

העמותה הישראלית לתסמונת וויסקוט אולדריץ' (ע"ר)  
The Israeli Wiskott Aldrich Syndrome association (R.A)

# Public Call for basic Research Proposals

## Wiskott Aldrich syndrome

### Aiming for new therapeutic approaches

#### 1st Public Call for Research Proposals for the years 2020/1

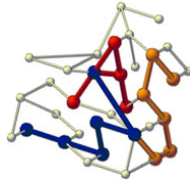
The Israeli Wiskott Aldrich Syndrome association (IWASA) announces its 1<sup>st</sup> public international call for the submission of research proposals to be granted in 2020. IWASA will grant seed money funding for a maximum of two projects, for up to amount of maximum \$100,000 per project, subject to all types of deductions, taxes, dues etc.

#### Preface:

The Wiskott-Aldrich syndrome (WAS) is an X-linked immunodeficiency disease with a characteristic clinical phenotype that includes thrombocytopenia with small platelets, recurrent infections, eczema, due to immunodeficiency, and an increased incidence of autoimmunity and malignancies. The clinical spectrum of the disease ranges from intermittent or chronic X-linked thrombocytopenia phenotype (XLT or 'mild WAS'), to a more severe form named 'Classic WAS' which present the full clinical spectrum described above. The pathophysiological mechanisms relate to defective actin polymerization in hematopoietic cells as a result of deficient or dysregulated activity of the Wiskott Aldrich Syndrome protein (WASp). The severity of disease is variable and somewhat predictable from genotype.

Treatment strategies range from conservative care through allogeneic hematopoietic stem cell transplantation and experimental somatic gene therapy. In patients with severe thrombocytopenia, bleeding complications or patients whose normal activity is severely limited as a consequence of their low platelet count, splenectomy may be considered.

While for classic WAS patient HSCT is an immediate lifesaving treatment, for XLT/'mild WAS' patient the difficulty of recommending HSCT is that the risk of mortality from the procedure is real while that of suffering a life-threatening complication of the disease sometime in the future remains theoretical. This



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situation makes it a very hard decision for these families. XLT/'mild WAS' patients have almost normal life expectancy but with very high risk of severe life-threatening events. Therefore, **an unmet medical need exists for treatment of XLT/'mild WAS' patients.**

After scanning past and current published scientific works in the field of WAS or WASp research, we can conclude the following:

- A. Although 100% of WAS patient suffer from thrombocytopenia, the hematological side of WAS was not intensively explored comparing with the immunological side.
- B. Complicated lab work with platelets cells prevent many researchers from focusing on this field.
- C. A lot of research efforts were pointed towards understanding the function of WASp and its role in the regulatory process of Actin. However, most of the researchers were looking at this field from different scientific point of view without connecting it to the disease.
- D. Some of the researchers are not aware or not focused on the fact that lack or absent of protein expression results with WAS/XLT.
- E. Very few works are dealing with possible new therapeutic approaches for WAS/XLT (e.g. using peptide or small molecules to restore WASp level).

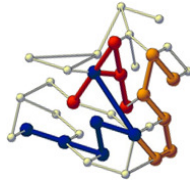
Taking into account the above, the Israeli WAS association has decided to dedicate funding resources as seed money for basic research in this field which might lead to new directions for treating WAS/XLT. We also encourage researchers to think out of the box and check if they can use or modify their already existing research products for finding cure for WAS/XLT.

**Areas of main interest:**

- Treating/preventing micro-thrombocytopenia in WAS patients.
- Restoring WASp protein level in WAS patients' platelets and immune system cells.

**Eligible applicants include:**

Full-time permanent faculty members of institutions granting Ph.D. or M.D. degrees in fields related to WAS, including: Immunology, Hematology, Cell biology, Signaling, WASp, Medicine, Biochemistry or any other related field are eligible to apply. The principal investigator should hold Ph.D. or M.D. degree.



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## Terms and Conditions

- Project should be carried out within the years 2020-2021.

