ReumaNederland

FOCUS Programme

2026 Thematic Call for Research Proposals

Explanation, conditions and instructions

Contents

1. Introduction

To date, ReumaNederland has invested substantially in academic research at both a fundamental and a translational level. This has included funding research into mechanisms of action, new or improved treatments, the search for predictors, and the use of data models.

To build on these investments and further increase the benefits, value and impact of research for patients, ReumaNederland now wishes to encourage researchers to adopt a stronger practice-based (clinical) focus in the research proposal. In other words, the aim is to move from the laboratory to routine clinical practice. This call therefore emphasises the further development and validation of strategies, methodologies and tools in which effectiveness, quality, feasibility, scalability and implementability all play a role.

The aim is practical application, with a concrete and achievable impact for every patient, so that more people can experience the benefits of sustained remission.

This document sets out the conditions, instructions and assessment procedure for participation in the Thematic Call for Research Proposals 2026 within ReumaNederland's FOCUS programme.

Chapters 2 and 3 describe the background to the call, its objectives, the conditions and the procedure for the submission and assessment of applications. This information will support applicants in preparing and submitting a pre-application and a full proposal. Chapters 4 and 5 explain the assessment procedure and funding decision-making process.

The appendices contain practical guidance on completing the application forms, guidance on involving patient partners, an explanation of societal impact with supporting references, and information on the grant obligations.

2. Objective of the call

2.1 Background

ReumaNederland has been committed to combating rheumatic conditions for 100 years. Despite major scientific advances, the impact of rheumatic disease on people's daily lives remains considerable.

Together with its stakeholders, ReumaNederland has formulated two ambitions that provide direction for its collaboration and funding policy:

1. To make rheumatic diseases reversible rather than lifelong chronic conditions;
2. To realise precision (personalised) medicine for people with rheumatic disease, with a focus on prevention, prediction, personalisation and participation.

These ambitions have been elaborated into themes described in the 2022–2026 collaboration and funding policy. These policy documents form an integral part of the present document for the FOCUS programme. If provisions in this document differ from the Collaboration and Funding Policy, the policy shall prevail. More information can be found at: https://reumanederland.nl/voor-onderzoekers.

2.2 Thematic Call 2026 – From research to practice: a next step in diagnostics and personalised treatment for inflammatory rheumatic diseases

Over recent decades, effective treatments have been developed for rheumatoid arthritis and related inflammatory rheumatic conditions. Nevertheless, a substantial proportion of people still do not achieve stable remission, or do not experience it as such in daily life.

Inflammatory rheumatic diseases are heterogeneous and vary considerably in their course and response to treatment. This calls for personalised treatment: the right treatment for the right patient at the right time. This goes beyond diagnosis, classification, disease activity and guidelines alone; factors such as comorbidity, concomitant medication, patient preferences and personal goals must also be taken into account in treatment decisions.

(Inter)national guidelines* emphasise treat-to-target strategies, in which remission (or low disease activity) is the goal and treatment is adjusted systematically on the basis of a shared evaluation of outcomes. In daily practice, however, implementation in routine care still lags behind the available scientific evidence, and patients are not sufficiently involved in developing a personalised treatment strategy that they themselves support. People with rheumatic disease still often experience their treatment as the implementation of a protocol, with limited room for personal circumstances, preferences and goals. Patients do not always feel well informed, and their preferences and values are not taken into account in a structured way.

* - EULAR recommendations for the management of rheumatoid arthritis with synthetic and biologic disease-modifying antirheumatic drugs: 2025 update - Annals of the Rheumatic Diseases;
- 2021 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis;
- https://www.farmacotherapeutischkompas.nl/bladeren/indicatieteksten/reumatoide_artritis.

At the same time, care is delivered within the possibilities and constraints of the Dutch healthcare system. The organisation and financing of healthcare partly determine which treatment options are available and the extent to which monitoring, multidisciplinary collaboration, and the inclusion of preferences and risk profiles are feasible. It is therefore essential that new insights and interventions are not only effective in a research setting, but are also feasible, scalable and sustainably implementable in mainstream practice, including beyond a small number of frontrunners and/or academic centres.

Achieving tailored treatment requires coordinated developments on several fronts. This includes, among other things, optimising diagnostics and diagnostic processes; the further development and implementation of treat-to-target strategies, prediction models and other forms of patient-specific, data-driven support; and strengthening decision support and shared decision-making, self-monitoring and evaluation based on patient-reported outcomes.

It also includes improving organisation and collaboration within the care pathway, including monitoring of the system as a whole. Transparency of outcome data for patients themselves and, through data anonymisation, for others, supports continuous improvement and informed decision-making. The challenge lies in conducting research and translating the knowledge into applicable, genuinely used tools, treatment strategies, care processes and care pathways.

To make progress on these challenges, ReumaNederland is launching a thematic call within the FOCUS programme in 2026.

2.3 Objective of the call

With this call, ReumaNederland aims to stimulate research that contributes to the **implementation and upscaling, in other words the practice-based application**, of rapid and adequate diagnostics and clinically proven effective or more effective interventions, treatment strategies and tools. This should be achieved by generating insight into implementation-related challenges such as quality, feasibility, affordability, scalability, and sustainable implementation. The goal is for these applications to demonstrably improve the prospects of remission for people with inflammatory rheumatic diseases in routine clinical practice.

Research proposals should therefore focus on:

Generating insight into the implementation-related challenges described above through the further development, substantiation and practical application of methodologies and processes for rapid, effective and cost-efficient diagnostics in primary and secondary care. The same applies to further development and practical application of effective and efficient treatment strategies.

