

# Early Detection and Targeted Treatments 2025 - Round 2: Call for applications

## Summary

We want to spot arthritis early and stop it in its tracks, removing treatment uncertainty and minimising the risk of side-effects from long-term treatment. Accurate diagnosis of arthritis often takes far too long, allowing irreversible damage to people's joints and permanently reducing their quality of life. Getting to the right treatment first is a challenge, finding effective and tolerated treatments can be a trial-and-error process.

We are seeking to invest in ambitious patient-specific approaches to early detection and secondary prevention of arthritis, development of reliable diagnostic tools and development of effective interventions to halt or reverse disease progression; addressing unmet needs around predisposition and intervention in early pre-clinical / pre-symptomatic stages of disease.

We will invest in biological, psychological and social research across the areas of prevention, diagnosis or treatment, with funding awards available for a range of different size projects.

Proposed studies can be based in mechanistic science but **must** advance the translational pathway towards new or improved approaches to prevention, diagnosis or treatment; it **must** be clear from the application what the next step will be beyond the proposed study. Applications must involve people with arthritis in the development of the outlined work and as well as collaborating with them in the delivery of the proposed research.

Applications that have part-funding from a third party will be accepted but applicants must contact us to discuss their application as early as possible.

Applicants must carefully read this document, application form and [guidance](#) documentation before starting an application. Please ensure that the most appropriate language is being used in each section of the form and that the correct sections are completed.

Awards of up to 60 months duration, between £100,000-£1,200,000 in value will be available, with a planned investment of around £3M. We plan to make 3-6 awards.

We welcome applications from fellows and lecturers who are looking to secure project support as a new investigator or mid-career researcher. Whilst there is no separate scheme or eligibility criteria, the panel will be asked to take career stage into account during the assessment process.

If your proposal is suitable for co-funding we another funder, please contact us early as possible as we may be able to facilitate such partnerships [awards@versusarthritis.org](mailto:awards@versusarthritis.org).

Applicants are invited to submit applications to this one-stage process through [Grant Tracker](#).

The deadline for the receipt of applications is **16:00hrs Wednesday 14 May 2025**.

**If you have any questions about this call document, eligibility or would like to discuss your research proposal with the office please email [awards@versusarthritis.org](mailto:awards@versusarthritis.org)**

## Context and changes we want to see

We want to bring about more accurate and faster diagnosis and more timely, effective and targeted treatments, tailored to individuals, taking into consideration not just their genes but also the environment they live in.

Our [Better Lives Today, Better Lives Tomorrow Research Strategy 2022-2026](#) focusses our investment and influence on four priority areas. It is striving to bring ground-breaking scientific discoveries to people with arthritis at pace and with precision.

This call for applications for research funding focusses on two priority areas:

- **Early detection and prevention:** spotting the biological signatures of arthritis early to maximise the opportunities for timely intervention and preventing it from getting worse.
- **Targeted treatments:** taking the guesswork out of treatment by increasing effective, reliable and timely drug and non-drug solutions to reduce, manage or cure disease.

Living with the pain, fatigue and limited mobility caused by arthritis erodes good physical and mental health, and quality of life. People with arthritis often experience other long-term conditions too but these are treated separately, not collectively.

Patterns of early symptoms (pain, stiffness, swelling, fatigue) can be similar across diseases. **Accurate diagnosis** takes far too long, allowing irreversible damage to people's joints and permanently reducing their quality of life. Healthcare professionals and systems struggle to ensure that people with arthritis are getting the diagnosis they need.

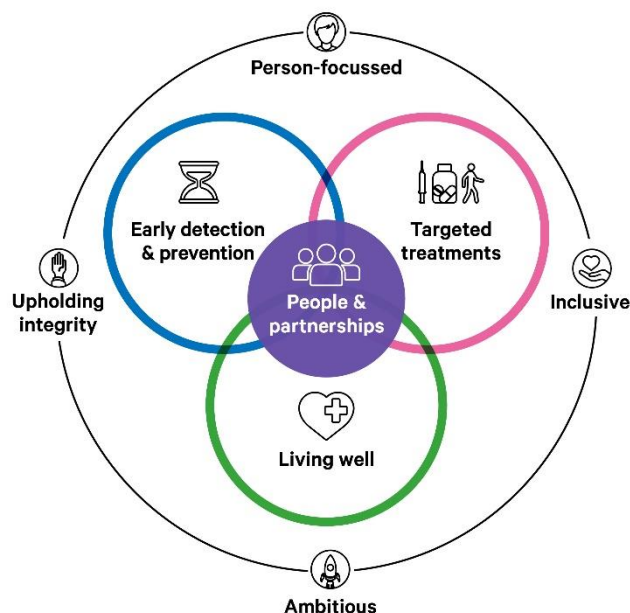
There are many types of arthritis, they develop differently and vary from person to person. Finding **effective and tolerated treatments** can be a trial-and-error process, with people being left not knowing if a treatment will work or for how long and when or why their symptoms might worsen. Getting to the right treatment first is a challenge.

