



Call for two knowledge syntheses:

Discover in time
&
Right treatment, right person

Purpose of this call

With this call for knowledge syntheses, the Dutch Heart Foundation (DHF) intends to assess existing knowledge, and evidence gaps in the context of the following two themes of the cardiovascular agenda: *Discover in time* and *Right treatment, right person*. The results of both knowledge syntheses will be used for policy development within the Dutch Heart Foundation and will also serve as input for future research calls to fill knowledge gaps or develop implementation plans where knowledge is available.

Call summary

Call type:	Knowledge syntheses
Aim:	To evaluate existing knowledge from research and practice within the Dutch context for two themes of the cardiovascular agenda.
What can be requested:	Max. € 50,000 per knowledge synthesis
Project duration:	Maximum 1 year
Who can apply:	Researchers with strong networking capabilities and reputation in the field.
Evaluation by:	Evaluation committee with scientific members and advisors of the DHF

Timeline

Call open:	March 2026
Proposal deadline:	23 June 2026 14:00 pm
Deadline for rebuttal:	Medio September 2026
Evaluation meeting:	Begin October 2026
Funding decision:	End October 2026
Expected start:	January 2027

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1. A healthy heart for all: now and in the future

1.1. The Dutch Heart Foundation

A healthy heart for everyone, today and tomorrow. That's the goal of the Dutch Heart Foundation. Because everything starts with the heart. Today, 1.8 million people in the Netherlands live with cardiovascular disease. Without decisive action, this number will continue to rise rapidly, putting increasing pressure on the healthcare system.

The Dutch Heart Foundation works to prevent cardiovascular disease, improve rapid response in emergencies, and advance vital research. We also work to improve care and quality of life for people living with cardiovascular disease, so they can live longer and in better health.

To achieve this ambition, we fund research that delivers tangible progress in prevention, early detection and treatment. Collaboration is central to this approach: across disciplines and along the full spectrum from fundamental research to clinical practice and public health. This enables top talent to develop innovative ideas and connects different areas of expertise, helping research lead to real improvements faster.

We invest in researchers who look beyond publications alone, researchers who are committed to translating science into practice, policy and real benefits for patients. Through targeted funding and strong collaboration, we strengthen the connection between research, healthcare and government, and work together on solutions that make a lasting difference to the heart health of the Netherlands.