## Application and selecting process

Applications are made in two steps. The first step requires the completion of a Letter of Intent (attached to this call). Please submit completed forms to us at [office@was.org.il](mailto:office@was.org.il). Letters of Intent will be reviewed by the Scientific advisory committee (SAC), which includes scientific experts in WAS, hematology and Immunology. Investigators who submit Letters of Intent that are approved by the SAC will be asked to complete a full application form, which will be emailed to those applicants.

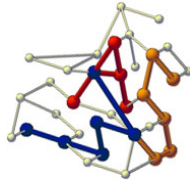
As with the Letters of Intent, the completed applications will be reviewed by members of the SAC; and the committee will recommend to IWASA board which proposals are eligible for funding by IWASA. The decision will be made by IWASA board and is final.

Each application will be reviewed based on the following set of criteria:

- Alignment with area of interest and goals.
- Scientific merit
- Feasibility of future development a new therapeutic approach
- Qualifications of applicant
- Quality of environment
- Budget requested
- Minimizing Institutional Overhead Payments

All applications that meet the criteria in the above categories will be ranked by the SAC. Applicants of shortlisted proposals may also be called for an interview.

The funded researcher is required to provide IWASA with a project status report per deadlines set by the Scientific Advisory Committee/time lines as described below. IWASA also receives copies of publications highlighting the work of Grant recipients.



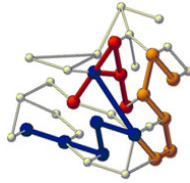
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### Expenses Covered Under the Grant

Permitted expenses include a contribution towards the salary of the principal investigator, co-investigators, and support staff, e.g. coordinator or data manager, plus equipment and supplies specifically required to complete the project's aims. Travel expenses directly related to the implementation of the project are allowed plus those required to disseminate the results at scientific congresses. In addition, the costs associated with the publication of the research are permitted. Institutional Overhead Payments (IOP) may be requested and should be included in the amount requested, IOP shall not exceed 7.5%: IOP will be paid out of the amount funded, not in addition to it.

### Timelines

Application Period Starting Date:	August 31, 2019
LOI submission deadline date:	November 15, 2019
Invitation Letters for full proposals sent	December 7, 2019
Full proposal submission deadline date:	February 15, 2020 (midnight, local time – Israel)
Announcement of Results:	Mars 7, 2020
Signing research agreement with the award institution and researcher until:	Mars 15, 2020
First year grant transmittal (50%):	Mars 31, 2020
Second year grant transmittal (25%):	Mars 31, 2021
Final grant closing transmittal (25%):	Mars 31 2022
Duration of Research Project:	April 1 2020 – Mars 15 2022



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Letters of Intent (LOI's) will be reviewed by members of the SAC, and those applicants whose LOI's are approved by the committee will be emailed a full proposal form for completion. Funded applicants must send a letter of acceptance and enter into a contract with IWASA which outlines both parties' responsibilities and obligations prior to the disbursement of funds.

If the project is a clinical research project involving human research subjects, IRB approval and informed consent from each subject must be obtained. A detailed time line highlighting these milestones will enable both investigator and the foundation to manage expectations.

Once an agreement with the researcher has been signed, the first disbursement of funds can be made. Following receipt of a midterm report, the second disbursement of funds is made; and the final disbursement is made after receipt of a final report. IWASA encourages investigators to publish their work.

IWASA representative will be in touch on a quarterly basis to ensure that all milestones are met on a timely basis. A report of how the funds were used should be included on a quarterly basis. It is essential that investigators agree to set aside time for a meeting when requested. IWASA may withdraw research funding if milestones are not met, and the study does not progress in a timely fashion.

- Letter of Intent form is attached to this call.
- LOI application forms and full proposal may only be submitted by E-mail: [office@was.org.il](mailto:office@was.org.il) during the application period. To submit your application, please send the application form to the above E-mail. You will get a confirmation e-mail within 48 hours from submittal (if you did not get approval by e-mail within 48 hours please contact us by phone +972-54-8118230).
- Research application shall be submitted in English only.

For further clarifications please contact Mr. Amir Kedar at +972-54-8118230 or send your questions to [office@was.org.il](mailto:office@was.org.il).