INTERNATIONAL WALDENSTROM MACROGLOBULINEMIA FOUNDATION-BLOOD CANCER UNITED

PILOT CLINICAL TRIAL GRANTS

2026 Request for Proposals

The International Waldenstrom Macroglobulinemia Foundation (IWMF) and Blood Cancer United, formerly known as the Leukemia & Lymphoma Society (LLS), are proud to announce the 2026 INTERNATIONAL WALDENSTROM MACROGLOBULINEMIA FOUNDATION-BLOOD CANCER UNITED PILOT CLINICAL TRIAL GRANTS INITIATIVE – a Request for Proposals (RFP).

Program Background: Pilot Clinical Trial Grants

Over the past 10 years, Waldenstrom macroglobulinemia (WM) patients have benefited from the development of novel agents used for other hematological cancers, such as covalent and non-covalent BTK inhibitors (BTKis) and BCL2 antagonists, which had received prior FDA approvals for other indications. Currently, second generation BTKis are deemed safe and effective to treat WM. Third generation BTKis, and more recently, BTK degraders, have also shown promising results in relapsed and refractory WM patients, including those who have failed covalent BTKis.

Nevertheless, despite improved clinical outcomes for WM patients, significant clinical challenges persist. Specifically, complete response rates with BTKi monotherapies remain elusive, resistance to BTKi therapies is commonly seen over time, there is no standard-of care therapy for relapsed patients who have progressed on BTKi treatments, durable responses with fixed-duration combination treatments have not been validated, and triplet combination therapy, which has been explored for CLL, remains to be examined for WM. Additionally, since WM is an indolent disease showing limited complete response rates in clinical studies, molecular markers of durable efficacy, such as MRD-negativity that may predict long-term responses, may be needed for future WM trials.

Immunotherapeutics to treat other lymphomas have achieved remarkable success and represent compelling areas to be explored for WM. This is underscored by the plethora of new T cell immunotherapies that have been FDA-approved to treat CLL, multiple myeloma, DLBCL and/or other NHLs including CD20 x CD3 bispecific antibodies, BMCA x CD3 bispecific antibodies, CD19-CAR T therapies, and BCMA-CAR T therapies. CD20, BCMA, and CD19 are expressed in WM patients and are relevant targets in WM. Exploration of new and improved CAR T strategies are

also of high interest including new derivatives of CD19-CAR T or dual BCMA/CD19-CAR T which may outperform previously approved autologous CD19-CAR T therapy. In addition, allogeneic CAR T therapy may be beneficial for WM patients and offers an off-the-shelf solution to therapy.

Bispecific T cell engagers offer another promising class of novel therapeutics for WM patients, having demonstrated efficacy in other relapsed and refractory B cell malignancies. Antibody drug conjugates (ADCs), such as CD79b- or CD19-ADCs have been approved for DLBCL and experimental therapies to target CD22 (which are highly expressed on WM cells) are in clinical trials for other diseases. Many of these new agents represent intriguing therapeutic possibilities for WM patients but await the results of on-going trials or the initiation of new trials in WM patients.

Immunotherapies for other NHLs have not only been used to effectively treat active disease; they also may safely block progression to full-blown disease. While current consensus guidelines recommend observation rather than treatment for asymptomatic WM patients, and while chemoimmunotherapy has not been shown to increase overall survival in these patients, it is conceivable that earlier intervention with fixed-duration, novel immunotherapeutics may be safe and beneficial for WM patients who are at high risk of serious disease progression, subject to the development of validated prognostic markers. These represent important WM clinical questions.

Program Description: Pilot Clinical Trial Grants

Under this Grant program, the IWMF seeks to support independent investigators affiliated with academic institutions using investigator-initiated trials (IITs) to undertake: 1) innovative clinical studies using novel agents, novel combination therapies, or immunotherapies with high potential for clinical activity in WM; and 2) studies that substantially improve quality of life and/or reduce prevalent disease complications. Importantly, the IWMF is seeking distinctly novel advances and highly innovative approaches. Novel biologic or chemical experimental agents, either as single agents or in combination, are of high interest with the goal of identifying regimens that result in measurable clinical disease improvement. These clinical studies are likely to demonstrate proof-of-concept of clinical benefit in a limited number of patients. Successful study results should provide validation for larger clinical studies in the future that would lead to novel therapy inclusion in NCCN Guidelines, FDA approval, or other comparable regulatory approvals (and likely will require co-funding beyond the means of the IWMF).