### Changes we want to see

We want to see people and healthcare professionals able to spot arthritis sooner and stop it in its tracks, removing treatment uncertainty and minimising the risk of side-effects from long-term treatment. We want there to be better understanding of arthritis and its risk factors, whether genetic, biological or lifestyle, and how to intervene.

The outcomes sought from this investment are progress toward:

- better tools to identify markers of risk to enable proactive screening and early detection (secondary prevention) approaches.
- better tools and biomarkers to diagnose arthritis accurately and as rapidly as possible after symptoms begin.
- clinical and care pathways applying a precision medicine and holistic approach – accounting for individual variability in genes, environment and lifestyle and the management of pain, mental health and fatigue.



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- more effective, safer treatments and ultimately cures, that work for more people.
- better tools to help decide the most appropriate treatments.
- more innovative approaches to how different diseases can be most effectively tackled together.

Our Research Impact framework focuses on seven areas of research impact (listed below). We anticipate that, in delivering against the outcomes set out above, research projects will achieve impacts relevant to one or more of the four areas highlighted in bold. The final impact area ‘leveraged funding’ is of secondary interest for this call.

- **Policy and Practice** – our research is influencing how arthritis is treated or managed.
- **Intellectual property, products, and services** – new innovations, treatments or tools which improve patients’ lives.
- **New knowledge** – our research has changed what we know about arthritis.
- **Patient and Public Involvement** – the benefit that patients bring to the research itself.
- Partnerships – new networks, partners and collaborations which extend research.
- Capacity Building – our investments are increasing the human or technical capacity to conduct research.
- Leveraged funding – new funding that has been awarded to continue the research we funded.

More detail around these impact areas can be found in our [guidance](#) document, including examples of outcomes which relate to each impact area.

## Scope and Requirements

Funding awards are available for a range of different size projects across the biological, psychological and social research spectrum. We are seeking to invest in novel research that removes the variability in diagnosis and treatment, accounting for individual genes, environment and lifestyle.

This is inclusive of research based in mechanistic science but **must** advance the translational pathway towards new or improved approaches to prevention, diagnosis or treatment.

The scope of this funding encompasses

- the many types of arthritis described in our Research Strategy and their differential development at any stage of life.
- individuals from any specialism, including those without a background in arthritis research.
- laboratory, in silico, clinical and applied research techniques.

We are seeking to invest in ambitious patient-specific approaches to early detection and secondary prevention of arthritis, development of reliable diagnostic tools and development of effective interventions to halt or reverse disease progression; addressing unmet needs around predisposition and intervention in early pre-clinical / pre-symptomatic stages of disease.

We encourage paying attention to a person as a whole, considering individuals with multiple conditions, symptoms (pain, fatigue, mental health) and experiences. We encourage a collaborative and multidisciplinary approach to answering research questions. In some areas – such as multiple long-term conditions, rare diseases and collective immune-mediated inflammatory conditions – we expect the solutions to the targeted challenges will require partnership support, which we welcome.