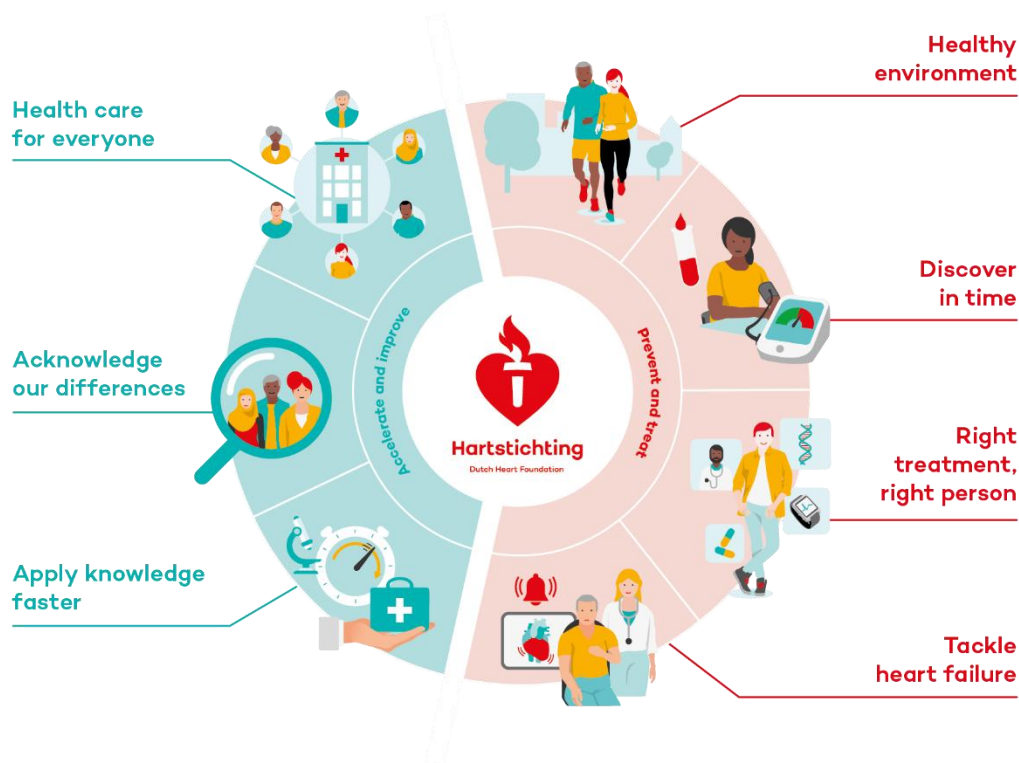
1.2. Dutch cardiovascular agenda

With rising numbers of people affected by heart or circulatory diseases, society faces immense challenges. In a bid to tackle this burden, we took the initiative to develop a national cardiovascular agenda, together with researchers, patients, health care professionals, and stakeholders, including the Dutch general public, policy makers, volunteers and donors. This resulted in a new agenda for cardiovascular diseases with the [7 themes](#) presented below.

Based on our long term ambitions, we commit at least half of our research budget to research contributing to the seven themes of the cardiovascular agenda.

New to the cardiovascular agenda – successor to the research agenda published in 2014 – is the approach, which is broader than funding research. The agenda holds challenging objectives that can only be reached by a combination of research, innovation, policy action and education. It includes, for example, topics such as future-proof health care, promoting prevention, increasing social awareness, and timely recognition of cardiovascular diseases.

The themes on the agenda were elaborated by seven working groups, consisting of patient representatives, researchers, healthcare providers and advisors. They spoke as experts in a personal capacity and from their own experience. The working groups formulated the ambition, objectives and approach for each theme.



The seven themes on the agenda can be categorised in two clusters:

1. “Accelerate and improve”

This cluster (depicted in blue) consists of the themes *Health care for everyone*; *Acknowledge our differences*; and *Apply knowledge faster*. These themes are focused on improving the healthcare system and implementing knowledge faster in society and health care.

2. “Prevent and treat”

This cluster (depicted in red) consists of the themes *Healthy environment*; *Discover in time*; *Right treatment, right person*; and *Tackle heart failure*. These themes focus on prevention of cardiovascular diseases and their complications, on better and personalised treatments for all cardiovascular diseases, and concerted action for heart failure.

For further details regarding the themes and objectives on the cardiovascular agenda, please see the full [report](#).

2. Call for knowledge syntheses: Discover in time & Right treatment, right person

2.1 Results

The results of the knowledge synthesis will provide guidance to the scientific community and research funders, including the Dutch Heart Foundation, in making strategic choices regarding the implementation of the cardiovascular agenda, specifically in relation to the objectives associated with the themes *Discover in time* and *Right treatment, right person*. See the appendices A1 and A2 for more specific information per theme.

We expect at least the following outputs from the knowledge synthesis:

- One or more **scientific review articles** providing insight into the research questions aligned with the objectives outlined in Appendices A1 and A2.
- A **report** (in Dutch) that enables the Dutch Heart Foundation, its partners, and researchers to make informed choices about (research) projects that are most likely to contribute to the objectives of the cardiovascular agenda.

2.2 Criteria applicant and team

The applicant is a senior researcher with strong networking capabilities and reputation in the field. The researcher should possess strong analytical skills, excellent writing skills in both Dutch and English, and an affinity with impact-oriented research.

A compact project team is expected to work most efficiently:

- **Principal researcher:** responsible for the execution of the synthesis;
- **Supervisor / senior researcher:** safeguards substantive quality and methodological rigour;
- **Advisory group:** representatives from academia and clinical practice.