2.4 Conditions and guiding principles

All proposals must:

- Focus on inflammatory rheumatic diseases, including rare and difficult-to-treat forms. ReumaNederland funds research into Juvenile Idiopathic Arthritis

through a different route and therefore excludes research into Juvenile Idiopathic Arthritis from the current FOCUS 2026 call;
- Be feasible and scalable, and therefore demonstrate a clear future implementation strategy;
- Fit within practice-based (clinical) research or projects, in which concrete steps towards application in Dutch healthcare practice are taken within the project period;
- Aim to improve care and build on current state-of-the-art knowledge;
- Include an established form of (inter)national collaboration for co-creation, knowledge exchange and a broader perspective;
- Demonstrate attention to inclusivity, diversity and representativeness.

2.5 Available budget

For this thematic call, ReumaNederland is making a total of €1.2 million available. For each fully developed (scientific) research proposal, a maximum grant of €400,000 may be requested for a period of up to four years. ReumaNederland would like to emphasise that (practice-oriented) proposals with a shorter duration or short postdoctoral programmes are also explicitly welcome.

2.6 Submission and deadlines

- **Pre-application:** The deadline for submitting a **pre-application is 16 October 2026 at 12 noon**. Pre-applications received after this deadline will not be considered. Pre-applications may be submitted by email (research@reumanederland.nl) from 16 September 2026, stating "*Pre-application Thematic Call 2026*".
- **Full proposal:** In **December 2026**, selected applicants will receive an invitation to submit a full proposal.
  The deadline for submission is **11 March 2027** at noon. Applications submitted after this time will not be considered. Full proposals must be submitted via www.reumaresearch.nl.
- **Decision-making: Mid July 2027**, it will be announced in writing which applications are eligible for funding.

2.7 Contact details

A FAQ is available on ReumaNederland's website (For researchers | ReumaNederland) under the 'Researchers' tab. If you have any further questions, please contact us by email at research@reumanederland.nl.

3. Conditions for the pre-application and the full proposal

This chapter describes the conditions for both the pre-application and the fully developed (scientific) research proposal.

3.1 General conditions

- Please take account of the general conditions and requirements set out in Chapter 3;
- Use the template forms provided by ReumaNederland for this call. For specifications, see Appendix 1. The forms are available at: https://reumanederland.nl/voor-onderzoekers/subsidiemogelijkheden-formulieren-procedure;

3.1.1 Applicant

- The lead applicant must hold at least a PhD degree or an equivalent qualification, evidenced for example by a tenure-track position or at least five years' professional experience;
- The lead applicant must participate in the project;
- The lead applicant must demonstrate affinity with the rheumatology field and be affiliated with a Dutch research/education organisation as defined in the NWO Grant Rules 2024: https://www.nwo.nl/nwo-subsidieregeling;
- A lead applicant may submit a maximum of one application within this Thematic Call 2026. There is no limit on collaboration partners, and the lead applicant may participate in multiple applications as part of a collaboration;
- A previously rejected research proposal may be resubmitted once, provided that it meets the conditions of this call and that the comments from the previous assessment round have demonstrably been incorporated;
- Double funding of activities is not permitted.

3.1.2 Content requirements

- The research idea aligns with at least one of ReumaNederland's ambitions (see Section 2.1);
- The idea fits within the objective of the call and meets the conditions described in Chapter 2;
- The research should be patient-centred. The direct benefit to patients and the way in which patients are involved in the research project must be clearly explained. ReumaNederland expects a participation level of 3 or higher. Describe how this will be achieved. For further explanation, see Appendix 2, which describes the levels of patient involvement;
- In addition to impact on patients, ReumaNederland also asks applicants to consider the intended societal impact (see also Appendix 4). Please specify concrete strategies for the steps to be taken and describe which elements will actually be delivered within the project.
- Applications involving animal research are excluded in this FOCUS call.

3.2 Specifications for submission of the pre-application

- The application must be submitted in English;
- The following documents must be submitted **in PDF** (using the available templates):
    - Pre-application form *Thematic Call 2026*

    - English-language Curriculum Vitae;
    - Additional appendices or any surplus words above the permitted word count will not be taken into account in the assessment;
- The pre-application must be submitted by email via research@reumanederland.nl, stating "*Pre-application Thematic Call 2026*", within the specified deadline.

3.3 Specifications for the full proposal

A full proposal **may only be submitted following an invitation from ReumaNederland, on the basis of the assessment of the pre-application**.

3.3.1 Additions to the general conditions (Section 3.1)

- The application must define concrete, relevant and feasible milestones that can be achieved within the project period, together with a description of how these milestones will be achieved;
- The description of the intended patient and societal impact should clarify which knowledge and which collaboration are needed. Explanation and inspiration can be found at: NWO Impact - An Impact Outlook for your research. The application must specify where attention and time will be devoted to delivering patient and societal impact and at what stage this will take place in the project. See Appendix 4 for the schematic pathways used by NWO;
- Collaboration is indispensable in order to achieve impact and is therefore an important part of the project. Collaboration may be:
    - interdisciplinary (between disciplines);
    - transdisciplinary (between science and society, for example with private or societal organisations);

  The collaboration must be supported by a letter of commitment from the collaborating parties, including a description of the substance of the collaboration;
- The research should be patient-centred and include meaningful patient involvement. The direct benefit to patients must be clearly described, as must the planned patient involvement activities within the project. ReumaNederland expects a patient involvement level of 3 or higher. For further explanation, see Appendix 2;
    - At least two patient partners must be part of the research team;
    - The contribution of patient partners (who are not affiliated with ReumaNederland) to the development of the research and the implementation of the project plans must be supported by a Letter of Commitment.
- ReumaNederland considers inclusive activities as important. Where applicable, the application should address this in the description of the research. This may include, for example, gender balance or the involvement of people who are usually difficult to reach and who are often, unintentionally, excluded from research. Diversity and inclusivity are achieved by involving people from specific ethnic, cultural, or socio-economic backgrounds. This also improves the representativeness of the research. Guidance and advice can be found at: Inclusief onderzoek - Pharos.

