

# Helping Patients to Prepare for and Continue with Cancer Care: 2026 Patient Advocacy Grant Programme

This guidance document outlines the purpose, scope, and requirements of AstraZeneca UK's 2026 grant programme, ***Helping Patients to Prepare for and Continue with Cancer Care***, and is intended for UK-registered charitable patient organisations interested in applying for grant funding.

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## Overview

The *Helping Patients to Prepare for and Continue with Cancer Care grant programme* aims to support innovative projects that help people with cancer prepare for and stay well during therapy, whether through new approaches or the expansion of existing services.

AstraZeneca UK has launched this programme in response to inequities in access to prehabilitation and rehabilitation services, and in recognition of the vital role patient organisations play in supporting their communities to access these services.

Grants are a reactive provision of monetary support by AstraZeneca to an organisation, to help deliver a specific, defined outcome. Grants are provided by AstraZeneca without intent or agreement for AstraZeneca to receive a benefit in exchange.

The programme is open to charitable organisations involved in the care and support of people with cancer, registered in the UK. For this programme, we have a specific interest in programmes which will support people with cancers of the bladder, blood, breast, liver, lung, ovaries, prostate, and stomach.

Through this programme, up to £20,000 (including VAT, if applicable) will be made available to up to five patient organisations.

Through this grant programme, we aim to support patient organisations to design patient-centred, evidence-based services for their communities and meet our three goals:

1. Improving outcomes for people living with cancer in the UK
2. Strengthening the evidence base for prehabilitation and rehabilitation services
3. Reducing variability and inequity in service access

## Programme context

Cancer affects 1 in 2 people during their lifetime.<sup>i</sup> By 2045, 5.4 million people are anticipated to be living with cancer in the UK, compared with 3.4 million people today.<sup>ii</sup>

Prehabilitation and rehabilitation services have been piloted in the UK to help people with cancer prepare for and stay well during therapy to improve their outcomes and experience. Although multiple definitions for prehabilitation and rehabilitation are in use, this programme uses the following definitions:

**“Prehabilitation is...** a needs-based multi-modal intervention, implemented before and during cancer treatment. It aims at optimising physical, nutritional and psychological status, enhancing readiness for and tolerance of treatments, and improving recovery and/ or quality of life.”<sup>iii</sup>

**“Rehabilitation...** enables patients to make the most of their lives by maximising the outcomes of their treatment and minimising the consequences of treatment and symptoms such as fatigue, breathlessness and lymphoedema... It can help patients get well and stay well and addresses the practical problems caused by the disease and treatment...”<sup>iv</sup>

Prehabilitation services often include a combination of psychological/mental wellbeing, physical activity and nutrition. Recent evidence shows that prehabilitation benefits people with cancer by enhancing personal empowerment, building physical and psychological resilience, and improving long-term health outcomes.<sup>v</sup>

However, access to services varies greatly across the UK. A 2024 survey found that 54% of the UK NHS Trusts/Boards that responded (78/144) offered some form of prehabilitation service, although this varied by how the service was funded, who the service was offered to and who was responsible for delivering the service.<sup>vi</sup>

As national commissioning continues to develop and services vary across regions, many patient advocacy groups have played an important role in providing prehabilitation and rehabilitation services for people with cancer from diagnosis and throughout their care.

## Funding guidance

Your grant request must not exceed 20% of your organisation’s annual revenue, as stated in its most recent annual accounts on the Charity Commission website. In addition, the grant request, when combined with any other grants, sponsorships or consultancy fees provided to your organisation by AstraZeneca in this calendar year, must not exceed 30% of your organisation’s annual revenue. If either limit is exceeded, please include a clear rationale within your submission.

Please request an appropriate level of funding according to your project needs.

Only one application per organisation is permitted.