The Dutch Heart Foundation considers it important that the knowledge synthesis adopts a broad scope and covers as many cardiovascular disciplines as possible. We therefore expect the involvement of a multidisciplinary team or advisory group with expertise in, among others, cardiology, neurology, vascular medicine, epidemiology, data science, implementation research, and behavioural sciences, thereby warranting broad support of the output by the scientific community. Collaboration with clinical practice and patient organisations is explicitly encouraged to enhance the usability and impact of the knowledge synthesis.

2.3 Budget and duration

The duration of each knowledge synthesis is maximally 1 year. As the cardiovascular agenda aims to accelerate the research field and the production of these documents, we are making a limited budget available to free up someone for the literature review and the writing of the reports. The maximum funding per synthesis is €50.000, including VAT where applicable. More detailed information on budget directions can be found in Appendix C.

2.4 How to apply?

Applicants are invited to submit a proposal via our grant management system, [Cavaris](#). Manuals for using the system can be found [here](#). Appendix B contains the explanation of this application form.

2.5 Timeline

Call open:	March 2026
Proposal deadline:	23 June 2026 14:00
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3. Evaluation, funding decision and agreement

3.1 Evaluation of the proposal

Eligibility check

Within one week after submission the DHF will check the eligibility criteria. If the application does not meet our criteria, and this requires a minor adjustment/action, we request the applicant to adjust this within 5 working days. Changes to the content of the research proposal are not eligible for this. Applicants should be available for up to two weeks after the deadline to adjust the application and answer any questions. The applicants have to make sure their mobile number is in the Cavaris profile. If the applicant cannot be available, please let us know in advance.

If the application is not eligible, the applicant will be notified by us. This decision will always be substantiated. Once the application is eligible, a confirmation email will be send.

Evaluation committee

The committee is currently being formed. Once its composition is finalised, we will inform the applicants. The evaluation committee will consist of members from the scientific advisory board of the DHF, members of the working groups Discover on Time and Right treatment right person and relevant experts from DHF.

Review of the proposal.

After a positive eligibility check by the DHF, members of the evaluation committee will review the proposal on the following criteria:

- Applicant (background, relevant expertise)
- Description of work (feasibility, clarity)
- Embedding
- Collaborations
- Budget
- Fit with the goal of this call

The applicant receives a compilation of the reviews after which an opportunity is given to respond with a point-by-point rebuttal.

Assessment meeting

The evaluation committee will discuss the proposals and rebuttal. The committee forms its own opinion on the basis of all available information and can compare different applications. An interview might be part of the assessment procedure. More detailed information about the procedure and the meeting will be provided after the eligibility check of the submitted proposals.

Funding decision

The evaluation committee will advise whether the proposal is eligible for funding. The board of the DHF makes the final funding decision, based on the advice of the evaluation committee.

3.2 Code of Conduct on Confidentiality and Conflicts of Interest

To ensure a fair assessment and transparency for researchers, the DHF uses a Code of Conduct on Confidentiality and Conflicts of Interest. This code stresses the necessity of confidentiality, identifies possible forms of conflicts of interest, and indicates the steps to be taken to avoid conflicts of interest. Parties subject to the code of conduct are reviewers,

committee members, members of advisory and decision-making bodies, and DHF officers. The full Code of Conduct is available on our [website](#).

3.3 Complaints procedure

A complaint regarding the procedure can be submitted by applicants after the final decision has been communicated. A complaint form should be submitted to the complaints committee of the DHF. It is not possible to appeal against the outcome of the procedure (funded or not funded). The form can be found on the DHF website. Complaints should be submitted within four weeks of receiving the outcome notice from the DHF. More information about the complaints procedure can be found on our [website](#).

3.4 Granting

The final allocation of funding is based on an agreement. Read the agreement carefully before submitting, the agreement can be found in Cavaris in the Documentation tab under 'General Information'. Upon signing, the agreement also applies to the institution of the lead-applicant. The research project must commence no later than six months after the grant is awarded, otherwise the allocated funding will be forfeited.