Importantly, studies should be designed to achieve complete responses and MRD-negativity, leading to the IWMF's goal of enhancing long-term disease control (a functional cure) and ultimately, complete cures (discontinuation of any therapy). Applicants should provide a detailed explanation of the proposed rationale, prior clinical data to support the thesis, and a clear rationale for the overall duration and projected schedule for milestone-based payments throughout the Grant period.

Grant Award Structure

- Each Grant will be 2-4 years in duration, with a maximum total Grant Award up to $1,000,000. It is expected most studies will require more than 24 months to be completed.
- No more than 50% of any total Grant Award will be paid in the first 12 months, and no more than 75% of any total Grant Award will be paid in the first 24 months, unless the study has completed its full enrollment and clinical follow-up through last patient out; produced a full clinical readout including statistical analysis, and issued a final study report which has also been submitted for publication.
- Indirect costs are included in the total Grant Award and are limited to 20% of the total Grant Award value (i.e., $66,667 per year for a $1,000,000 total Grant Award budgeted over 3 years).
- For institutions that choose not to use the full amount of available indirect funds for indirect costs, the Grant allows these funds to be applied toward the approved Budget for direct costs.
- Final Grant Awards will be subject to an approved application Budget and Budget Justification.

Research Focus

The IWMF's research funding is focused on advancing translational research breakthroughs that elucidate the molecular basis and pathogenesis of WM and on facilitating innovative clinical-enabling studies poised to significantly improve patient outcomes. The IWMF seeks applications for research and clinical studies that will have a meaningful impact on WM patients within the next 3-5 years. Therefore, the proposed preclinical or clinical research studies should demonstrate clear clinical relevance with the potential to improve patient-centered outcomes, inform evidence-based clinical decision making, or address gaps in current therapeutic insights and approaches. Applications lacking a well-defined link to advancing patient outcomes or translating research findings into meaningful therapeutic advances will be considered non-responsive.

Note: Grant applications that require access to investigational new drugs or approved drugs should have previously secured agreement from the manufacturing sponsor for access to study drug supply. The Grant funds should not be used to pay for or offset the cost of the drug.

The IWMF's Research Goal: to Accelerate the Cure for WM

The IWMF stands at the forefront of a global mission: to transform WM from an incurable malignancy into a disease that can be fully eradicated. The IWMF defines "cure" not simply as remission, but as the achievement of sustained, treatment-free survival—where patients are liberated from both the clinical burden and molecular traces of disease, as confirmed by innovative diagnostic technologies.

As the world's leading patient-centered organization dedicated exclusively to WM, the IWMF leverages its unrivaled network, Scientific Advisory Committee expertise, and global commitment to drive groundbreaking research, fund innovative therapeutic discoveries, advance novel clinical trials, and foster collaborations reshaping the future for all affected by this rare disease.

The IWMF's broader strategic research agenda and efforts to support WM patients are driven by several key objectives: (1) expanding philanthropic support to advance all facets of WM research and patient care; (2) demonstrating that both short- and long-term research investments yield measurable and meaningful clinical benefits; (3) attracting and sustaining a cadre of highly skilled investigators and clinicians, including developing early-career talent to ensure ongoing innovation in the WM field; (4) strengthening collaborative partnerships with leading non-profit organizations—including Blood Cancer United and the Lymphoma Research Foundation—to enhance support resources for WM patients; (5) maintaining active engagement with pharmaceutical and biotechnology companies to encourage continued research, development, and regulatory approvals of novel WM therapeutics; and (6) facilitating targeted funding for premier world-class academic institutions to accelerate the translation of research discoveries into transformative therapies for WM patients.

The IWMF has invested in 116 WM research Grants and 67 different researchers since 1999 and currently supports 32 research Grants, with total committed research funding of $33 million as of September 2025.

Blood Cancer United, formerly known as the Leukemia & Lymphoma Society (LLS)

Blood Cancer United is the world's largest voluntary (nonprofit) health organization dedicated to funding blood cancer research and providing education and patient services. Since 1949, Blood Cancer United has invested nearly $1.8 billion in groundbreaking research, pioneering many of today's most innovative approaches to blood cancer research and therapies. Blood Cancer United tirelessly to find cures and ensure patients can access the lifesaving treatments they need, funding leading-edge research for every type of blood cancer, including leukemia, lymphoma, myeloma, and other rare types of blood cancers. For more information, visit the Blood Cancer United website at https://bloodcancerunited.org/.

How to Apply for a Research Grant: the IWMF's Process

The Grant application process for the *Pilot Clinical Trial Grants Initiative* will follow the National Institutes of Health's (NIH) review guidelines.