3.4 Budget

Below is an explanation of the general and specific budget items that you should take into account when preparing the budget for your fully developed (scientific) research proposal.

3.4.1 General budget information

- A grant may be requested for a maximum of four years, up to a total amount of €400,000 for the entire project (including surcharges and VAT).
- Where applicable, a full proposal must indicate the source of any additional project funding or contribution ("in cash/in kind"). In that case, the applicant must attach a letter of commitment from that party. This declaration guarantees the contribution referred to in the application. The amount of the contribution must be stated explicitly in the letter.
- The applicant's salary may form part of the budget. Its extent must be proportionate to the activities described by the applicant in the proposal.

3.4.2 Specific budget items

A specification of ReumaNederland's maximum reimbursements per cost item is set out below.

Salaries (A)

ReumaNederland follows the salary tables as published on the NWO website: Agreement on funding scientific research 2008 | NWO. ReumaNederland works on the basis of gross salary and the costs of social security contributions, applying scale 10-4 for junior academic staff and scale 11-2 for senior academic staff (NU/UNL). Non-academic staff are classified in scale 7-5. PhD candidates, clinician-researchers and postdoctoral researchers are classified in the scale customarily used for those positions. ReumaNederland is not bound, in providing funding, by employment contracts, collective labour agreements or similar arrangements.

Directly attributable additional costs ('accountable extras')

For staff appointed to the project, a surcharge percentage for directly attributable additional costs may be included **up to a maximum of 16% of the gross salary** (**including social security contributions**). This percentage is determined by ReumaNederland itself and is not tied to the so-called VSNU agreement.

Directly attributable additional costs are understood to include:

- Training costs and other allowance schemes
- Travel-to-work allowances
- Copying, presentation and publication costs
- Recruitment costs
- Relocation costs
- Contribution to indirect personnel costs, such as sickness risk costs
- Office furnishings
- Secretarial support
- Costs of attending conferences
- Costs of open access publications, data management or open data repositories

Research institutions may include this 16% in the budget of the project application without further specification.

General costs such as secretarial support may not be entered separately; these fall under the directly attributable additional costs (16%) included under (A) Salaries.

The items listed above may not be included elsewhere in the budget. Only where certain costs, such as telephone, postage, copying or printing costs, form a significant part of the research costs may they be budgeted separately under "other costs", provided that this is justified.

Materials costs (B)
A maximum of €15,000 per year may be included in the budget for materials costs. Higher costs may be included, provided that they are justified, as long as the maximum permitted requested funding per research year and for the total budget is not exceeded.

Animal research specification (C)
Research involving animals is excluded in this call.

Equipment (max. 50% reimbursement) (D)
Scientific equipment may only be included in the budget in the first research year. An appropriate depreciation percentage must be taken into account, and a maximum of 50% of the purchase costs will be reimbursed. Reimbursement will be made after submission of the invoice, taking depreciation into account.

Investments that are considered standard for the applying institution are not eligible for funding by ReumaNederland (for example: computers, laptops, refrigerators, centrifuges).

Other costs and investments (E)
Under other costs, costs may be included that fall outside (A) Salaries, (B) Materials costs and (D) Equipment. This may include, for example, costs for imaging, patient participation, or other costs specific to the project.

For the involvement of patient partners, it is important to note that reimbursement should be proportionate to the contribution provided. High-quality input from the patient and client perspective requires more resources than a basic contribution of experiential knowledge. For high-quality input, an hourly rate may be applied. For more basic contributions, attendance fees and reimbursement of travel expenses may, for example, be sufficient (see INVOLV guidance on compensation for patient representatives). It is important to realise that volunteer reimbursement is tax-free up to a certain level and also has no consequences for benefits up to a certain level (Vrijwilligersvergoedingen | Belastingdienst). ReumaNederland considers it important that a realistic commitment to experiential expertise is included in the budget and that this can be used for various methods of patient participation, such as patient panels, sounding-board groups, patient research partners and informal meetings.

3.4.3 Further specifications for the submission of the fully developed proposal

- Use the specific template forms available via www.reumanederland.nl → *Research* → *For researchers*;
- Documents to be submitted (use the available templates)

    - **English-language application form** (PDF, maximum file size 9 MB)
    - **Dutch-language application form** (PDF)
    - **Online budget**
    - **Letter of commitment from collaborating party/parties** (PDF)
    - **Letter of commitment from expert(s) by experience** (PDF)
    - **Co-funding declaration from the co-funding party/parties** (PDF), if applicable;
- Additional appendices will not be considered; nor may the maximum number of words per section be exceeded;
- ReumaNederland wishes to prevent double funding. The application may not be submitted elsewhere for funding at the same time;
- Submission takes place via www.reumaresearch.nl within the specified deadline.

4. Assessment of pre-applications and full proposals

In assessing applications, ReumaNederland is advised by the Scientific Advisory Board (WAR) and the Committee of Experts by Experience (EDC). Both the WAR and the EDC are organisationally supported by ReumaNederland's office.

The assessment consists of several stages. The approach differs between pre-applications and fully developed (scientific) research proposals.

