Call – Knæk Cancer 2027

The Danish Cancer Society allocates up to DKK 53 million for strategic cancer research and development projects

In 2027, there is a particular focus on strengthening the overall cancer effort, from prevention and early detection to living with and beyond cancer and palliative care. This call therefore invites projects addressing cancer prevention, detection, treatment and follow-up, with particular emphasis on early-onset cancer, support for patients and relatives, individualised follow-up after treatment, and strong clinical translational studies with potential for rapid implementation.

Within the first three focus areas, we particularly welcome research and development projects that combine clinical, psychosocial, societal and organisational perspectives and contribute to reducing social inequality in cancer, improving the quality of cancer care pathways and improving everyday life for people affected by cancer. Emphasis is placed on interdisciplinary and cross-sector collaboration to ensure that initiatives benefit patients across Denmark.

Specific rules define what counts as a development project, and you must indicate it as a 'Development project' in the application form. Separate criteria apply. The fourth focus area is solely for research applications.

Read more about the four focus areas and specific requirements below.

Which projects are eligible for funding

Funding is granted to **high-quality projects** lasting 1 to 3 years (4 years for part-time clinicians - see guidelines), with a **clearly defined and relevant purpose** that enhances and strengthens our knowledge of cancer and clinical, psychosocial, preventive or method-improving efforts.

Projects should **ideally involve collaboration from a geographical and interdisciplinary perspective** to benefit patients across Denmark, particularly in clinical trials.

In 2027, the Danish Cancer Society supports research and development projects focusing on the following four Knæk Cancer focus areas

3.1. New strategies for prevention, early detection and timely diagnosis

Denmark continues to have the highest cancer incidence in Europe. Although Denmark has achieved significant advances in cancer treatment, we are struggling to keep pace with the increasing number of cases and persistent social inequalities in incidence and outcomes. The human costs are substantial, as is the pressure on the healthcare system.

Investing in cancer prevention, earlier detection and faster, high-quality diagnosis is among the most effective ways to reduce the burden of cancer on individuals, families and society. To reduce social inequalities in cancer incidence and outcomes, these efforts must be complemented by targeted interventions that address the specific barriers and needs of population groups at greater risk of developing cancer or being diagnosed at a later stage.

In addition, global evidence documents a marked increase in early-onset cancer. Trends in mortality and survival vary by cancer site, suggesting that some early-onset cancers may differ biologically, clinically and aetiologically from cancers diagnosed later in life.

Because cancer is uncommon at younger ages, symptoms may be attributed to more common, benign causes, while adolescents and young adults (AYAs) may also face barriers to accessing and navigating the healthcare system. Together, these factors may delay diagnosis and highlight the need for age-appropriate approaches to symptom assessment, referral and diagnostic work-up.

This focus area invites innovative research and development projects that address the underlying causes of Denmark's high cancer incidence and support interdisciplinary approaches to prevention, early detection and diagnosis, including projects focusing on early-onset cancer in AYAs.

Examples of relevant projects include, but are not limited to

- Innovative, interdisciplinary initiatives in prevention and early detection, including the development and testing of interventions, methods, technologies, policies and health services aimed at preventing cancer and identifying high-risk groups – this may include biomarkers, diagnostic imaging, computational models, apps, data-based testing and testing of preventive services
- Understanding potential exposure to risk factors as well as incentives for and barriers to cancer prevention strategies affecting cancer incidence in Denmark. This includes interdisciplinary analyses of, for example, socioeconomic incentives, labour supply, gains in quality of life, economic savings, cultural and commercial influences, and potential risk factors, such as tobacco, nicotine, alcohol and ultra-processed foods
- Development of targeted prevention and early detection strategies that take into account the social determinants, such as education, income and ethnicity, and inequalities underlying cancer incidence. This may include optimising vaccination and screening coverage, implementing early detection strategies, promoting universal prevention strategies and encouraging health-supporting behavioural changes among high-risk groups
- Investigation and development of methods for the early diagnosis of patients with non-specific cancer symptoms, including research into delayed diagnostic work-up, unwarranted variation in diagnostic quality, false reassurance following negative test results, missed cancer recurrence, and patients whose cancer is first detected in connection with an unplanned acute hospital admission
- Establishment of new strategic, cross-sector and interdisciplinary partnerships and collaborations with relevant stakeholders to promote the development and implementation of cancer prevention, early detection and population-based health strategies. This may involve, for example, educational institutions, workplaces, patient and interest organisations, commercial stakeholders with incentives to promote health, and national or local authorities
- Aetiology and risk-factor profiles for early-onset cancer with focus on AYAs, such as changes in the microbiome, lifestyle and environmental factors, circadian rhythm, and early or cumulative exposures
- Improved detection strategies for people with early-onset cancer, especially AYAs, including earlier assessment of symptoms, risk-based screening and biomarker development
- Prevention, early detection and timely diagnosis of secondary malignancies among AYAs after initial cancer treatment

Both research and development projects are eligible for submission in this focus area.