For the 2026 RFP application process:

- *Introduction of a Letter of Intent (LOI) phase: Applicants are encouraged to submit an abbreviated LOI in advance of a full application to ensure alignment with the RFP objectives for 2026.*

Submissions:

Letter of Intent (LOI): A 3-5-page LOI should be submitted within the *Pilot Clinical Trial Grants Initiative* via email (timeline and addresses listed below). The LOI should include project title, project summary, rationale and risk benefit, lay description, brief biography (for Principal Investigator), structured clinical abstract (including background summary and preliminary data, goals and objectives, expected outcomes and clinical significance), assays/methodologies/manufacturing plan summary, IRB status, clinical development status, amount requested, proposed start/end date. After a review process that follows the timeline noted below, you will be notified by mid-December if your LOI is invited for a full application submission.

Full Application (FA): A FA for a research project can be submitted within the *Pilot Clinical Trial Grants Initiative* via email (timeline and addresses listed below). The project description, significance, Aims, six-month timeline, and scientific approach should not exceed 12 pages in length

and follow the Research Application located on the IWMF website at https://iwmf.com/applying-for-a-research-grant. Additional pages should include references, biographical sketches, detailed Budget with Budget Justification, list of other projects, and appendices as necessary. Following a review process that follows the timeline noted below, Grant Awards will be made to successful applicants.

Who Can Apply: Applicants must hold an MD, PhD, or equivalent degree and work in domestic or foreign non-profit organizations, such as universities, colleges, hospitals, or laboratories. Applicants should have an independent research or academic position. Applicants need not be US citizens, and there are no restrictions on applicant age, race, gender, or creed. Applicants can apply for more than one Grant. Applicants from non-academic facilities and postdoctoral positions are not eligible.

Multi-Institutional Collaborations: Multi-institutional or multi-disciplinary applications are acceptable. This can be in the form of a single application with or without other Principal Investigators (PI) or collaborators included from different institutions or from different sections within one institution. One PI and that PI's institution would be designated as the lead Party for all communications, reports, payments, etc. to the IWMF per their project Funding Agreement. Alternatively, two (or more) institutions can submit separate stand-alone applications and indicate that the applications are to be linked if they are both selected for funding.

Proposal Review Process: Research proposals are reviewed by an independent committee composed of selected members of the IWMF Research Committee, the IWMF Scientific Advisory Committee (SAC), and other experts in the field. This independent committee may in turn respond to the research proposal applicant(s) with questions and/or request clarification regarding certain aspects of the proposal itself. The proposals are ranked according to NIH review criteria. The final decision for funding is made by the IWMF Board of Trustees. A final decision to fund a proposal is based on funding availability. Applicants will be notified by the IWMF as soon as a decision is made.

Budget: A detailed Budget and Budget justification should provide itemized detail for each major category for all the years of the project. This Budget can be summarized for years one and two and extrapolated for any remaining years. All totals and subtotals should be included. The maximum total Grant Award costs may be up to $1,000,000, inclusive of 20% for indirect costs. The aggregate costs over the first 12 months of the project cannot exceed $500,000; and cannot exceed $750,000 over the first 24 months, with exceptions noted under Grant Award Structure.

Permissible direct costs include the following with the specified limitations:

- Personnel expenses including salary, wage, or stipend with fringe benefits.
- In total, no more than 40% of the direct costs may be requested for the salary and fringe benefit expenses of professional staff with a postgraduate degree (i.e., MD, PhD, DVM) regardless of function or role. This restriction does not apply to technical staff (lab assistants, nurses, etc.).
- Supplies and materials requests should be itemized by category.
- Equipment purchase requests must identify each item of equipment with an acquisition cost of more than $4,000.

Permissible indirect costs (often referred to as Institutional Overhead, IDC, M&A, G&A, or pooled costs) are those costs incurred for common or joint objectives that cannot be readily identified with a particular project (general maintenance, utilities, library, etc.). Indirect costs are limited to 20% above the total direct costs. For sponsoring institutions that do not need to use all the indirect funds allocated for indirect costs, the remaining funds can be applied to the project's direct costs, or the applicant may elect to only request their true indirect costs.

Impermissible costs include membership dues, tuition, books, journals, publication costs, and travel costs.

Payment Guidelines: Prior to executing the funding agreement, the Grant Awardee and the IWMF will agree upon a Budget (per above) that is based on the amount requested in the application and which may be modified by the IWMF. Additionally, a payment schedule, a bi-annual Progress Report schedule, and research milestones will be agreed upon and specified in the Funding Agreement. In all cases, payments will be tied to research milestones. The IWMF, in its sole discretion, reserves the right to cease payments and terminate the Grant Award if the IWMF determines that insufficient progress toward a milestone is achieved within the specified and agreed-upon timeframe.