4. Contact details

For information or questions about this programme, please contact:

- For the knowledge synthesis regarding *Right treatment, right person*: Joost Leenders: j.leenders@hartstichting.nl, 070 31 555 08
- For the knowledge synthesis regarding *Discover in time*: Karin Eizema: k.eizema@hartstichting.nl, 070-3155566.

For questions about our grant management system (Cavaris), please contact research@hartstichting.nl.

5. Appendices

Appendix A1 Call for knowledge synthesis: Discover in time

One of the seven themes of the Cardiovascular agenda is **Discover in time**. The challenges of this theme can be found on page 51-63 of the [cardiovascular agenda](#).

Early detection means detecting disease even before people are aware of symptoms and is an important way to prevent cardiovascular disease and unnecessary worsening of disease. However cost-effectiveness, negative emotional effects and unnecessary medicalisation (making people patients too early), and incomplete implementation must be taken into account. There are early detection interventions, but there is no overview of the cost-effectiveness, emotional effects, and health outcomes of these interventions.

With regard to the cost-effectiveness of early detection, the burden of proof is ambiguous. Several interventions for early detection of cardiovascular disease are predominantly cost-effective. At the same time, other studies do not endorse this (cost) effectiveness. It is currently unclear what the prevailing evidence is for the Dutch situation. Also, results are difficult to compare with each other due to a lack of standardization, a good definition of specific target groups and interventions that have not been studied for (cost) effectiveness.

With regard to the emotional effect on people of early detection, relatively little is known. Some international studies show that there are strong differences in perceptions and acceptability about early detection between different target groups. But there is insufficient insight into the Dutch situation. This means that there is currently insufficient knowledge about the emotional effects on people of early detection in specific target groups. Synergising these insights pave the way to design and implement better strategies for early detection that limit emotional distress and improve quality of life.

Additionally, at present, not enough is known about the effective implementation of interventions for early detection as well as possible unnecessary medicalisation. As a result, in practice there is hardly any systemic early detection of cardiovascular disease.

In conclusion, a synthesis of existing knowledge about the health benefit, cost-effectiveness, and sustainability of early detection will contribute to greater support, funding, and a sustainable and successful implementation of early detection.

Aim

The aim of this knowledge synthesis is to map existing evidence from research and clinical practice with regards to the health outcomes, emotional effects and cost-effectiveness of early detection in cardiovascular disease for researchers, clinicians and policy makers. The knowledge synthesis includes differences in methodologies, and a critical assessment is made of whether studies are comparable. The knowledge synthesis systemically addresses the knowledgebase and applicability in the Dutch situation.

Objectives

1. Systematically map and classify early detection interventions and target populations.
2. Synthesis of evidence on health outcomes, emotional effects and (cost-)effectiveness across comparable interventions.
3. Identify evidence gaps, evaluation needs, and conditions for sustainable implementation in the Dutch situation.

Appendix A2 Call for knowledge syntheses: Right treatment, right person

A central theme within the Cardiovascular Agenda is **“Right treatment, right person”**: delivering care and prevention that are tailored to individuals’ characteristics, preferences, and life circumstances. Achieving this ambition requires robust predictive models and effective decision-support tools. These instruments enable more accurate estimation of risks and outcomes, support shared decision-making, and help ensure that treatments are aligned with what is most appropriate and effective for each individual patient.

The challenges of the theme “Right treatment, right person” can be found on page 65–75 of the [cardiovascular agenda](#).

Numerous quantitative prediction models and related decision-support tools have been developed for a wide range of cardiovascular diseases. However, the available knowledge is fragmented and not consistently implemented in clinical practice. Several factors may contribute to this gap between development and application, including limited predictive performance of some models, insufficient validation or updating, suboptimal integration into clinical workflows, limited usability of decision aids, and insufficient awareness among healthcare professionals and patients about the existence and value of these tools.

