



Strategic Focus Area

## Personalized Health and Related Technologies

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# 7<sup>th</sup> Call for Proposals for PHRT Projects: Edu: Doctoral and Postdoctoral Projects

January 15, 2022

In its strategic plan for the ETH Domain, the ETH Board defined “[Personalized Health and Related Technologies](#)” (PHRT) as one of its Strategic Focus Areas (SFA). PHRT is focused on core contributions by the ETH Domain institutions in the field of personalized health and personalized health technologies that are complementary to the efforts undertaken by other initiatives within the ETH Domain such as the SFA [Swiss Data Science Center \(SDSC\)](#) and programs outside the ETH Domain such as the [Swiss Personalized Health Network \(SPHN\)](#). An essential goal of PHRT is to put ETH Domain institutions in a position to most fruitfully collaborate with clinical research partners, including those from SPHN and from leading international programs. In addition, the PHRT aims to develop synergies with the SFA SDSC, e.g., through the development of computing infrastructure for managing and analyzing the large amounts of data required in personalized health or by the development of high-performance computing/data science technologies focused on health-related problems. The [Overview document](#) is an integral part of this call for proposals.

All scientists with a doctoral degree (postdocs only for iPostdoc Projects) employed at an institution of the ETH Domain, i.e., faculty members and senior researchers employed at Empa, EPFL, ETHZ, PSI, Eawag, or WSL, are eligible for PHRT funding. If the proposal is approved, he/she will act as principal investigator (PI) and coordinate the consortium (if there is one).

Collaboration with “non-ETH Domain” scientists, especially with clinical groups from universities, university hospitals, and clinical institutions, is highly recommended and desired. However, the ETH Board has ruled that PHRT funds can only be received from researchers of the ETH Domain and must be spent within ETH Domain institutions with a few well-defined exceptions. A contract must be set up to regulate the service for each exception. Therefore, such proposals must submit a total cost budget indicating which parts (research groups and activities) are funded from various funding sources (PHRT - ETH Domain, SPHN - universities, university hospitals, clinical institutions, own contributions, SNSF, etc.). In particular cases, e.g., access to -omics or clinical data can be organized **as a clinical service** via the cost category “consumables” in the PHRT budget. Note: clinical services should be maximal 20% of the total PHRT budget. If they exceed 20%, a sound justification must be given.

Applicants are encouraged to submit project proposals that collaborate with the [Swiss Data Science Center \(SDSC\)](#).

**Note:** The format of the interdisciplinary Postdoc Projects (iPostdoc) replaces the earlier format of the Transition Postdoc Fellowships (TPdF). Boundary conditions changed.

It is expected that after successful completion, each project will have shown sufficient evidence that the technology and the resulting data could have an impact on clinical decision-making, which, in turn, could trigger the decision to evaluate the technology/data within a formal-clinical trial. In this respect, ETH Zurich launched a new technology platform for clinical trials ([dTip](#)). Projects which do not reach this maturity within the project duration should evaluate to merge or contribute to ETH domain technology platforms, including the PHRT platforms, in order to ensure the further development and sustainability of the technologies.

Furthermore, the generated data must follow [the FAIR principle](#), e.g., the data must be findable, accessible, interoperable, and re-usable with none or minimal human intervention. Here, PHRT expects an effort beyond the typical requirements of publication. Data lineage tracking, using community accepted data exchange formats, and the inclusion of meta-information for export/import into PHRT/SPHN data centers is expected. Please visit the PHRT website and/or contact the PHRT office for further information and guidance.

Typically, PH/PM research projects require various approvals (e.g., ethics) and/or **agreements** (e.g., Data Transfer and Use Agreement (DTUA)). To successfully continue the projects and receive continued funding from PHRT, all necessary documents **must be available and signed three months after the project start, and a copy must be submitted to the PHRT office**. In the case of missing permissions/documents, the project will be put on hold. An overview and templates for various agreements can be found on the [SPHN-DCC website](#). Please do not hesitate to contact the PHRT office for further guidance and clarifications.

This call is for applications for interdisciplinary doctoral and interdisciplinary postdoc projects aimed at training the next generation of scientists in the field of personalized medicine. PHRT intends to fund up to six doctoral and five postdoctoral projects with this call.

## 1 Interdisciplinary Doctoral Student Projects (iDoc) bridging science / engineering and medicine

### 1.1 Description

To support interdisciplinary research and education for the next generation of scientists in the field of personalized health, PHRT will support doctoral student positions for students pursuing research projects in this field. Student projects are expected to bridge the gap between science/engineering and medicine. The student will have two mentors, one from each field of research (i.e., science/engineering and medicine). Students will be matriculated at an ETH Domain institution and enrolled in one of the established doctoral student programs.