4.1 Assessment of pre-applications

4.1.1 Stage 1: Check against the conditions

ReumaNederland checks whether the pre-application meets the submission conditions (see Chapter 3). Only proposals that meet the conditions proceed to substantive assessment.

4.1.2 Stage 2: Assessment by the WAR and EDC

WAR

The Chair of the WAR and three WAR members, with organisational support from ReumaNederland's office, assess the pre-applications against three components:

1. Key output and Curriculum Vitae of the applicant
2. Quality of the research proposal
3. Relevance of the research idea within the call and ReumaNederland's ambitions

They score using the following scale: 1 (Excellent), 2 (Very good), 3 (Good), 4 (Average) or 5 (Insufficient). Each component has a weighting factor of 1/3. The average score across the three individual components forms the total WAR score.

EDC

The Chair of the EDC and three EDC members, with organisational support from ReumaNederland's office, assess the pre-applications against:

1. Relevance for the patient
2. Quality of the participation of patient partners
3. Relevance of the research idea to the call and ReumaNederland's ambitions

They, as well, score using the following scale: 1 (Excellent), 2 (Very good), 3 (Good), 4 (Average) or 5 (Insufficient). The average score across the components constitutes the final total score.

During a joint meeting, attended by a delegation from the WAR and EDC, the pre-applications are discussed and average total scores are established. Only pre-applications that achieve at least the minimum scores stated below on the components listed below are eligible for development into a fully developed (scientific) research proposal:

- Key output and the applicant's scientific or practice-based profile (WAR: score 1 or 2)
- Quality of the research proposal (WAR: score 1, 2 or 3)
- Relevance for the patient (EDC: score 1 or 2)
- Quality of the participation of patient partners (EDC: score 1 or 2)

- Relevance to the call and ReumaNederland's ambitions (WAR and EDC: score 1, 2 or 3)

Among the pre-applications that meet these minimum quality requirements, those with the highest total scores are selected for an invitation to submit a full proposal.

4.2 Assessment of full proposals

4.2.1 Stage 1: Check against the conditions

ReumaNederland checks whether the submitted proposals meet the submission requirements of the call (Chapter 3).

4.2.2 Stage 2: Assessment by the WAR and the EDC

WAR

- ReumaNederland seeks to obtain an independent review of the full proposals.
- Three WAR members are selected to carry out the assessment; their expertise must be demonstrable and conflicts of interest must be excluded in accordance with the definition set out below*.
- They receive the Dutch-language and English-language application, including appendices and budget, the Letters of Commitment, and a ReumaNederland assessment form including an explanation of the scores.
- The WAR members assess the application for quality and relevance and assign an overall score to the proposal on a scale of 1 (Excellent), 2 (Very good), 3 (Good), 4 (Average) or 5 (Insufficient).
- For the assessment, the members use an assessment form established by ReumaNederland (through AIMS) in which the scores are defined.
- The aim is for each proposal to receive at least three assessment reports.

**Definition of conflict of interest: a conflict of interest is understood to mean any involvement that may affect the independence of the assessment, such as being a co-applicant, (part-)project leadership, involvement in drafting the application, a financial interest, or other personal or business relationships.*

EDC

- At least three EDC members assess the application for relevance to the target group and society, burden and risk for participants, and the quality of the patient participation.
- They receive the Dutch-language and English-language application, the Letters of Commitment from the patient partners involved, and a ReumaNederland assessment form including an explanation of the scores.
- For the assessment, the EDC members use an assessment form established by ReumaNederland in which the scores are defined.
- EDC members may ask questions or seek clarification from the applicant during the clarification round.

Rebuttal

The relevant questions and comments from the EDC and WAR assessment reports are shared with the applicant in anonymised form through AIMS. The applicant is subsequently given the opportunity to respond in writing.

Response to scientific reviews and EDC questions

The applicant incorporates responses to the scientific review reports and EDC questions in the designated rebuttal/question-and-answer forms provided by ReumaNederland. These forms must be uploaded as PDF documents via the AIMS portal (www.reumaresearch.nl). In the event of technical difficulties, the forms may be submitted by email to research@reumanederland.nl.

The applicant's written responses are submitted to the relevant committees together with the original assessment reports.

4.2.3 Stage 3: Assessment by the WAR and EDC after rebuttal

WAR

- Where applicable, the WAR members carrying out the assessment revise their original findings on the basis of the rebuttal.
- They assess the quality and consistency of the rebuttal and again assign an overall score (1–5). For this assessment, a format established by ReumaNederland is available, including the definitions of the scores.
- At the WAR meeting, all research proposals, including the rebuttal, are presented to and discussed by all members.

EDC

- Where applicable, the three assessing EDC members revise their original scores on the basis of the rebuttal.
- The EDC members assign an overall score to the proposal on a scale of 1 (Highly relevant), 2 (Highly relevant subject to conditions), 3 (Relevant), 4 (Relevant subject to conditions), 5 (Less / not relevant).
- After that, all research proposals, including the rebuttal, are presented to all committee members at the EDC meeting.

4.2.4 Stage 4: Final assessment meeting of fully developed proposals by the WAR and EDC

The WAR assesses proposals on scientific quality, societal relevance and impact, feasibility, budget, and the quality of the rebuttal. The EDC assesses proposals on relevance to patients and society, burden and risks for study participants, the quality of patient involvement, and the quality of the rebuttal.

Each committee member without a conflict of interest assigns an anonymous final score: in the WAR from 1 (Excellent) to 5 (Insufficient), and in the EDC from 1 (Highly relevant) to 5 (Less or not relevant). An average score is then calculated for each proposal.