- For clinical-based study Grants, the IWMF will pay amounts based on clinical progress, patient accrual, interim and final analyses, abstract and/or publication submissions, and/or other clinical research progress metrics. A Gantt chart and milestones for the proposed research Grant are required in the application with a request for payment schedule that is consistent with a Budget Justification (per above). It is anticipated that the IWMF will award up to 20% of the total agreed-upon Budget at Grant launch. Subsequent payments will be tied to achievement of agreed-upon clinical research milestones. The IWMF recognizes that

clinical research can be unpredictable. The final Budget will serve as a guideline that can be adjusted based on resource needs as the trial progresses and amended in the sole discretion of the IWMF.

Reporting Requirements: **Progress Reports are required to be submitted to the IWMF by the PI every six months for the duration of the project.** Interim Progress Reports must be submitted no later than 30 days after the six-month period ends. Such Progress Reports will describe the activities and results with respect to each specific Aim that has occurred during the preceding six-month period. Each Progress Report will include a proposed path forward over the next six-month period. Project Aims should not be changed during the research process without prior notification, justification, and agreement of the IWMF Research Committee. The PI must show in the reports that they are performing the obligations stated in the submitted and approved research proposal for each reporting period. Deviations from the six-month periods need to be explained to ensure that the project is on track. A Final Progress Report which describes the results and findings as they relate to the stated goals of the project for the full term of the project is required no later than 45 days after the project ending date. The PI should expect on occasion to receive requests for clarification of Progress Reports. A Lay Summary must accompany each Interim Progress Report and the Final Progress Report. The reports must be submitted in Microsoft Word or PDF file format. A final detailed expenditure report must also be sent no later than 90 days after the project ending date. Failure to submit timely Progress Reports and Lay Summaries may result in suspension of payment.

Review Criteria

• **Rationale:** The scientific and clinical rationale is based upon a body of high quality, relevant data.

• **Plan/Impact:** The project plan includes a clinical trial, which is well planned to achieve a meaningful outcome. The potential impact of the study on advancing treatment for WM patients, and the timeframe in which patients might realize a benefit is meaningful. Proposed project milestones are appropriate in their relationship to the research plan.

• **Feasibility:** The proposed clinical trial is feasible and achievable within the project timeline. Adequate resources are proposed and available. Please consider the following:

- Qualifications of the PI and/or additional investigator(s).

- Provisions for the protection of clinical trial participants.
- Availability and quality of the resources and environment.
- Access to patient populations and patient samples (where applicable).
- The overall manufacturing plan and its robustness and feasibility to meet the needs of the study (for cell-based or biologic products, if applicable).
- Contingency plans for unanticipated clinical and/or manufacturing challenges.
- A demonstrated and clear path to market for corporate-owned assets.
- If applicable, committed additional funding from the applicant's institution and/or the
- sponsor that enhances the proposal in its goal to benefit WM patients.

• **Clarity:** The proposal demonstrates clarity of thought and presentation of the plan.

Assurances (*Required where applicable*)

Applicants must provide a one-page summary and a link to the www.clinicaltrials.gov website for any clinical protocol essential to the proposed research. Include IRB approval date, IRB compliance number, and effective dates of approval. Projects for which IRB approval is pending must be accompanied by a signed letter from the appropriate institutional official. The applicant should notify the IWMF of any status changes to the IRB approval prior to the Grant Award review. If the research project has received IRB approval, the date must be provided, and documentation must be included. The application may be submitted with IRB approval pending, but an award will not be made without documented IRB approval if it was pending at the time of application submission. The Human Subject Assurance Number (OHRP) must be included and any other documentation required for the initiation of an investigator-initiated trial as mandated by the requisite governing authorities.

Any application without these letters attached may not be reviewed.

The applicant must provide information **if a trial is receiving funding from a sponsor**, specifically, how much money is to be received and how the funds will be used.

Timeline

Email Call for Proposals	September 18, 2025
Letter of Intent Deadline	November 28, 2025
Notification of Full Application Invitation	Mid-December
Full Application Deadline	February 27, 2026 (**No exceptions**)
Review of Submitted Full Applications Completed	April 21, 2026
Notification of Awards	May 2026
Projects Must Start From	July 1, 2026, to February 26, 2027

Submissions

All proposals and other correspondence regarding the Pilot Clinical Trial Grants Initiative should be sent to the following to: grantadmin@iwmf.com.

The IWMF Office will acknowledge receipt of each proposal within one business day via email. If you do not receive such an acknowledgment, please contact Robin Tucker, IWMF Finance Director, at rtucker@iwmf.com or call the IWMF Office at 941-927-4963.