Only **one (1)** doctoral student can be employed per project. iDoc Projects are limited to 36 months (three (3) years as a rule) and may be extended to up to 48 months upon documentation of sufficient progress. However, PHRT funds **cannot be used longer than December 2025**. PHRT plans to fund up to six (6) doctoral students with this call. For PHRT students, attendance at educational events organized by PHRT will be mandatory.

PHRT will grant the following to each iDoc Project: salary and social charges of the doctoral student according to rules of the employing ETH Domain institution, plus on request, a yearly amount for consumables (up to CHF 10'000 per year).

PHRT intends to close the patient-research-patient cycle and show how ETH technologies/algorithms can be leveraged to support clinical decision-making. Therefore, the PHRT EC and

international reviewing committee will emphasize the decision-making process for project funding on project plans that go beyond the publication of the research results. Please describe how your research plan and expected results can be leveraged together with clinicians at the interface to the clinic and patients. In case the project is designed and not yet at the level of making the transition to the clinic, the apparent path towards clinical implementation, including clinical partners for implementation must be described.

Furthermore, the generated data must follow [the FAIR principle](#), e.g., the data must be findable, accessible, interoperable, and re-usable with none or minimal human intervention. Here, PHRT expects an effort beyond the typical requirements of publication. Data lineage tracking, using community accepted data exchange formats, and the inclusion of meta-information for export/import into PHRT/SPHN data centers is expected. Please visit the PHRT website and/or contact the PHRT office for further information and guidance.

### Technicalities iDoc:

Project duration:	36 months, extension on request, PHRT funds must be used until December 31, 2025
PHRT funding (max.):	Salary of the doctoral student according to rules of the employing ETH Domain institution plus up to CHF 10'000 per year for consumables/misc.
Dual mentor supervision:	The two mentors (supervisors) need to be from different research fields, one of which must be medicine. The main mentor must be a faculty member of an ETH Domain institution
Project scope:	Projects need to demonstrate direct clinical relevance
Number of approved projects with this call:	approx. 6

## 1.2 Documentation to be submitted

The PHRT iDoc proposals are to be submitted using the official templates, which are available on the [PHRT website](#), consisting of three parts:

Part 1: **General** information

Part 2: **Scientific** information

- a) Abstract (1 page)
- b) The international standing of both applicants (supervisors) in their field of research (1 page)
- c) Research plan: state of the art, questions, methods, milestones, and expected outcome(s) (6-8 pages)

- d) Description of the tasks the doctoral student will carry out during the project (1/2 page)
- e) Overview of the training program that the Ph.D. student will go through and how it contributes to the knowledge base in personalized medicine/health (taking into account the environment in which he/she will be working and the interdisciplinary character of the project) including the name of the Ph.D. program the student will enroll (1/2 page)
- Attachments:
  - CV and publication list for the past five years of the two supervisors
  - Potential reviewer (positive and negative list)
  - Link to SPHN or PHRT projects: please explain the relation of the proposal to approved projects, if there are any.

### Part 3: **Budget**

#### **Submission Deadline**

The deadline for submitting PHRT iDoc proposals in PDF format is **April 17, 2022**.

#### **1.3 Selection criteria iDoc**

The review board will evaluate the proposals according to the following criteria:

- Contribution to the progress of personalized medicine, including interoperability of generated data and clinical relevance;
- Added technological and scientific value due to the interdisciplinarity of the proposal;
- Complementarity of dual mentors' research programs;
- Joint research projects between clinics and ETH Domain will be prioritized for funding;
- Potential to learn new skills and methods for the doctoral student.

In addition to these criteria, the following standard scientific criteria will apply:

- Feasibility of technology and pertinence for personalized health/medicine
- Scientific relevance of the proposal
- Originality of the questions
- Adequacy of the methodology
- Scientific and technological track record of the applicants
- Expertise of the applicants concerning the proposal
- Suitability of the technology
- Clinical implementation and/or path towards clinical studies
- Data integration plan
- Project must make a difference in personalized medicine/health
- Cooperation with clinics/patients

## 2 Interdisciplinary Postdoc Projects (iPostdoc)

### 2.1 Description

Interdisciplinary Postdoc Projects (iPostdoc) are intended to facilitate the transition of young scientists into the interdisciplinary research culture of personalized health research. Project proposals are accepted from Ph.D. and/or MD scientists within a maximum period of five (5) years since receiving their highest degree (the relevant dates are the application deadline and the date the degree was awarded). The project duration is 24 months (two (2) years). Research projects must show direct clinical relevance within the field of personalized health and demonstrate an extension of the applicant's research background. Only projects that show a link between basic science/engineering and clinical applications will be considered.