4.3 Summary of assessment stages for pre-applications and full proposals

Pre-applications

1. Check against submission conditions (ReumaNederland)
2. Assessment by WAR and EDC
   → Outcome: invitation to submit a full proposal

Fully developed proposals

1. Check against conditions (ReumaNederland)

2. Assessment by WAR and EDC
   → Applicant rebuttal
3. Assessment of the rebuttal by WAR and EDC
4. Final assessment during WAR and EDC meetings
   → Outcome: funding recommendation

Pre-applications	
Stage 1: Check against submission conditions (ReumaNederland) ➔ *outcome: meets conditions / does not meet conditions*	*Stage 2: Assessment by WAR and EDC* ➔ *outcome: invitation or no invitation to submit a full proposal*

Fully developed proposals			
Stage 1: Check against conditions (ReumaNederland*)* ➔ *outcome: meets conditions / does not meet conditions*	*Stage 2: Assessment by WAR and EDC* ➔ *outcome: rebuttal*	*Stage 3: Assessment of the rebuttal by WAR and EDC* ➔ *outcome: provisional scores*	*Stage 4: Final assessment during WAR and EDC meetings* ➔ *outcome: final scores and funding recommendation* ➔

5. Funding decision

After the WAR and the EDC have met, and once the research proposals have been given an average score by both committees and a recommendation has been made, ReumaNederland proceeds to award or reject the submitted proposals. This is done using a priority matrix, in which the average WAR and EDC scores are plotted against each other (see Figure 1: Priority matrix).

Average assessment by the Scientific Advisory Board		Average assessment by the Committee of Experts by Experience				
		Relevance, burden, risks and patient participation				
		Highly relevant 1.0-1.4	Highly relevant under certain conditions 1.5 – 2.5	Relevant 2.6 – 3.0	Relevant under certain conditions 3.1 – 4.0	Less / not relevant 4.1 - 5.0
Quality and priority	Excellent 1.0 - 1.4	1	2	4		
	Very good 1,5 - 2.5	2	3	5		
	Good 2.6 - 3.0	4	5	6		
	Average 3.1 - 4.0					
	Insufficient 4.1 -5.0					

Figure 1: Priority matrix

Proposals that may be considered for funding fall within the green area: the nine boxes numbered 1 to 6. These numbers indicate the order of priority for funding. This means that proposals in box 1 have the highest priority for funding, while proposals in box 6 have the lowest priority for funding. Whether a full proposal is ultimately funded depends not only on its position in the matrix, but also on the available budget for the relevant grant round. Applications that fall outside the green area are not eligible for funding.

Meaning of a box
What does a box mean, for example box 1? Box 1 means that the proposal has an average WAR score and an average EDC score in the range 1.0 to 1.4.

Prioritisation within a box or boxes with the same number
Within a box, for example box 1, the research proposal with the lowest combined average WAR–EDC score is funded first, followed by the project with the second-lowest combined average WAR–EDC score, and so on. The combined average WAR–EDC score means the average WAR score and the average EDC score added together and divided by two.

Research proposals that fall within the green funding area but are not funded may be resubmitted in an appropriate grant round, provided that the comments of the WAR and the EDC are incorporated. A project application may be resubmitted once.

Final decision

The Executive Board of ReumaNederland ultimately decides on the funding of the fully developed (scientific) research proposals.

Award / rejection

You will be notified by ReumaNederland whether your fully developed (scientific) research proposal has been awarded or rejected.

In the event of award

In the event of an award, you will receive a confirmation letter from the Executive Board of ReumaNederland referring to the generally applicable grant conditions (see Appendix 5) and the conditions specifically applicable to your research. You will also receive the research funding contract and a copy of the budget to be awarded for signature, after which funding of the research can commence.

ReumaNederland guarantees only the amount awarded to you. Additional costs or cost increases, including those resulting from delays to the start of the project (for example because vacancies cannot be filled in time), may not be charged to ReumaNederland. Funding is granted on an annual basis.

ReumaNederland intends to continue making specific funds available to cover awarded grants. Formal award is, however, subject to the availability of funds and to the assessed progress of the project.

If your research proposal is awarded funding, it will be assigned a **project number**. You are requested to **state this number in all your correspondence**. Correspondence and claims without this project number will not be processed.

Objections procedure

No objection may be lodged against the decision of the Executive Board, which is based on the advice of the WAR and the EDC.

Appendix 1. Guidance on the application forms

Complete the entire form in the language indicated on the form. Use the font **Verdana, 10 pt with single line spacing**. Please also include the requested summary.

The maximum length per item must not be exceeded, and every item must be completed. If certain items are not applicable, this must be stated explicitly, including an explanation of why they are not applicable.

For each section of the application forms, specific guidance is provided on what you must describe or complete.

The application forms and accompanying guidance for this call can be found here: Financieringsmogelijkheden, formulieren & procedures | ReumaNederland.

Appendix 2. Guidance on the Involvement of Patient Partners / Experts by Experience

This guidance explains what patient reviewers consider important when assessing research proposals.

Patients and/or patient organisations should be meaningfully involved in the design and conduct of the proposed research. Through the questions in the application form, ReumaNederland aims to gain insight into how researchers involve patients throughout the different phases of the research process.

Funding for meaningful patient involvement activities must be included in the project budget. Please refer to chapter 3.4.2. *Specific Budget Items*, for further details.