3.2. Support programmes for patients and relatives

More than 400,000 people are living with or beyond cancer in Denmark, and many rely on relatives as informal caregivers. These relatives are a vital resource for both patients and the healthcare system, but the caregiving role can significantly impact their health, social relationships and working life. Children, adolescents and young adults are particularly vulnerable and may experience increased psychosocial distress and long-term consequences. Despite their importance, only 39 per cent of patients believe that their relatives receive sufficient support (Barometer Survey, 2023), and there is a lack of research specifically addressing the cancer patient relatives' needs and experiences.

At the same time, the care team, including nurses, physicians and other healthcare professionals, plays a central role in providing emotional support to patients and relatives. However, their professional competencies in this area are often based on intuition and experience rather than systematic training. There are significant differences in the ability to provide emotional support across departments and individuals, and factors such as workload and team culture may further affect the quality of support.

This focus area invites research and development projects addressing the needs of patients and relatives as well as the role of the care team in ensuring emotional and practical support.

Examples of relevant projects include, but are not limited to

- Understanding the impact of the caregiver role on relatives' mental and physical health, social relationships and participation in working life and everyday life, including the specific needs of children, adolescents and young adults
- Development, implementation and evaluation of targeted initiatives to support relatives in their role as caregivers throughout the cancer care pathway, from diagnosis and treatment to rehabilitation, palliative care and bereavement
- Investigation of how artificial intelligence (AI) and other emerging technologies can create new opportunities to strengthen support for cancer patients and their relatives
- Investigation of the care team's competencies in providing emotional support at key transition points throughout the cancer care pathway, including the assessment of emotional needs and the impact of factors such as workload, burnout and team culture
- Development, implementation and evaluation of organisational or educational initiatives to strengthen the care team's competencies in providing emotional support

Both research and development projects are eligible for submission in this focus area.

3.3. Individualised follow-up, living with and beyond cancer (survivorship) and palliative care

The number of people living with or beyond cancer in Denmark is increasing, and many experience complications following treatment and a need for ongoing support. The Health Reform (2024) and Cancer Plan V (2025) emphasise the importance of individualised, needs-based follow-up. However, the evidence on how differentiated follow-up can be organised and implemented effectively and equitably across sectors is still limited. Comprehensive data are also lacking on the coverage, content and quality of existing follow-up initiatives and on inequalities in access and outcomes.

For example, adolescents and young adults (AYAs) differ significantly from both children and older adults, and current follow-up models are not always designed to reflect their

stage of life and specific needs. International studies in AYA oncology document increased psychological distress, reduced quality of life and weaker attachment to education and the labour market in the absence of age-specific support.

Another example is palliative care, where knowledge is limited about the coverage, content, quality and integration of existing initiatives, and many patients and relatives experience gaps in support.

The national palliative care framework is expected to be strengthened through new, municipality-based, quality-updated, standardised national referral criteria for specialised palliative care. There is a need to ensure timely and equitable access to both general and specialised palliative care, as well as to improve coordination and continuity across sectors and levels of care.

This focus area therefore invites research and development projects that explore, develop, implement and evaluate new models for individualised follow-up and support for people living with or beyond cancer.

Projects may address physical, psychosocial and practical needs, including late effects, mental health, education and working life, and should contribute to coherent, needs-based follow-up across sectors.

Research and development projects may also contribute knowledge, methods and data that can inform and support the preparation, implementation and subsequent monitoring of newly initiated national initiatives.

Examples of relevant projects include, but are not limited to

- Development and evaluation of differentiated follow-up models, for example using patient-reported information, digital tools, ctDNA or other innovative measurement methods, to tailor follow-up and management of late effects to individual needs
- Mapping and evaluation of the coverage, content, quality and organisation of existing follow-up initiatives, including inequalities in access and outcomes
- Development, implementation and evaluation of intervention programmes and digital solutions addressing psychosocial needs, mental health, and challenges related to education and working life among AYAs during and after treatment
- Generating knowledge about the coverage, content, quality and integration of existing general and specialised palliative care initiatives across sectors
- Development and evaluation of new interdisciplinary and cross-sector palliative care initiatives that strengthen timely access, continuity of care and coordination between general and specialised palliative care
- Development of methods, indicators and data structures that can support the preparation, implementation and subsequent monitoring of quality standards for general palliative care and national referral criteria for specialised palliative care, with particular emphasis on inequality
- Studies of the impact on cancer survivors of the fact that follow-up programmes in some cases have been minimised or completely abolished

Both research and development projects are eligible for submission in this focus area.

