

Research Support Directorate: Project Check List

The purpose of the RSD is to aid investigators in submitting and managing grant proposals as well as carrying out collaborative research. It does not seek to evaluate the scientific or ethical questions raised by the proposal which are the purview of the IRB. The RSD also seeks to ensure that the investigator(s) have ensured that they have all the resources required to successfully carry out their work and that the hospital is able to provide any additional resources required. This requires prior identification of resources and cost implications as well as avoiding duplication of equipment.

The form provides a check list that will help in filling up the resource requirements in most grant forms. These need to be completed early on in the grant submission process so finance, HR, estates etc have provided the right input where necessary. We would recommend that the form is submitted at the time of the grant application. Not all fields are applicable to all grant applications and you can enter "Not Applicable"

The form is self explanatory. Please send the form to the RSD by email. It will be reviewed by a member of the team and they will come back to you with any questions. We aim to complete the approval process within 7 working days.

We hope you will find the form useful in planning your application. RSD will use the information provided to update the administration of future resource requirements for research, the annual research report and submissions to national authorities for regulatory and tax purposes. If you have any suggestions for the form please let us know.

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RSD Project Number: 0

Date received by RSD: 01/01/2020

Reviewer Comments:

Date Approved by RSD: 01/01/2020

Approved on Behalf of RSD by: Signature

(above to be filled in by RSD only)

Section A Project Details

Title of Project: : Impact of esophageal sparing IMRT on patient reported dysphagia outcomes in patients of non-small cell lung cancer treated with radical radiotherapy with or without chemotherapy .

Name of Investigator / Applicant : Dr.Tapesh Bhattacharya

Department: Radiation Oncology

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Co Investigators

Name: Dr.Moses Arun Singh
Department::Radiation Oncology

Name: Dr.Urvashi Thakur
Oncology

Department::Radiation

Name: Department:

Add more if necessary

Start Date: 20/06/2026

End Date: 31/12/2026

Project Summary

Please list aims, objectives and expected outcomes (maximum 250 words)

To find out the incidence, severity and duration of acute dysphagia (anytime during radiotherapy to within 3 months after radiotherapy) reported by patients of non-small cell lung cancer using esophageal sparing IMRT who have been treated with radical radiotherapy with or without chemotherapy.

Secondary objectives-

- 1.To find out the concordance in grades and time to develop patient reported vs clinician reported acute dysphagia in patients of non small cell lung cancer who have been treated with radical radiotherapy alone with or without concurrent or sequential chemotherapy
- 2.To evaluate the impact of esophageal-sparing IMRT on cardiac substructure dosimetry in patients of non-small cell lung cancer who have received radical radiotherapy with or without concurrent or sequential chemoradiotherapy.

Project Budget (Lakhs) (Leave as 0 if not applicable)

Total 0.00

Salaries 0.00

Consumables 0.00

Equipment

Is this is a multi-institutional project

Yes ☐No ☒**If no go to section C****Section B External Collaboration**

Which is the lead centre?

Who is the PI?

Collaborating Centres

Centre

Name and Designation of PI at Centre

(please add as necessary)

Section C Funding Details

Is this project externally funded Yes ☐ No ☒

If No go to section D

Which grant agency is funding this project

Has the funding been awarded Yes ☐ Awaited ☐ Applied for ☐

Date award expected/received 01/01/2020

Total Amount of Award (in lakhs) 0.00

Total Amount to TMC PI (in lakhs) 0.00

Section D Resource Requirements

Human Resources

Will you be appointing staff? Yes ☐ No ☒

If yes, please fill the following

Number of staff to be employed on the project

Details of staff (please fill for each staff)

Staff 1

1. Designation
2. Start Salary 0.00
3. Duration of Appointment Start: 01/01/2020 End: 01/01/2020
4. Is salary fully covered by the grant? Yes ☐ No ☐

If No – where is the shortfall being met from

5. Is salary fixed for the entire duration or will there be yearly increments?

Please inform Finance of salary calculations

6. Will staff be eligible for TMC health insurance/coverage? Yes ☐ No ☒

If yes, please ensure that this has been discussed with HR

Estates

Will staff require office space and desk? Yes ☐ No ☒

If Yes please fill the following:

Has space been identified Yes ☐ No ☐

Do they require IT support (email, computer, software) Yes ☐ No ☐

What is the budget for these resources?

Please ensure that IT requirements have been discussed with IT

Laboratory Space

Will staff require laboratory space? Yes ☐ No ☒

If yes, please fill the following

Where is the space located ?

What equipment and resources are required?

What is the budget for these resources?

Who is in charge of this space?

Has this been discussed with the person in charge of this space? Yes ☐ No ☐

Biobank Facilities

Will biobank facilities be required Yes ☐ No ☒

If yes

Has this been discussed with the biobank and costed Yes ☐ No ☒

Hospital Facilities

Does the project require additional use of hospital facilities Yes ☐ No ☒

If Yes, please fill the following – if yes to any, please specify if existing or new facilities/equipment/tests are required

Clinical Space required

OP	Yes <input type="checkbox"/>	No <input type="checkbox"/>
IP	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Daycare	Yes <input type="checkbox"/>	No <input type="checkbox"/>
OT	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Others	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Medical Equipment Required Yes ☐ No ☐

Diagnostic Laboratory Tests Yes ☐ No ☐

Radiology Yes ☐ No ☐

Section E Project Management

Finance

Does the project require audited financial report and/or external audit?

Yes ☐ No ☒

If yes, please discuss with Finance

Data Management

Please outline your data management plan (250 words) – how will data be collected and processed? How will it be stored and for how long? Have resources been identified for short term and long-term storage? What steps have been taken to ensure confidentiality and data protection?

During the weekly on-treatment review clinic visits patients will complete the PRO-CTCAE questionnaire for difficulty and pain during swallowing while physicians will grade any dysphagia using CTCAE v.5. Data will be collected & managed using institutional REDCap electronic data capture tool after obtaining informed consent from the patient. Statistical analysis will be done using standard softwares R4.0. Percentage of agreement will be reported along with weighted Cohen's kappa as a measure of interrater agreement between patient reported difficulty in swallowing and maximum physician-graded dysphagia. The data will be stored securely and anonymized and will only be accessed by doctors and nurses taking care of the patient. It will not be used to disclose the identity of the patient and will not be disclosed without prior permission.

What percentage of time will you be spending on this project? 5%

How many projects are currently being handled by you? 4

Section F Other comments from the Applicant

Do you have any additional comments or issues?

No

Section G Conflict of Interest Declaration

Note if there are none, please use the default as entered.

For e.g if it is a pharma sponsored study and the hospital or you are receiving a payment, speakers fee, sponsored travel to meetings etc.

I have no conflicts of interest to declare

Form Filled By Dr .Tapesh Bhattacharyya

Date 02/05/2026

Please Email to: rsd@tmckolkata.com; Note: **attach additional sheet if required**