To develop a clear strategy for achieving the ambitious goals of the challenges of the Cardiovascular Agenda, a comprehensive overview of the current state of the field is needed. This includes insight into existing scientific knowledge, the availability and real-world use of quantitative prediction models, and the implementation of shared decision-making tools based on these prediction models.

Aim

The aim of this knowledge synthesis is to provide a comprehensive and structured overview of the current state of knowledge regarding predictive models and decision aids in cardiovascular clinical care. Focus should be on both people at risk of developing cardiovascular disease and patients with a cardiovascular disease. The knowledge synthesis includes all tools designed to support risk estimation, prognosis, treatment selection, and shared decision-making across the full spectrum of cardiovascular diseases and care pathways (both primary and secondary care). The synthesis will not only catalogue which predictive models and decision-support tools currently exist, but will also assess their scientific foundation, level of validation, and practical applicability.

In addition, the knowledge synthesis will examine whether these tools are being used in routine clinical practice in the Netherlands. It will explore in which healthcare settings they are implemented, to what extent they are embedded in clinical workflows, and whether they demonstrably contribute to improved decision-making and patient outcomes.

By bringing together this information in a coherent and accessible way, the knowledge synthesis will enable policymakers to identify both knowledge gaps and implementation gaps. It will clarify where robust evidence is lacking, where predictive performance can be improved, which patient groups or disease areas are underrepresented, and where existing tools are and are not yet effectively translated into practice. This insight is essential for

making strategic choices about where investments in research, development, validation, or implementation support are most urgently needed.

The outcomes of this knowledge synthesis will form the substantive foundation for our future research policy. They will directly inform decisions on how best to achieve the ambitions set out in the Cardiovascular Agenda. Specifically, the results will guide the development of targeted research calls, stimulate collaborative initiatives, and support implementation activities that promote the uptake of effective tools.

Objectives

By bringing together existing knowledge on predictive models and decision aids, the Dutch Heart Foundation aims to gain insight into where these instruments are already being used effectively, where they are lacking, and which developments are needed to make personalised treatment structurally feasible. With the following objectives:

1. Identify, based on international literature, which predictive models currently exist, the outcomes they predict and for which cardiovascular conditions they have been developed. Where possible also include which analytical techniques have been used in the development of the models.
2. Identify evidence on reliability and applicability of the predictive models in the Dutch context.
3. Identify both the most prominent gaps in availability and use of predictive models and the best practices. Based on clear argumentations for example the combination of the prevalence and burden of disease, with treatment decision complexity or insecurity.
4. Identify which decision aids are available, the underlying evidence (e.g. which predictive model), for which conditions they are used and how effective they are.

Appendix B: Submitting the proposal

Grant management system Cavaris

The proposal can be submitted using Cavaris (www.cavaris.nl), the online application system of the DHF. The manual for Cavaris can be found [here](#). In case of any questions, please contact research@hartstichting.nl. Cavaris requires to fill in personal details before submission can take place. Many fields of the submission are mandatory. If any mandatory field is left empty, the proposal cannot be submitted.

General directives

General Information

This section contains general information about the research proposal, applicant, and project partners (add under 'Academic partner', 'Private partner' or 'Stakeholders'). Applicants (max 3) upload their CV in PDF format, according to the provided template found under 'Documentation'. The lead-applicant signs for the application in this section under 'Acceptance Conditions' and confirms thereby to agree with the conditions (to be found under 'Documentation'). More information about this can be found under 'Signing the application'.

Summaries

The Dutch summary should be written in understandable language for non-medical professionals. This summary may be used for communication and fundraising purposes towards the general public. Do not use jargon and IP-sensitive information. The English summary, among other purposes, is intended for reviewers and must contain all necessary elements for a referee to decide whether to assess the application. Upon approval of an application, we publish the English summary via the search engine for research funded by the DHF. This search engine is available on our professionals' website:

<https://professionals.hartstichting.nl>.

Budget

See appendix C.

