS is committed to supporting its previously funded researchers throughout the different stages of their scientific careers. In line with this objective, a Fast-Track procedure is foreseen for previous beneficiaries of CRIS programmes who have successfully completed their projects.

Eligibility for the Fast-Track

Previous beneficiaries of the following CRIS programmes may formally request eligibility for the Fast-Track procedure:

- **CRIS Out-Back Fellowship**, when applying to **CRIS Emerging Leader** or **CRIS Translational Physician** calls.
- **CRIS Emerging Leader** or **CRIS Translational Physician**, when applying to the **CRIS Excellence Programme**.

Eligibility for the Fast-Track is conditional upon having received a positive final evaluation at the end of the previously funded CRIS project.

Application for the Fast-Track

To be considered for the Fast-Track procedure, eligible candidates must submit a formal written request to CRIS, in the form of a motivation letter, explicitly requesting Fast-Track eligibility.

CRIS reserves the right to decide whether the Fast-Track request is accepted or not, based on internal assessment criteria. Acceptance of the Fast-Track is not automatic.

Scope of the Fast-Track

The Fast-Track procedure allows candidates to skip the external evaluation phase (Stage 2) of the selection process and to progress directly to Stage 3, which consists of:

- Evaluation by the ISC,
- Assessment by patients and/or relatives, and
- Suitability to CRIS's strategy

Fast-Track candidates will be evaluated under exactly the same criteria as all other applicants during Stage 3 of the selection process. They will:

- Be fully assessed by the ISC, patient evaluators and CRIS.
- Participate in interviews.
- Compete under the same evaluation standards as all other candidates.

The Fast-Track procedure does not imply any preferential treatment, additional scoring, or advantage beyond the omission of the external evaluation stage. All candidates reaching the final evaluation stages compete on equal terms for funding. Candidates who go through this Fast-Track process do not decrease the number of places in Stage 3 for the other candidates.