3.4. Investigator-initiated clinical translational studies with clear potential for clinical implementation

Investigator-initiated clinical and translational studies offer unique possibilities to gain novel biological insights and advance novel therapeutic and diagnostic approaches to

patients. Academic investigator-initiated trials typically enrol patients at substantially lower costs per patient than industry-sponsored trials. Moreover, these studies can address clinical challenges beyond the development of novel pharmacological therapies, such as diagnostic staging, patient monitoring and non-pharmacological interventions, including surgical techniques and radiotherapy.

Investigator-initiated clinical and translational studies also offer unique possibilities to perform high-quality correlative science, with rapid sharing of knowledge and implementation of the results in the clinic. This opportunity is often missed in industry-sponsored trials, where access to materials and data is limited.

However, increasing requirements from regulatory authorities have made it more difficult to conduct investigator-initiated studies, and local support from hospitals and research institutions is limited. This focus area therefore invites research projects centered around novel therapeutic interventions or diagnostics to improve patient care.

Examples of relevant projects include, but are not limited to

- Investigator-initiated clinical intervention trials evaluating pharmacological and non-pharmacological treatment strategies
- Investigator-initiated clinical non-interventional studies, for example within diagnostic imaging and monitoring

Only research projects are eligible for submission in this focus area.

All submitted projects must be relevant to cancer and, to a minimum, fall within one of the following five effort areas

- **More knowledge about cancer**
  New knowledge brings new possibilities, so we must find more answers to how cancer occurs and develops
- **More people need to avoid cancer**
  Approximately 4 out of 10 cancer cases are preventable, so we need to work towards more people living cancer-free lives
- **Cancer must be detected in time**
  Early detection can cure cancer, so we must improve early detection
- **Better treatment**
  Effective treatment improves survival rates, so we must find the best treatments as quickly as possible
- **A better life with cancer**
  Cancer is challenging, so we must be better at helping everyone and ensuring a well-functioning cancer course

Assessment

Applications will be assessed by the Danish Cancer Society's scientific committees, People & Society (KBVU-MS) and Biology & Clinic (KBVU-BK), as well as relevant ad hoc committees.

Development projects must be specifically indicated as Development projects in the application form and will be assessed by a separately appointed ad hoc committee.

Please see the specific section on development projects in the Funding possibilities and application guidelines.

The assessment process is expected to be completed by the end of June 2027.

Practical information

Applicants must meet the requirements set by the Danish Cancer Society's ethical guidelines.

Any grants awarded will be subject to the Danish Cancer Society's standard funding conditions.

Funding will be conditional on sufficient Knæk Cancer 2027 funds being available.

Results from granted research projects are expected to be published in relevant peer-reviewed scientific and professional journals and disseminated to relevant stakeholders and the public. Particular emphasis is placed on ensuring that research results contribute to increased visibility and awareness of translational research with a view to accelerating the implementation of improved cancer treatment, both within professional communities and in society in general.

Results from granted development projects are expected to be disseminated to relevant stakeholders and professional environments nationally and, where possible, internationally, as well as to the public.

Application deadline

Tuesday, 19 January 2027, 15:00

Application form and guidelines

The application must be completed according to the Funding possibilities and application guidelines 2027 and the electronic application form available on our website www.cancer.dk/kc-midler.

Be aware that

- You are only allowed to submit one application in each application round
- You can only have one active project grant at a time from each committee (KBVU-BK, KBVU-MS and KC) – that means if you already have a grant, you may only apply again to the same committee in your final year of funding (does not apply if the grant has been extended due to maternity leave or sick leave) – ask Funding and Follow-up if you are unsure whether you are eligible to apply
- Funds cannot be re-applied for the same project or fellowship within the same year, regardless of the pool and applicant
- Re-application the following year cannot be submitted without significant relevant changes

If you have questions about the application form, please contact Funding Coordinator Anne Mette Bak at amb@cancer.dk or 35 25 72 57.

The Danish Cancer Society
Funding & Follow-up