**Lilly Innovation Fellowship Award (LIFA)**

**Preliminary Research Proposal**

Prior to formal submission of the LIFA application, we require that the institution submit the post-doctoral scientist’s CV and a **brief non-confidential preliminary research proposal** for review. The purpose of this document is to ensure the submission adheres to the pre-competitive nature of the program and is in alignment with current research areas of focus under the LIFA.

**Please fill out the form below and submit to** [**LIFA@lilly.com**](mailto:LIFA@lilly.com) **by January 28, 2016. Please note that you must not discuss or include proprietary information in your proposal. A Privacy and Consent release (send along with the invitation) must be submitted with this application.**

**Applicant Information**

Institution Name:

Post-Doctoral scientist’s contact information:

Name:

Phone Number:

E-mail:

Please check all that apply:

It has been less than 4 years since I completed my doctoral degree

I will have completed all requirements for my doctoral degree before June 2016

I will be able to begin the LIFA program in August 2016

My post-doctoral position with my university is not contingent upon LIFA funding

I am a US citizen or a green card holder

Which of the following research arrangements would you like to elect (upon mutual agreement with academic mentor)? Please check one:

All research performed at academic institution in collaboration with Lilly mentor.

Research performed at academic institution, with a limited number of short-term (less than 6 weeks) “visiting scientist” trips to Lilly.

Research begins at academic institution and after a pre-determined time point, the post-doctoral scientist will transition full-time to a Lilly research site to complete the project under the LIFA Agreement.

Academic mentor’s contact information:

Name:

Title:

Phone Number:

E-mail:

**Annual Budget Information**

**(For duration of project while at institution)**

|  |  |
| --- | --- |
| **Post-Doctoral scientist salary and benefit**s\*(to be provided by institution) | $ |
| **Institutional overhead\*** (to be provided by institution) | $ |
| **Unrestricted institutional payment for support of the post-doctoral scientist (fixed)\*\*** | $ 30,000 |
| **Post-Doctoral scientist travel stipend (fixed)** | $ 5,000 |
| **Total** | $ |

*\*Note: Postdoctoral salary requests should be consistent with current NIH National Research Service Award (NRSA) postdoctoral stipend scales reflective of years of postdoctoral experience.*

*\*\*Paid to Institution during portion of project using primarily institution facilities. This payment is in addition to the Post-Doctoral scientist salary and benefits.*

**Research Proposal**

A concise statement of the rationale, significance and specific aims of the proposed research project related to **Lilly’s Grand Challenges** (Limit to one page)

Please indicate the research focus area(s) that best represent the proposed research (**choose no more than 2 from the list below**):

Research Focus Areas

ADME/Drug Disposition

Analytical / Statistical Sciences

Autoimmune and Inflammatory Diseases

Biomolecule Science & Engineering

Chemical Engineering

Diabetes

Diagnostics

Drug Delivery & Devices

Health Outcomes Research

Informatics

Medicinal / Discovery Chemistry

Neuroscience (pain, neurodegeneration)

Oncology

Pharmaceutical Sciences (biologics and small molecules)

Process Chemistry

Protein Production

Regulatory Sciences

Tailored Therapeutics (targeting therapies for the right patient with the right dose)

Toxicology

**LIFA 2015 Grand Challenges**

A primary driver for the Lilly Innovation Fellowship Award Program is to stimulate pharmaceutical innovation through training of the next generation of drug discovery and development scientists. In selection of a research topic, applicants are encouraged to address one of the significant problems, or “Grand Challenges,” facing discovery or development of new pharmaceutical therapies. Proposals should be either directed at 1) key therapeutic area interests of Lilly, which include: diabetes, oncology, neurodegenerative disease, chronic pain and autoimmune disease or 2) fundamental scientific areas relevant to drug discovery and development, including: chemistry (excluding structure activity relationships), formulations, biopharmaceuticals, translational science, novel in vitro and in vivo assay technologies/modeling, drug safety, pharmacokinetics/pharmacodynamics or analytics/biostatistics and bioinformatics. Some examples are provided below; however, this list is not exhaustive and should be considered as an illustration of the types of projects that would be of greatest interest for the LIFA program.

1. **To establish clinical efficacy and safety earlier in the drug discovery and development process for core areas of research interest to Lilly.**

• Improved validation of human disease targets and their associated risks for:

Diabetes

- novel targets with breakthrough potential in Type 2 Diabetes Mellitus (including robust weight loss, disease modification, addressing complications)

- approaches for maintenance or regeneration of pancreatic -cells

Oncology

- immuno-oncology efforts based on T-cell receptor with interests in T-cell stimulation, trafficking, infiltration and redirection as well as approaches removing suppressive signals on T-cells

- bromodomain epigenetic targets

- novel approaches and targets for manipulation of dysfunctional tumor microenvironment

- identification of neoepitopes as targets for redirecting anti-tumor immune response

Neurodegeneration

- novel approaches to inhibition of Tau propagation

- approaches for neurorestoration and proteostasis in neurodegenerative conditions

Chronic Pain

- identification of novel targets in areas of peripheral neuropathies, musculoskeletal, central neuropathic and headache prevention

Autoimmunity

- approaches targeting T-helper 17 cells, B-cells and immune checkpoint receptors

- approaches to utilizing immune checkpoints in development of auto-immune therapies

• Animal models that reliably and predictably translate to humans (e.g. animal models for diabetes-associated cardiac failure or nonalcoholic steatohepatitis, better animal models for pain and auto-immune diseases)

• Use of adaptive judgment-based systems for application to data assessments for a given target or a clinical study

• Technologies that predict likelihood of safety concerns with emphasis on translational safety.

• In vitro or in vivo models for reliable prediction of human tolerability and pharmacology to guide process and product development of biopharmaceutical products.

• Tissue compartment modeling and methods of studying disposition and subcutaneous absorption.

2. **To discover mechanisms that identify the right medicine for the right patient**.

• Technologies (e.g. diagnostics, imaging, analytical chemistry, “big data” analysis) that best inform the choice of treatment in specific disease states of interest.

• Pharmacogenomic approaches to targeted patient selection.

• Physiologically-based pharmacokinetic (PBPK) modeling strategies to improve human drug clearance and drug-drug interactions.

• Methods and techniques that improve patient monitoring for both efficacy and safety endpoints in clinical trials.

3. **To deliver exceptional patient outcomes.**

• Combination strategies based on patient tailoring and underlying genetics.

• Detection of micro-metastatic cancer.

• Identification of novel factors or pathways leading to adverse cardiovascular, renal or hepatic outcomes in patients with diabetes.

4. **To simplify large-scale chemistry and protein production and minimize environmental impact**.

• Flexible manufacturing strategies for delivery of “green” synthetic processes.

• Novel protein expression methods and approaches to large-scale biomolecule production.

• Understanding ER-based protein folding and the use of cell engineering to improve the homogeneity of product.

• Improving the reliability of scale-down models and predictive tools to reduce cost and time of developing manufacturing processes for therapeutic proteins.

• Robust alternative (non-mammalian) expression systems for the production of proteins.

• Novel approaches for rapid-acting insulins and glucose-sensing insulins.

• Novel approaches for large scale manufacturing of therapeutic peptides.

5. **To target and deliver biologics and small molecule therapeutics precisely.**

• Approaches for generation of orally bioavailable or brain penetrant large biomolecules.

• Advanced analytical and informatics approaches to enable simultaneous optimization of molecules across multiple parameters.

• Next generation formulation approaches to efficiently deliver potent oral drugs that have non-ideal physicochemical properties.

• Directed delivery methods, such as antibody-drug conjugates and nano-technologies.