Impact

The 'Impact' tab consists of multiple sections. In this section, describe the relevance of the research to the identified health care problem and the main objective. The sections 'Solution', 'Impact on cardiovascular burden of disease' and 'Contribution to relevant research agendas' do not need to be filled. In. Add the text: 'not necessary to fill in' in these sections.

Description of work

The sections 'General hypothesis' and 'Key objectives' do not need to be filled in. The aims and the activities carried out must be feasible in terms of project duration and available budget. Provide a timeline. A SWOT analysis is not necessary. Supporting figures and references can be uploaded in 'additional uploads'.

Data management

Describe how data are collected and analyses, how data will be stored during after the project, and how the data will be made available for reuse. If existing datasets are being used, describe which datasets are used and how the data will be reused.

(Pre-)clinical Studies

This section does not need to be filled in.

Route to societal impact

Describe the expected results. The section 'Which steps will you take to bring results to clinical practice' does not need to be filled in.

Collaboration

The project team describes their collaboration with other consortia/research groups, relevant stakeholder organizations and end users. Possible stakeholder organizations are, for example, partner organisations of the DCVA.

The application includes a description of which stakeholders are involved (including names), both national as well as international.

Additional Uploads

Here upload the following documents as PDF:

- Mandatory: CV's of project members (the applicant(s) upload the CV on the General information tab.
- Optional: References
- Optional: Figures and/or tables (including figure legend)

Overview of the questions in the application form to fill in or not to be filled in:

Questions	To be filled in	NOT to be filled in
Summaries	x	
Impact		
Theme, including health care problem	x	
Solution		x
Impact on cardiovascular burden of disease		x
Main objective	x	
Contribution to relevant research agendas		x
Description of work		
Previously submitted?	x	
General hypothesis		x
Key objectives		x
Does the current proposal build on results from previous studies?	x	
Description of work plan	x	
SWOT analysis and contingency plan		x
Data Management		
Data management	x	
Re-use of existing data	x	
(Pre-)Clinical Studies		
Clinical Studies/Studies with Humans		x
Studies with animals		x
Route to societal impact		
What are the expected results of this study ?	x	
Which steps will you take to bring results to clinical practice?		x
Collaborations		
External Collaborations	x	

Signing the application

The application should be signed by the applicant(s). By joining the application, the Project Partners endorse and support the application.

A co-applicant is invited to sign the application on the left side in the red menu under 'Invitations'. This person will receive an email with an invitation to sign. They must register on our application system to be able to sign. The signing of the application consists of two steps: first the invitation needs to be accepted by this person after which the actual signing takes place. A signer can sign at any time while the application is being written and does not have to wait until the application is fully ready to submit. Applicants, work package leaders and project managers can edit the application. A Project Partner can view the application but cannot change it. Only persons in the role of applicant can submit the application. The lead applicant will receive an email notification once all required signers have signed the application.

After completing all fields and uploading all necessary documents, the lead-applications signs for approval at acceptance conditions. For questions about signing the application, please consult the Cavaris manual or contact us at research@hartstichting.nl.

Confirmation of submission

A confirmation email will be send automatically when the application has been successfully submitted to the DHF. If this does not happen, the application has not been received by us. In that case, please contact us as soon as possible. Applications cannot be submitted after the deadline and will not be considered for evaluation. If there are any problems with submitting the application, please contact us before the deadline.

Appendix C: Budget instructions

Budget form

The budget Excel template should be downloaded from Cavaris. Fill in the budget form and then upload it. Clearly indicate what is requested from the DHF, and what the co-funding is from various partners and/or from another source of funding. This will create a comprehensive financial budget for the project. It is important that the correct salary categories are used when filling out the budget form. These are specified in the budget form. The DHF will calculate the final amount to be awarded after the project has been approved.