Research phases

To describe patient involvement throughout the research process, the following phases are distinguished:

	Phase	**Examples**
1	Preparation	Identifying research topics, setting priorities, developing research questions and preparing the study
2	Study Design and Proposal Development	Developing the research proposal, reviewing the study design
3	Study Conduct	Monitoring study progress (e.g. participation in a steering committee), moderating focus group discussions
4	Analysis and Interpretation	Interpreting findings from a patient perspective
5	Dissemination and Implementation	Evaluating the study, disseminating results (e.g. through presentations or social media channels of patient organisations), supporting implementation of findings, advising on future research

Levels of Patient Involvement

Applicants are asked to indicate the level of patient involvement in each research phase. The framework below describes increasing levels of patient involvement, reflecting the different roles that patients and patient organisations may have in research. The scale ranges from Level 0 (no involvement) to Level 6 (patient-led research).

	Level of patient involvement	**Description**

0	No involvement	No patients (or patient organisations) are involved in the planned research.
1	Research Participant	Patients participate in the research as study participants. Their role in the research process is passive.
2	Information Provider	Patients and/or patient organisations provide information, either on request or on their own initiative. While this does not generate scientific evidence, it provides valuable insights that can inform the development and conduct of the research. Patients have a passive role; researchers set the agenda and make decisions.
3	Advisor	Researchers actively seek views of patients and/or patient organisations. Patients are actively involved and play a meaningful role in shaping the research by identifying issues and proposing solutions. However, researchers retain final decision-making authority and may choose not to adopt patient recommendations, provided they justify their decisions.
4	Reviewer	Patients and/or patient organisations act as reviewers or referees, contribute to the assessment of research proposals or grant applications, or provide feedback during the development of research proposals prior to submission to ReumaNederland.
5	Research partner	Researchers and patients act as equal partners in the research process. Patients and/or patient organisations are involved in shared decision-making and collaborate throughout the study.
6	Patient-Led Research	Patients and/or patient organisations determine the research agenda and direct the research process. Researchers support and carry out the work. Full control and decision-making authority rests with patients and/or patient organisations.

In the application form, indicate for each research phase (1–5) the corresponding level of patient involvement (0–6). A participation score must be provided for every phase. If no patient involvement is planned for a particular phase, a score of 0 should be assigned. For research phases 3–5, please provide the expected level of involvement.

After completing the table, applicants should describe how patients and/or patient organisations are involved in each phase of the research. Examples of patient involvement methods include patient panels, advisory groups, Patient Research Partners (PRPs), co-design workshops, social media engagement, and formal or informal consultation meetings.

Please also explain whether, and if so how, input from patients and/or patient organisations influenced the study design and work plan compared with the original research concept.

PICO for clinical research

For clinical research, the PICO framework can help to formulate a clear and understandable research question. An example of the use of PICO is provided below.

PICO stands for:

Patient/ **P**opulation: Characteristics of the patient or patient group.
Intervention: The intervention or treatment you want to investigate.
Comparator: The treatment, intervention or test against which the intervention is compared.
Outcome: The outcome(s) of interest.

Example:

We reviewed the literature on the effect of sign language in children with hearing loss who also have a language development disorder. For this research, the following question was formulated:

'Do children with hearing loss develop better spoken language skills when they are exposed to early interventions such as sign language, compared with children who are not offered sign language?'

This question can be structured using PICO as follows:
P – Children with hearing loss
I – Early intervention using sign language
C – Children not receiving early sign language intervention
O – Development of spoken language

Appendix 3. Tips and tricks

- Choose a clear and engaging title. For example: "Rheumatoid arthritis and immune responses: a disruptive relationship".
- Keep sentences short and easy to understand. Aim for an average sentence length of 10–15 words.
- Use plain language and familiar examples wherever possible.
- Avoid abbreviations. If abbreviations are necessary, explain them the first time they are used.
- Ask someone without a scientific background to read the public-facing version and check whether it is clear and understandable.

Use active sentences

☒ *Participants will be recruited in 2027.*

☑ *We will recruit participants in 2027.*

Use plain language

☒ *We anticipate… retention of participants…*

☑ *We take into account… participants' continued involvement…*

Use active verbs instead of abstract nouns

☒ *The editor's goal is to achieve improvement of the website.*

☑ *The editor works to improve the website.*

Keep sentence structures simple

☒ *Many people find the website easy to read because of the clear texts.*

☑ *Many people find the website easy to read because the texts are clear.*

Avoid unnecessary scientific and medical jargon

☒ *E. coli, correlation, statistically significant, Amyloid-Beta-42*

☑ *Gut bacterium, link, unlikely to be due chance, protein*

Use person-centred language where appropriate

☒ *Patients with dementia*

☑ *People with dementia*

Remove as many 'can', 'would' and 'should' constructions as possible

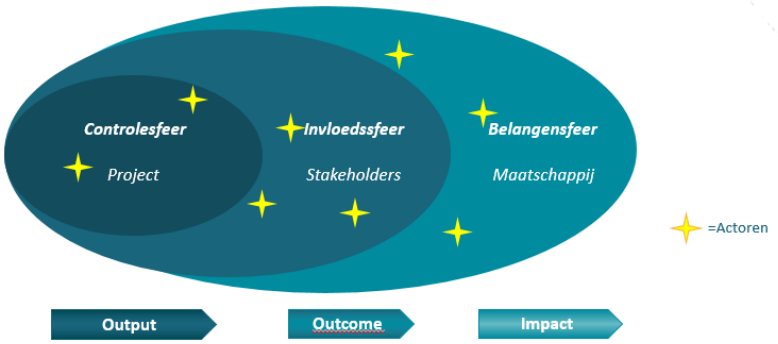
☒ *You can register here, after which we will contact you shortly.*