Applicants require the commitment of one host research group located at one of the ETH institutions. The successful applicants will be the PI, i.e., he/she will be responsible for their project, including management, equipment, and consumables. The host lab must employ the postdoc and grant the PI access to all infrastructure and resources in the respective group.

PHRT will fund the postdoc salary according to rules of the employing ETH Domain institution and on request with support for consumables of up to CHF 10'000 per year.

PHRT intends to close the patient-research-patient cycle and show how ETH technologies/algorithms can be leveraged to support clinical decision-making. Therefore, the PHRT EC and international reviewing committee will emphasize the clinical decision-making process for project funding on project plans that go beyond the publication of the research results. Please describe in detail how your research plan and expected results can be leveraged together with clinicians at the interface to the clinic and patients. In case the project is designed and not yet at the level of making the transition to the clinic, the apparent path towards clinical implementation, including clinical partners for implementation must be described.

Furthermore, the generated data must follow [the FAIR principle](#), e.g., the data must be findable, accessible, interoperable, and re-usable with none or minimal human intervention. Here, PHRT expects an effort beyond the typical requirements of publication. Data lineage tracking, using community accepted data exchange formats, and the inclusion of meta-information for export/import into PHRT/SPHN data centers is expected. Please visit the PHRT website and/or contact the PHRT office for further information and guidance.

## Technicalities iPostdoc Projects:

Project duration	24 months, PHRT funds must be used until December 31, 2025
PHRT funding (max.)	Salary of the postdoc according to rules of the employing ETH Domain institution plus up to CHF 10'000 per year for consumables on re- quest
Number of approved Projects with this call	approx. 5
Roles	The applying postdoc acts as the principal inves- tigator (PI), the head of the hosting research group as co-PI. The co-PI must be employed at an ETH Domain institution. Additional co-PIs, es- pecially from clinics, are recommended to be in- cluded.
Project scope	Projects need to demonstrate direct clinical relevance

## 2.2 Documentation to be submitted

The PHRT interdisciplinary Postdoc proposals are to be submitted using the official templates, which are available on the [PHRT website](#), consisting of three parts:

Part 1: **General** information

Part 2: **Scientific and technical** information

- a) Abstract (1 page)
  - b) The international standing of both the applicant and the proposed host group in their field of research (1 page)
  - c) Research plan: state of the art, key questions, methods, cooperation with clinics, milestones, and the expected outcome(s) (10 pages)
  - d) Data management (integration / implementation) plan (max 3 pages)
- Attachments:
    - CV and publication list for the past five years of the applicant and proposed host group leader
    - Letter(s) of support stating that the postdoc is welcome and integrated into the research group
    - Potential reviewer (positive and negative list)
    - Link to SPHN or PHRT projects of the first phase (2017-2020): please explain the relation of the proposal to approved projects if there is any.

Part 3: **Budget**

### Submission Deadline

The PHRT interdisciplinary Postdoc proposals are to be submitted in PDF format by **April 17, 2022**.

## 2.3 Selection criteria

The review board will evaluate the proposals according to the following criteria:

The decision will be primarily based on the quality of the candidate and scientific criteria and on the project's potential added value to personalized medicine/health.

- Contribution to the progress of personalized medicine, including interoperability of generated data;
- Added technological and scientific value due to the interdisciplinarity of the proposal;
- Significance of extension/transfer of the applicant's research profile compared to previous research that led to the highest degree.
- It is expected that candidates will follow appropriate training during their program to improve their knowledge and skills in the field of personalized health/medicine.

In addition to these criteria, the following standard scientific criteria will apply:

- Scientific relevance of the proposal
- Originality of the proposal and clearly defined personalized medicine/health questions
- Does the proposal describe an integrated, interdisciplinary, and clinically relevant project?
- Does the proposal generate new data and knowledge that traditionally-structured projects could not obtain? What is the added value?
- Adequacy of the methodology
- Scientific track record of the applicants
- Expertise of the applicants concerning the proposal
- Feasibility of the proposal
- Clinical implementation, notably path to clinical studies
- Is the chosen research group suitable for hosting the candidate?
- Can the hosting research group adequately support the candidate?
- Co-operation with clinics/patients