

Repurposing Research for Chicago 2025: Track 1 – Repurposing Research to Address Health Equity in the Chicago Area



OVERVIEW

“Repurposing Research to Address Health Equity in the Chicago Area” is one of 4 tracks for Cures Within Reach’s 2025 funding opportunity for Chicago area institutions and PIs. Specific focus areas for the other tracks include Early Stage Investigators, Pediatrics and Veterans issues. When submitting a Letter of Intent, applicants should select “Chicago area” and “Other” for the “Type of Request for Proposals” question, and then list all the applicable track(s) for their research in the “Other” text box: Health Equity, Early Stage Investigator, Pediatrics and/or Veterans. Visit <https://bit.ly/cwrrfps> to learn more about each track.

This Request for Proposals (RFP) from [Cures Within Reach](#) (CWR) is seeking clinical repurposing trials from any research institution in the greater Chicago area to address Health Equity, including repurposing clinical trials that **EITHER 1) address health disparities, including women’s health, among underrepresented patients OR 2) are led by an underrepresented researcher OR 3) both 1) and 2).** While the funded institutions must be in Chicagoland, patients and collaborators can be both within and outside the Chicago area. Our strongest preference is for proof of concept, pivotal, Phase I or Phase IIA clinical repurposing trials. Clinical trials utilizing telehealth or other remote strategies are encouraged to apply.

Repurposed therapies must be approved and/or generally recognized as safe for human use by some regulatory agency, such as the US Food and Drug Administration, European Medicines Agency, Health Canada or Japan’s Pharmaceuticals and Medical Devices Agency, and can include **drugs, devices, nutraceuticals, diagnostics or eligible cellular/gene therapies, as well as combination therapies.** These repurposed therapies must be tested in a new indication for which they are not already approved or used widely in clinical practice as standard of care. Repurposed therapies may be added to current standard of care to improve patient outcomes and/or quality of life.

CWR is accepting budgets of up to \$100,000 for this funding opportunity, which includes the required institutional match (see Important Funding Information below).

- **For Principal Investigators (PIs) who are submitting a clinical trial addressing health disparities:** Engagement with community-based organizations (CBOs) that serve the target underrepresented patient population is required for all health disparities clinical trials. The PI should include any general ideas and/or plans for engagement / collaborations with CBOs in the LOI submission, although full details are not required for the LOI and LOIs will not be scored on community engagement plans. CWR will provide \$5,000 - \$15,000 in additional financial support for approved community engagement costs, and this funding should be added to the requested funding amount submitted to CWR. Funding for community engagement costs is exempt from the required institutional match. For example, a submitted budget of \$110,000 which includes \$10,000 in community engagement costs would only require \$20,000 in institutional matching funds (20% of \$100,000). Specific budget definitions for different types of costs can be found in the Letter of Intent (LOI) submission instructions on ProposalCentral.
- **For PIs who are not submitting a clinical trial addressing health disparities:** CWR may provide an optional \$5,000 - \$15,000 in additional financial support for approved community engagement costs to include underrepresented patients in the proposed clinical trial. Interested PIs may include any general ideas and/or plans for engagement / collaborations with community-based organizations to engage underrepresented communities in the clinical trial. However, community engagement is not required, and community engagement costs should not be included in the requested funding amount submitted to CWR in the LOI. If a clinical trial is selected for funding, CWR will contact the PI about potential community engagement.

Track 1 – Repurposing Research to Address Health Equity in the Greater Chicago Area

All submissions for this RFP are via CWR's online grant management platform on ProposalCentral (<https://proposalcentral.com>). If you're already a ProposalCentral user, log in to your existing account to submit. If you don't already have a ProposalCentral account, create a login. Next, navigate to the "Grant Opportunities" tab and search for "Cures Within Reach." Submit your proposal using the **Geographic Specific Repurposing Research** program. Click on the "Apply Now" button on the right to begin a submission. In the submission form, PIs should select "Chicago area" and "Other" for the "Type of Request for Proposals" question, and then list the applicable Chicago-focused track(s) for their research in the "Other" text box: Health Equity, Early Stage Investigator, Pediatrics and/or Veterans. PIs can include as many tracks as appropriate.

CWR has a 2-stage submission process, starting with the LOI. **Full scientific details are not required at the LOI stage.** LOIs for this RFP will be reviewed, scored and ranked by CWR staff, our external Grant Review Committee and/or our Science Advisory Board members, and the top-rated LOI submissions will be invited to submit a full proposal as the second stage. PIs will be contacted approximately 6-8 weeks following the LOI submission deadline with a decision.

The LOI submission deadline is 11:59pm U.S. Central Time on April 18, 2025. Contact Clare Thibodeaux, PhD at clare@cureswithinreach.org with any questions. For more information about CWR's funding opportunities, visit <https://bit.ly/cwrrfps>.