☑ *Register here and we will contact you shortly.*

Appendix 4. Societal impact

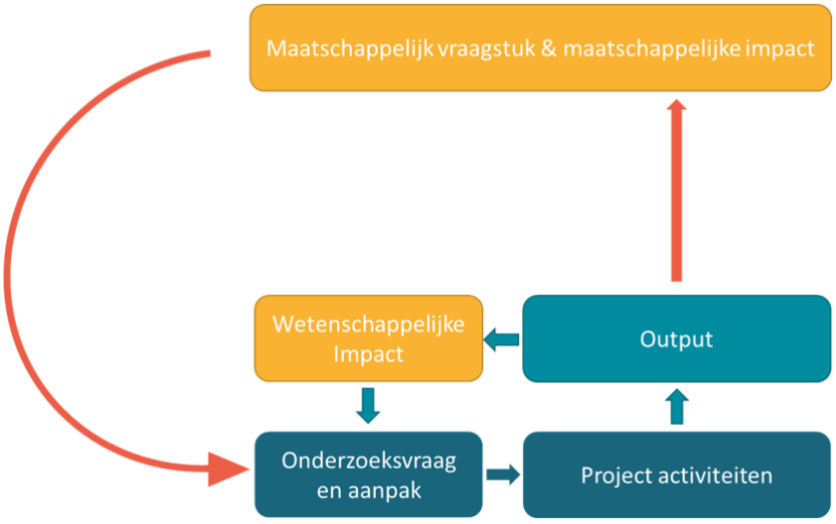
According to NWO, the definition of societal impact is: '*Cultural, economic, industrial, ecological or social* ***changes*** *that are (partly) the* ***result*** *of* ***knowledge*** *and* ***expertise*** *generated through research*'.

To achieve societal impact, NWO distinguishes between outputs, outcomes and impact. The pathway from research activities to societal impact is illustrated in the framework below (source: NWO Impact - An Impact Outlook for your research).



*Een lange, **iteratieve** weg van kennis naar maatschappelijke impact*

By mapping the different interactions and steps involved, a more concrete understanding of societal impact can be developed.



Appendix 5. Grant obligations

This appendix chapter explains various grant obligations that apply after a research proposal has been awarded funding. These relate to claims, correspondence, interim and final reporting, publicity, intellectual property and open access. Following award, the project leader will be informed of these obligations.

Claims

When submitting an application for research funding, a contact person, together with contact details, from the financial administration of the research institution must be provided to ReumaNederland.

If research funding is awarded, Claims must be submitted within three months after the costs have been incurred, and the project number must always be stated on the invoice.

When claiming costs, only those costs included in the budget agreed when the project was awarded will be reimbursed. Copies of salary statements must be enclosed with claims for staff costs. In the case of the purchase of equipment or consumables, copies of the invoices must be enclosed.

Reimbursements to the participating international research group are channelled through the research organisation where the project leader is employed.

Transfer of unused funding to the next funding period, or from one sub-budget to another, is permitted only with ReumaNederland's consent. A reasoned request for this must be submitted **in good time and in writing**.

The final 10% of the budget (with a minimum of €5,000) may only be claimed after the final report has been submitted. Claims for the final quarter will be paid only after the final report has been submitted.

Claims may be submitted up to six weeks after receipt of the final report. After that, no further reimbursement may be claimed.

Correspondence

In all correspondence, you must always state the relevant project number. Correspondence that does not include this number will not be processed.

For changes of any kind, you must always contact ReumaNederland's Patient, Impact & Research team in writing at: research@reumanederland.nl, stating the project number.

In the event of publication and other forms of presentation of research data, ReumaNederland would like to be acknowledged as the funder under the name "ReumaNederland" or "Dutch Arthritis Society". You can download the logo from reumanederland.nl, under the 'Research' section and then 'For researchers'.

Interim and final reporting
Interim report
If the duration of the research exceeds one year, funding is awarded for each calendar year (or part of a calendar year). To obtain funding for the following calendar year of the research period, an interim report must be submitted.

The interim report must state:

- the current status of the research;
- which results have already been achieved;
- which publications (or other outputs) are in preparation or have appeared (both in scientific/professional journals and in the general media).

Any deviations from the initial research plan in terms of timing, design or the inclusion of animal subjects/human participants must also be reported. In the report, the researcher must also address the current status regarding societal impact and/or the possibilities for implementation of research results and/or possible commercial exploitation ('technology transfer') in collaboration with industry, as well as the current status in relation to the questions set out for this purpose in the form.

All publications arising from the research up to that point must be enclosed with the interim report. Any other facts and circumstances that may be relevant to the assessment of whether funding should continue must also be stated in the interim report.

ReumaNederland is responsible for assessing the progress reports. If progress is insufficient, funding will not be continued. Insufficient progress means that the interim objectives described in the research proposal, in relation to the duration of the research, have not been achieved. The decision on continuation of funding is taken by the Executive Board of ReumaNederland before the start of the following calendar year.

Final report

Within three months after completion of the research, a report on the research results must be submitted to ReumaNederland. The final report must include (digital) copies of all publications and a list of publications still expected. The applicant writes this evaluation at the invitation of ReumaNederland.

In the final report, the researcher must mention the publications and/or other outputs that have appeared, but must also address the steps taken towards societal impact and/or the possibilities for implementation of research results and/or commercial exploitation ("technology transfer") in collaboration with industry.

The final assessment of the final report focuses in particular on whether the objectives set out in the research proposal have been achieved, and on any future prospects and implementation of the results in the broadest sense. Where this is considered relevant, the Executive Board of ReumaNederland may commission further investigation into the possible use of the results and possible implementation steps and/or the (commercial) exploitation of the results.

Publicity
Non-scientific publicity

The Project Leader is the regular contact person for communication between the Research Institution and ReumaNederland and is also, together with the Research Institution's press office, the point of contact for ReumaNederland for all publicity matters relating to the research.