We will invest in research proposals in the following areas:

- i. Diagnostic markers and indicators - developing reliable pre-symptomatic markers and diagnostic disease indicators and biomarkers (including digital biomarkers) to predict and detect arthritis at the earliest possible stage, to include social and psychosocial factors and health inequalities that influence and/or predict disease development. This can encompass assay development and validation where there is a clear development pathway to clinical implementation, as well as use of exploratory endpoints to provide clinical validity in the development of new measures.
- ii. Genetic risk scores – exploring use as part of routine clinical management for arthritis conditions known to be genetically linked.
- iii. Precision medicine and profiling/stratification approaches – working across multi-omics platforms, informatics, digital data sources and medical technologies, developing and improving targeted treatments and personalised interventions to halt or reverse disease progression. This includes identifying people with distinct mechanisms of disease, lived experience or particular response to treatments to understand when and in whom a treatment may or may not be effective.
- iv. Testing treatments - clinical trials such as first-in-human, feasibility or treatment efficacy studies.
- v. Alternatives to drugs or surgery - developing reliable, cost-effective psychotherapeutic and social interventions.
- vi. Health service research - understanding of individual, family, organisational, institutional, community and population level behavioural, psychological, organisational and social factors that affect health behaviours and access to effective and efficient delivery of quality, cost-effective health care.

We will not invest in population health research and policy research via this funding call.

## Research Advisory Group priorities

Versus Arthritis has four [Research Advisory Groups](#) each uniting specialist researchers, people with lived experience of arthritis, and health professionals in covering: Adult Inflammatory Arthritis; Autoimmune Rheumatic Diseases; Musculoskeletal Disorders and Paediatric Rheumatology.

We particularly welcome research addressing priorities identified by our Research Advisory Groups, where these are directed to early detection and targeted treatment. They are captured in a dynamic reference document; and refreshed by our ongoing insight gathering activities and can be found at the foot of this page of our website: <https://www.versusarthritis.org/research/for-researchers/how-we-deliver-research/our-research-strategy/>. The document is entitled “Gaps and Opportunities for Arthritis Research”.

**If required, please contact the research team for guidance ([awards@versusarthritis.org](mailto:awards@versusarthritis.org)) on the scope of the call and the relevance of your application.**

## Requirements

### Pace and Precision - a translational approach

We want emerging research evidence and research-driven solutions to **rapidly enhance** health and social care practice and policy guidance for prevention, early detection and treatment of arthritis.

Proposed studies **must** advance the translational pathway towards new or improved approaches to prevention, diagnosis or treatment. Applicants should take care to ensure future benefit for people with arthritis is clearly and reasonably discussed within the application.

It **must** be clear from the application what the next step will be beyond the proposed study. Studies clearly emphasising the translational route will be prioritised.

## Research Involvement

Applications should involve people with arthritis in the development of the outlined work and as well as collaborating with them in the interpretation and dissemination of the proposed research, this includes discovery research. [Involving people with arthritis \(versusarthritis.org\)](https://www.versusarthritis.org)

## Diversity and Inclusion

Proposals must demonstrate careful consideration of appropriate representation and diversity (ethnicity, socioeconomic, gender, age) as relevant to the aims of the proposal.

We will not fund research that does not conform to the principles of the national centre for the replacement, refinement and reduction of animals in research (NC3Rs), or that do not account for genetic, sexual, immune and microbiome diversity in animal models.

## Collaboration and partnership

We welcome collaborations and partnership with industry and international stakeholders.

In some areas – such as multiple long-term conditions, rare diseases and collective immune-mediated inflammatory – we particularly welcome partnership approaches.

Applications that have agreement for part-funding from a third party will be accepted but applicants **must contact us to discuss** their application as early as possible and will be subject to appropriate multi-party contracting arrangements around the award.

If your proposal is suitable for co-funding we another funder, please contact us early as possible as we may be able to facilitate such partnerships [awards@versusarthritis.org](mailto:awards@versusarthritis.org).

## Clinical Research

Applicants should engage the Research Design Service (open to research charity funder applicants in England [Research Design Service | NIHR](https://www.researchdesignservice.org.uk)) or partner with a UKCRC-registered Clinical Trial Unit ([Find a CTU – UKCRC \(ukcrc-ctu.org.uk\)](https://www.ukcrc-ctu.org.uk)) in designing and delivering clinical research studies or provide robust reasoning (beyond financial) for employing alternative expertise.

Pilot/feasibility studies to inform the development of a clinical trial to test an intervention, will be accepted. Beyond preliminary studies, clinical studies must show feasibility evidence relating to outcome measure selection, study design and statistical methods, subject recruitment and retention and delivery of the intervention.

Clinical studies can include a mechanistic evaluation, either as a sub study within a clinical trial or as part of an observational study.

## Clinical Research Delivery

With the current clinical research challenges in the NHS, investigators and sponsors are required to make transparent and realistic assessments of capacity and capability to deliver.