FULL DESCRIPTION

Background

This RFP is seeking clinical repurposing trials from Chicago-area research institutions that fall within CWR's US-focused Health Equity efforts. While the funded institutions must be in Chicagoland, patients and collaborators can be both within and outside the Chicago area. **CWR is interested in any repurposing clinical trials addressing unsolved diseases that EITHER 1) address health disparities, including women's health, among underrepresented patients OR 2) are led by an underrepresented researcher OR 3) both 1) and 2).** See more information below.

An unsolved disease is one in which one or more of the following are true:

- There is currently no effective treatment
- The current treatment is only effective for a portion of the patient population
- There is a treatment that is effective, but many patients develop resistance to the therapy
- There is a treatment that is effective for the entire patient population, but the treatment is very expensive, and therefore some patients cannot get access to the treatment
- There is a treatment that is effective for the entire patient population with significant side effects, and for some patients the negative side effects outweigh the benefits of the treatment

CWR's goals for our Health Equity focused research – in addition to creating positive patient impact via clinical data – include:

- improving the health and healthcare of underrepresented patients, and/or
- reducing the fear and mistrust of clinical trial participation, and/or
- engaging and educating prospective participants about clinical repurposing trials using already approved therapies
- supporting the careers of underrepresented PIs

Repurposed therapies must be approved and/or generally recognized as safe for human use by some regulatory agency, such as the US Food and Drug Administration, European Medicines Agency, Health Canada or Japan's Pharmaceuticals and Medical Devices Agency. Repurposed therapies can include **drugs, devices, nutraceuticals, diagnostics or eligible cellular/gene therapies, as well as combination therapies.** These repurposed therapies must be tested in a new indication for which they are not already approved or

Track 1 – Repurposing Research to Address Health Equity in the Greater Chicago Area

used widely in clinical practice as standard of care. Repurposed therapies may be added to current standard of care to improve patient outcomes and/or quality of life.

Eligible submissions must:

- Be interventional clinical trials testing repurposed therapies, either alone or in combination with standard of care or other repurposed therapies, in a new indication to address unsolved diseases
- **EITHER 1) address health disparities, including women’s health, among underrepresented patients OR 2) are led by an underrepresented researcher OR 3) both 1) and 2).** Clinical repurposing trials led by an underrepresented PI may, but are not required to, focus on health disparities
- Be conducted at any Chicago area accredited academic, nonprofit and governmental research institutions and/or health systems significantly involved with medical research, where good scientific research and clinical practices can be assured
 - Although start-ups, biotechs, pharmaceutical companies and medical device companies are not eligible for this RFP, their collaborators at eligible institutions can apply
- Have a timeline of no longer than 36 months
- Be led either by a previously funded PI or by an early stage PI who has received little or no extramural research funding to date
 - PIs who have not received extramural funding previously and/or who do not currently have their own lab should include a Letter of Support from a funded, senior researcher who will act as a mentor for the proposed research and the PI
- Not yet have funding (see Important Funding Information below) or already have funding from another source, when funding from CWR will help improve the chances of success of the project and/or help speed patient impact

Our strongest preference is for proof of concept, pivotal, Phase I or Phase IIA clinical repurposing trials supported by strong preclinical evidence, real world evidence or clinical observations. We may also consider later stage clinical trials that require additional funding. CWR is open to all clinical trial designs (open label, cross-over, dose determination, randomized, blinded, controlled, etc.) that have the opportunity to create a robust and well-defined outcome that will show reproducible clinical impact and/or generate data that can be leveraged into follow-on funding from other sources and additional clinical trials.

Underrepresented PIs include:

- Specific racial/ethnic minorities underrepresented on a national basis (Blacks, Hispanics/Latinos, Native Americans, Native Alaskans, Native Hawaiians and other Pacific Islanders)
- Individuals with physical/mental disabilities
- Individuals from disadvantaged backgrounds
- Women, who are underrepresented in academic medical research institutions at senior faculty levels in most biomedical-relevant disciplines

Populations with health disparities include:

- Women and women’s health issues, which are underrepresented in clinical research
- Racial and ethnic minority groups
- People with lower socioeconomic status
- Underrepresented rural communities

Examples of health disparities clinical repurposing trials include:

- A trial in a disease that disproportionately impacts an underrepresented population in incidence, prevalence or patient outcomes, and focuses enrollment on these patients (examples: sickle cell disease, triple negative breast cancer, lupus)
- A trial that includes specific enrollment goals to allow for data analysis by underrepresented population groups

Any health disparities-focused LOI submissions must include general ideas and/or plans for engagement / collaborations with community-based organizations (CBOs) to engage underrepresented populations in the clinical trial. CWR will provide \$5,000 - \$15,000 in additional financial support for approved community engagement costs, and this funding should be added to the requested funding amount submitted to CWR. Funding for community engagement costs is exempt from the required institutional match (see Important Funding Information below).

Ideas for possible community engagement must be included in the Research Description section of the LOI submission. CBOs are already engaged with and trusted by underrepresented populations and may include health-related organizations (i.e., community health centers), social services-related organizations (i.e., food banks) or other organizations (i.e., religious groups, patient-focused groups). Community engagement ideas do not need specific details at the LOI stage, and LOIs will not be scored on community engagement in the review process.