General comments:

- The amounts entered in this section should logically follow from the descriptions in the application. These descriptions should justify in words what is being allocated in monetary terms in this section.
- The DHF uses fixed Salary Categories for personnel to be appointed following the CAO of the Universities of the Netherlands. The calculations for these salary categories are based on the 'Akkoord bekostiging wetenschappelijk onderzoek 2008.'. This agreement was made to keep the amounts for personnel consistent between different funders. For the full text of this agreement, visit the NWO website: [Akkoord bekostiging wetenschappelijk onderzoek 2008 | NWO](#).
- Conference costs are not reimbursed.
- The Hartstichting reserves the right to exclude the following costs from subsidy:
 - cost types insufficiently related to research activities
 - costs that are not clearly described, and/or
 - costs that cannot be found in the descriptions.

Filling in General Information

Before entering the items, fill in a few fields:

- Date, project title, Cavaris project number and the name of the applicant;
- Under Organisation name, the institution where the applicant works in the first row (this is the grant recipient, Organisation role is the Applicant);
- and — if applicable — organisations of other partners that are funded or co-financed, other knowledge institutions have the Organisation role Knowledge institute 1 etc, other private parties have the Organisation role Private partner 1 etc.

When filling in the various cost categories, these organization names will appear automatically in the dropdown menu.

Filling in the Cost Categories

Provide a comprehensive budget. Make a distinction between:

- a) DHF Requested (Hartstichting): This is what is requested from the DHF.
- b) Contribution knowledge institute (in kind or in cash): This is the amount that the knowledge institutions contribute to this project. This can include salary for permanent appointments, supplementation of salary costs for appointed personnel, facilities of the institution, etc. Upon approval of the application, it will be stipulated that the knowledge institutions will actually contribute these amounts throughout the entire duration of the program.

Requested costs

The following costs to be requested are addressed:

1. Personnel
2. Other costs

1. Personnel

Only the salary categories used by the DHF can be requested. Other costs such as material costs or other project specific costs should be included under 'Other costs'. Specify the type of personnel requested (dropdown menu). Determine the personnel input based on the employment percentage (FTE) and the number of person-months: 1 year = 12 person-months. The budget will be automatically filled in.

We have salary categories for the following positions:

Category	Function
Category A:	PhD student
Category B:	Postdoc, PhD/qualified medical researcher: conducting scientific work
Category C:	Non-scientific support staff MBO (e.g., project assistant, secretarial staff)
Category D:	Non-scientific support staff HBO (e.g., research analyst, research nurse, data manager, biotechnician, dietitian, social worker, policy officer, quality officer, etc.)
Category E	Non-scientific support staff Academic (e.g., psychologist, policy advisor, quality advisor, statistician)
Category F:	Clinical PhD student/medical researcher

2. Other costs

Do not use general expense categories here; instead, estimate the actual costs (dropdown menu). Items such as miscellaneous or unforeseen expenses are not accepted. Estimate the costs associated with the use of existing facilities (= in-kind contribution).

- a) Other expenses: These costs must be related to (research) activities and should therefore be specified. The DHF reserves the right to exclude cost categories that are not sufficiently related to the research activities from funding.
- b) Subcontracting: If a consortium hires third parties to carry out any part of the project activities, this is considered subcontracting. The DHF does not consider this as a form of collaboration. The applicant must record this with the parties involved in a written agreement (market-based) in which it is stipulated in advance that results will be transferred to the applicant. When awarding a contract, the applicant must comply with any procurement rules that may apply.
This often involves companies or agencies providing a particular service for the purpose of the research. In the budget include one price for the hiring of a particular service (hiring personnel and/or materials, storage of data, etc. including VAT). This should also appear in words in the description.

If subcontractors have already been selected:

- Names may be mentioned, together with the agreed tasks.

If subcontractors have not yet been selected:

- It is sufficient to name the tasks (which task in which work package)

The following costs are not eligible for reimbursement:

- Equipment (computers, measuring instruments, analytical equipment, etc.).
- General (laboratory) facilities (overhead) and associated costs. This includes, among others, training costs and staff travel expenses.
- Software, etc. not exclusively needed for the project.
- Publication costs.
- Conference costs.