Funding cannot be given to:

- Individuals, healthcare providers, medical group practices, public officials
- Organisations that:
  - Discriminate on the basis of age, race, colour, religion, national origin, gender, sexual orientation, marital status, military service, veteran status, disability or other unlawful basis
  - Promote political or religious viewpoints to their beneficiaries
  - Use the funds to make grants or donations to other organisations or individuals
  - Are unable to supply bank details or report back on outcomes
  - Are non-charitable
- Initiatives already funded through other AstraZeneca programmes
- Initiatives that support communities outside of the UK
- Projects that provide treatment or pay for medicines
- Projects that benefit AstraZeneca's commercial business
- Applications over £20,000
- Retrospective funding
- Capital expenses (e.g. office equipment or medical equipment). or building appeals
- Any other activities prohibited under local standards

## Project assessment

### How will we decide which projects to fund?

Every application will undergo an initial screening which will confirm whether proposals meet the criteria set out in the '[Funding guidance](#)' section of this document. Proposals that do not meet all these criteria will not be reviewed by the Grants Committee.

Grant proposals will be reviewed and selected by a Grants Committee made up of independent external experts in the design and delivery of prehabilitation/rehabilitation services and representatives of AstraZeneca. To evaluate projects, we have developed inclusion criteria to ensure proposals meets our three goals.

### Inclusion criteria:

#### 1. Improving outcomes for people living with cancer in the UK

- Proposals clearly address an identified unmet need for people diagnosed with cancer.
- Activities incorporate one or more core components of prehabilitation and rehabilitation, including psychological and mental wellbeing, physical activity and/or nutrition.
- A realistic and deliverable implementation plan is outlined

#### 2. Strengthening the evidence base for prehabilitation and rehabilitation services

- Proposals include a well-defined approach to measurement and evaluation.
- Consideration is given to how the findings of the project will be disseminated.

#### 3. Reducing variability and inequity in service access

- Proposals demonstrate a clear commitment to improving access and outcomes for underserved or marginalised communities.

- Plans for scalability, sustainability, or wider adoption beyond the initial project are outlined.

### **What happens once a project is chosen for funding?**

Once the Grants Committee has reviewed the applications and made their selection, applicants will be contacted to undergo a due diligence check to ensure their organisation has a charitable purpose and the funds can be legally transferred for that purpose.

This process can take several weeks, and AstraZeneca may be in contact to request further information or documentation at this stage.

### **What happens once due diligence is complete for selected applicants?**

If your organisation passes the due diligence check, a grant will be offered. The funding will be transferred, and monitoring and reporting requirements will be agreed as part of a signed grant agreement.

In the unlikely event that your organisation does not pass the due diligence checks, you will receive a response from us. Where possible, we will offer feedback.

The grant is provided under an arm's-length arrangement between AstraZeneca and the organisation. Therefore, AstraZeneca will have no influence over the project once the funds have been disbursed.

## **Measurement and evaluation**

Your application must include a clear measurement and evaluation plan that sets out the indicators you will track, the methods you will use to collect data, and the timelines for assessing progress against your objectives.

At the end of the project, you will be required to submit a reconciliation report detailing how the funds were used, the outcomes achieved, and the overall impact of the project on people living with cancer.

Please note that once contracts are in place, the information about the *Helping Patients to Prepare For and Continue with Cancer Care* grants may be published on social channels and/or external websites. All grants are considered transfers of value and will be disclosed publicly in accordance with the ABPI Code of Practice.

## **Timelines**

We have set out below the estimated timeline for the 2026 grant application process. We anticipate that most projects will be initiated shortly after contracting and completed within two years.

|               |                                         |
|---------------|-----------------------------------------|
| <b>May</b>    | Applications period opens               |
| <b>1 July</b> | Deadline for applications               |
| <b>August</b> | Decisions communicated to organisations |
| <b>August</b> | Due diligence and contracting           |

|                         |                           |
|-------------------------|---------------------------|
| <b>Once contracted</b>  | Project starts            |
| <b>Project end date</b> | Reconciliation report due |

## How to apply

All proposals should be completed through the [CyberGrants portal](#).

### Proposal format

Submissions must be provided in presentation slide format and must not exceed five slides (excluding the title slide and any required disclaimers). For any files longer than five slides, only the first five content slides will be reviewed. The slides should be uploaded within “Additional Attachments” in the “Attachments & Executed LOA” section of the CyberGrants process.