If you have a repurposing idea to impact Health Equity that isn't an exact fit for this RFP, or **if you have eligibility questions due to budget or other aspects, contact Clare Thibodeaux, PhD at clare@cureswithinreach.org.**

Important Funding Information

All funding requests are in US dollars, and detailed budgets are not required at the LOI stage. CWR is accepting budgets of up to \$100,000 for clinical repurposing trials, which includes the required 20% institutional match. **CWR will provide 80% of the total funding amount submitted to CWR, and the research institution sponsoring the PI and the proposed research project will match at least 20% of the total funding amount.** For health disparities trials, CWR will provide \$5,000 - \$15,000 in additional financial support for approved community engagement costs, and this funding should be added to the requested funding amount submitted to CWR. Funding for community engagement costs is exempt from the required institutional match. Below are some examples to help explain:

- If the total funding amount submitted to CWR is \$100,000, with \$0 for community engagement costs, CWR will provide \$80,000 (80% of \$100,000) and the research institution will provide \$20,000 (20% of \$100,000) as the required institutional match
- If the total funding amount submitted to CWR is \$110,000, including \$10,000 in community engagement costs, CWR will provide \$90,000 (80% of \$100,000 plus \$10,000) and the research institution will provide \$20,000 (20% of \$100,000) as the required institutional match

Submitting an LOI does not commit the PI or the research institution to the 20% institutional match. If a submission is selected to move beyond the LOI stage, CWR will contact the PI and the research institution about this requirement.

The 20% institutional match must be real dollars committed to the project. The institutional match may come from the research institution itself (including salaries, patient costs, etc.); from government or other public funders; from individuals, foundations or other private funders; from industry (including the dollar value of donated drug); or from any combination of these sources. The CWR portion of the requested total funding amount cannot be used for indirect costs. However, **the 20% institutional match may be used for indirect costs.**

The total funding amount submitted to CWR must be sole, late or final funding required to accomplish the specific aims listed in the LOI. CWR funding cannot be the first funding raised for a project unless it is also the sole funding needed. The 20% institutional match is not counted as additional funds to be raised. Below are some general examples:

Track 1 – Repurposing Research to Address Health Equity in the Greater Chicago Area

- The project will cost \$100,000 to complete, and the maximum funding amount of the RFP is \$100,000. This project is eligible for funding from CWR.
- The project will cost \$300,000 to complete, and the maximum funding amount of the RFP is \$100,000. The PI has already secured \$200,000 in existing funding / support. This project is eligible for funding from CWR.
- The project will cost \$300,000 to complete, and the maximum funding amount of the RFP is \$100,000. The PI has already secured \$0 in existing funding / support. This project is not eligible for funding from CWR.

Any health disparities-focused LOI submissions must include ideas and/or plans for engagement / collaborations with community-based organizations (CBOs) to engage underrepresented populations in the clinical trial. CWR will provide \$5,000 - \$15,000 in additional financial support for approved community engagement costs, and this funding should be added to the requested funding amount submitted to CWR. Funding for community engagement costs is exempt from the required institutional match.

If you have eligibility questions due to the budget or funding amount for your project, please contact Clare Thibodeaux, PhD at clare@cureswithinreach.org.

CWR is open to working with other funders who share our desire to address Health Equity and are interested in these near-term repurposing opportunities. **We will accept projects that already have funding from another source, when this additional funding from CWR will help improve the chances of success of the project, and therefore increase the chance of patient impact.**

LOI Submission and Due Date

CWR has a 2-stage submission process, starting with the LOI. **Full scientific details are not required at the LOI stage.**

All submissions for this RFP are via CWR's online grant management platform on ProposalCentral (<https://proposalcentral.com>). If you're already a ProposalCentral user, log in to your existing account to submit. If you don't already have a ProposalCentral account, create a login. Next, navigate to the "Grant Opportunities" tab and search for "Cures Within Reach." Submit your proposal using the **Geographic Specific Repurposing Research** program. Click on the "Apply Now" button on the right to begin a submission. In the submission form, PIs should select "Chicago area" and "Other" for the "Type of Request for Proposals" question, and then list the applicable Chicago-focused track(s) for their research in the "Other" text box: Health Equity, Early Stage Investigator, Pediatrics and/or Veterans. PIs can include as many tracks as appropriate.

The LOI submission deadline is 11:59pm U.S. Central Time on April 18, 2025. For more information about CWR's funding opportunities, visit <https://bit.ly/cwrrfps>.

Review Criteria and Review Process

Repurposing innovation, feasibility of the research plan, relevance to the patient population, potential clinical impact and the research team are key ranking criteria for a successful LOI submission. LOIs for this RFP will be reviewed, scored and ranked by CWR staff, our external Grant Review Committee (representing research, industry, clinicians, nonprofits, government and the patient/community voice) and/or our Science Advisory Board members, and the top-rated LOI submissions will be invited to submit a full proposal. PIs will be contacted approximately 6-8 weeks following the LOI submission deadline with a decision.