Co-applicants and collaborators at NHS sites are asked to support proposals only if there is a certainty that they can meet recruitment targets and timelines indicated. It will be taken that host institution signatories are wholly satisfied and supportive of the assurances provided upon submission of the application.

## Data and sample resources

We require researchers to make use of established, pre-existent cohorts, collections, bioresources and registries; notably the BSR registries, NIHR Bioresource, the IMID Bioresource, IMID Bio UK. [TDCC - UKCRC Tissue Directory and Coordination Centre \(biobankinguk.org\)](#)

We require researchers proposing to make use of human tissue to consider whether existing resources would meet their needs and to justify why any new collection is necessary.

We require those receiving funding to create a tissue collection, provide access to this and register the collection in a publicly accessible directory.

## Who can apply

The lead applicant must be based at an eligible UK institution, for further information see the associated [guidance](#) document.

At least one applicant must have a tenured position within the lead institute, but this does not need to be the lead applicant. People with lived experience may be included as co-applicants.

Applications can include lead applicants and/or co-applicants with expertise relevant to this initiative but who do not have a track record of musculoskeletal research.

We expect applications to take a collaborative and multidisciplinary approach to answering research questions. We welcome applications affiliated to the [Musculoskeletal TRC](#).

Applicants with proposals that include part-funding from a third party (including industry) are allowable, but **applicants should contact us to discuss their application as early as possible** and will be subject to appropriate multi-party contracting arrangements around award.

## What you can apply for

Costs for salaries, expenses and small items of essential equipment can be requested.

Awards of up to 60 months duration, between £100,000-£1,200,000 in value are available.

We plan to invest around £3M in a range of different size projects. We plan to make between 3-6 awards in total.

For further details on what you can apply for, please see the associated [guidance](#) document.

## How to apply

Applicants are invited to submit applications through [Grant Tracker](#), where the form is available.

Applicants must carefully read the application form and [guidance](#) documentation before starting an application, ensuring the most appropriate language is used in each section of the form.

There is a single stage application process for all applications.

The deadline for the receipt of applications is **16:00 on 14<sup>th</sup> May 2025**. Submissions after 16:00 will not be accepted.

**Please allow time for management of appropriate reviewers and signatories to access the Grant Tracker system and provide their approvals.**

## How will applications be assessed

We will assess applications and make funding recommendations via a single-stage process; assessment panel members will review applications. All eligible applications will be reviewed and reviewer feedback provided. If necessary, a panel triage process may be implemented such that only a proportion of the proposals will advance to provide rebuttal to reviews before a formal funding panel meeting.

Assessment by people with lived experience of arthritis forms a key part of the review process. Further information and guidance can be found on our [website](#) and in the application [guidance](#) document.

Applications will be reviewed by an assembled panel of scientific, clinical and industry experts and people with lived experience of arthritis and assessed on the following criteria:

- **Importance and potential impact,**
- **Scientific quality and scope,**
- **Novelty and innovation,**
- **Involvement,**
- **Research design and delivery,**
- **Feasibility,**
- **Value for money.**

We plan to invest around £3M in a range of different size projects. We plan to make between 3-6 awards in total.

## Award management

It is expected that all awards will report annually via Researchfish, clinical projects that require recruitment will report every six months to the Progress Review Committee.

All original peer-reviewed articles published as a result of this research must comply with our open access policies. You should tell us directly about all articles in peer-reviewed literature or disseminated publicly (for example, press releases) as soon as the article has been accepted for publication or dissemination.

Versus Arthritis must be notified of any information relating to intellectual property and commercial activity arising from this award.

Versus Arthritis is dependent on funds raised from public donations and receives no funding from the Government, therefore it is important that you join us in raising the awareness of our charity. Our logo should be used on all documents/presentations relating to this award.

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Award holders may be invited to meetings with Versus Arthritis to discuss their research and/or asked to contribute written summaries.

## Timelines

Call Open	22 January 2025
Deadline for applications	16:00hrs Wednesday 14 May 2025
Invitation to provide a rebuttal to the panel review	Approximately mid-August 2025
Deadline for rebuttal of panel review	Mid-September 2025
Notification of award	November 2025
Project start	From January 2026 at earliest

## Contact details

For all enquiries, please contact [awards@versusarthritis.org](mailto:awards@versusarthritis.org)