Within these five slides, please include the following information, which will correspond to the Committee’s inclusion criteria:

- Unmet medical need
- Activities utilise prehabilitation/rehabilitation principles
- Implementation timeline
- Dissemination of findings
- Potential for scaling/sustainability
- Measurement and evaluation
- Addressing health inequalities

### Budget template

To provide sufficient detail and breakdowns on how the funding will be used, please complete the budget template below and which is linked under “Budget Schedule / Cost Breakdown” in the “Attachments & Executed LOA” section of the CyberGrants process. An example budget is available on a separate tab for illustration.

*Budget template [available here](#)*

Please include as much information as you can for each line item in the Details/Comments column. If personnel from your organisation will deliver the project and you are requesting salary funding, include each staff member’s estimated number of hours and hourly rate.

### Frequently asked questions

Please consult our [FAQ document](#) if you have any outstanding questions after reviewing this document.

## One-page application summary

### 1. Check your organisation is eligible

- Registered UK charitable organisation
- Involved in supporting people affected by cancer
- Meets criteria set out in [Funding guidance](#)

### 2. Confirm your project fits the inclusion criteria

- Projects help people with cancer prepare for and stay well during therapy
- Activities incorporate one or more core components of prehabilitation and rehabilitation, including psychological and mental wellbeing, physical activity and/or nutrition
- Aligns with our areas of scientific expertise, including cancers of the bladder, blood, breast, liver, lung, ovaries, prostate and stomach, or, for pan-cancer projects, clearly explains how people affected by these cancers will be included

### 3. Design your proposed project

- Clearly describe the unmet need your project addresses and how prehabilitation/ rehabilitation principles may address this unmet need
- Outline planned activities and intended outcomes
- Explain how you will address health inequalities and improve access
- Define how impact will be measured and evaluated (see [Measurement and evaluation](#) for more)

### 4. Prepare your application

- A proposal of up to **five content slides** (excluding the title slide and any required disclaimers)
- A completed **budget template**, detailing how funds will be used

### 5. Submit your application

- Applications must be submitted via the [CyberGrants portal](#)
- Application window: May – 1 July 2026

### 6. Initial eligibility screening

- Applications are checked against programme objectives and criteria set out in [Funding guidance](#)
- Only eligible submissions progress to full review

### 7. Committee review

- Applications are assessed by a committee of independent experts and AstraZeneca representatives
- Proposals are evaluated against published assessment criteria

### 8. Application outcomes communicated

- All applicant organisations will be informed of the outcome of their application
- Selected organisations will complete standard due-diligence checks, after which contracting will be initiated

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- <sup>i</sup> Cancer Research UK. 1 in 2 people in the UK will get cancer. Available at: <https://news.cancerresearchuk.org/2015/02/04/1-in-2-people-in-the-uk-will-get-cancer/>. Accessed April 2026.
- <sup>ii</sup> Macmillan Cancer Support & Scottish Widows. Living with and beyond cancer in 2045: see the future, support the people. Available at <https://adviser.scottishwidows.co.uk/assets/literature/docs/39728.pdf>. Accessed April 2026.
- <sup>iii</sup> Macmillan Cancer Support. Prehabilitation for people with cancer: Clinical and implementation guidelines. Available at: <https://www.macmillan.org.uk/dfsmedia/1a6f23537f7f4519bb0cf14c45b2a629/22869-10061/prehabilitation-for-people-with-cancer-clinical-and-implementation-guidelines>. Accessed April 2026.
- <sup>iv</sup> Macmillan Cancer Support. Cancer Prehabilitation Pathways. Available at: <https://www.macmillan.org.uk/healthcare-professionals/news-and-resources/guides/cancer-rehabilitation-pathways-guidance>. Accessed April 2026.
- <sup>v</sup> Macmillan Cancer Support. Prehabilitation for people with cancer: Principles and guidance for prehabilitation within the management and support of people with cancer. Available at: <https://www.macmillan.org.uk/dfsmedia/1a6f23537f7f4519bb0cf14c45b2a629/13225-source/prehabilitation-for-people-with-cancer>. Accessed April 2026.
- <sup>vi</sup> Pufulete M, et al. Prehabilitation provision and practice in the UK: a freedom of information survey. *British Journal of Anaesthesia*. 2024;132(4):815-819.