ReumaNederland reserves the right, in consultation with the Research Institution, to generate publicity relating to the research it has funded. The Project Leader and the Research Institution's press office will be informed of this in good time.

With a view to fundraising and public accountability for the spending of those funds, the Research Institution shall, upon request, cooperate with ReumaNederland's activities aimed at fundraising, information provision and publicity. These activities are not limited to ReumaNederland press conferences and publications, but also include activities at the Research Institution itself and other actions designated by ReumaNederland for this purpose.

Communication by the Research Institution (or its press office) about the results of the research in non-scientific media takes place in consultation with ReumaNederland. If the researcher(s) are approached by the print media, radio or television for interviews, ReumaNederland must be informed immediately. Advice or support on this may be requested from ReumaNederland. The researcher(s) must inform the media concerned that the research is (co-)funded by ReumaNederland.

ReumaNederland must be informed by the Research Institution's press office at least 48 hours in advance of any form of publication related to the research in non-scientific media. The draft press release must be submitted to ReumaNederland.

The Research Institution or third parties engaged by it may publish developments and results of research funded by ReumaNederland in newsletters, brochures and other communications. In doing so, it is requested that they state that the research has been made possible by 'ReumaNederland' (in English-language communications: 'Dutch Arthritis Society'). ReumaNederland requests the Research Institution to include ReumaNederland's logo and name on these newsletters, brochures and other communications (and, where appropriate, an explanatory note). ReumaNederland considers it desirable to be informed of this. The logos to be used are made available by ReumaNederland for this purpose.

If a recruitment advertisement is placed in relation to the research for employment at the Research Institution, ReumaNederland's logo may be included. The advertisement may also state that the research is (co-)funded by ReumaNederland.

Scientific publicity

At all presentations about the research, the Research Institution is requested to make clear that the research has been made possible in part by ReumaNederland, for example by including in the presentation a slide with ReumaNederland's logo and the text "This research was made possible in part by a grant from ReumaNederland" or "Supported by a grant from the Dutch Arthritis Society".

ReumaNederland is entitled to use texts, photographic material, illustrations and graphs published in scientific journals (with correct copyright notice), dissertations and other publications relating to research funded by ReumaNederland.

ReumaNederland encourages articles to be published in open access journals or made available through open access routes. so that findings are accessible to a wide audience. When an article reporting the research has been accepted, the Research Institution is requested to state in that article that the research has been made possible in part by 'ReumaNederland' (in English-language journals: 'Dutch Arthritis Society'). The text of the article must be submitted to ReumaNederland as soon as possible by the Research Institution, stating the project number, the title of the journal and the (expected) date of publication.

If a ReumaNederland-funded research project results in a dissertation by a researcher appointed to the project, the Research Institution shall inform ReumaNederland of the date of the defence and shall provide ReumaNederland with a paper copy and a digital copy of the dissertation from the doctoral candidate.

Intellectual property

Intellectual property that arises or is obtained within the framework of the project remains in the hands of the Dutch researchers and/or the Dutch Research Institution, unless otherwise agreed with the project leader and ReumaNederland in the context of international collaboration.

The project leader and the researchers involved are at all times responsible for examining whether the results of the research give rise to a concrete new invention, capable of patenting or another form of protection, that could be valuable for clinical practice and/or industry. If ReumaNederland has reasonable grounds to suspect that this is the case, the Project Leader and the researchers involved shall, at ReumaNederland's first request, make the necessary efforts to pursue this and provide ReumaNederland with all relevant information.

If, within a period of three months after an initial request from ReumaNederland, the Project Leader and the researchers involved do not succeed in turning the results into a concrete invention capable of patenting or another form of protection, the results shall be transferred to ReumaNederland free of charge. ReumaNederland shall use these results solely for non-commercial research, educational purposes and the purposes stated in the application. In the event of transfer to ReumaNederland, any rights of other parties in relation to the results must be respected by ReumaNederland.

If the researchers, the Project Leader, or the Research Institution believe that any knowledge, data, results, or other know-how generated or obtained through the research may be eligible for patent protection or other forms of intellectual property protection (including, but not limited to, copyright and database rights), the Research Institution shall notify ReumaNederland in writing without undue delay.
In such cases, the Research Institution and ReumaNederland will consult on the potential exploitation of these intellectual property rights and the distribution of any resulting revenues. If no agreement can be reached, any revenues generated shall, as a minimum, be used to reimburse ReumaNederland for the grant funding provided for the research.

Where appropriate, ReumaNederland may, subject to conditions to be determined by ReumaNederland, provide active support and/or co-funding for the (pilot) implementation of the resulting innovation in practice.

If the Research Institution fails to comply with the obligation set out in the paragraph above, or if during or after the term of the research it appears that the Research Institution receives income from the exploitation of the know-how and/or intellectual property rights referred to above, which income in ReumaNederland's opinion forms a substantial part of the costs of the research, the Research Institution shall, upon ReumaNederland's first written request, immediately repay in full to ReumaNederland the grant paid by it.

Open Access

Open Science has a major scientific and societal impact. ReumaNederland therefore encourages researchers to make scientific articles and collected data available on an open access basis.

ReumaNederland considers it important that research results are accessible (inter)nationally for knowledge sharing and knowledge utilisation. This ensures that results are available for follow-up work.

The collected data must be made accessible to others in a responsible manner. Other researchers can use existing data to solve a problem or validate their research findings. Open data can therefore lead to more efficient use of research funding. ReumaNederland therefore endorses the principle that data should be FAIR: Findable, Accessible, Interoperable and Reusable.