

# Osteoarthritis Treatments Research Consortium: Call for applications

## Contents

Summary .....	2
Context .....	3
What we are looking for .....	4
Expected outcomes .....	5
Research we fund .....	5
Requirements.....	6
Purpose and Nature of an Arthritis UK Research Consortium .....	6
Research impact .....	6
Pace and Precision - a translational approach .....	7
Research Involvement.....	8
Diversity and Inclusion .....	8
Collaboration and partnership .....	8
Clinical Research .....	8
Data and sample resources.....	9
Intellectual Property.....	9
Who can apply .....	9
What you can apply for .....	10
How to apply .....	11
Notice of intention to apply .....	11
Application submission.....	11
How will applications be assessed.....	11
Award management.....	12
Timelines.....	13
Contact details .....	13

## Summary

Consortium funding aims to bring different people and groups together to work with integrated thought and ambition, creating a community of shared expertise to deliver a cohesive series of research packages working towards unlocking a problem area at pace.

Despite the enormous impact osteoarthritis has on people's lives, and because there are no disease-modifying drugs approved for osteoarthritis, treatments still rely on symptom management rather than altering the course of the disease. Truly transformative treatments will require interventions that can prevent, repair or regenerate damaged joint tissues.

**This second osteoarthritis research consortium investment is focussed on the development of disease and symptom modifying pharmacotherapeutic osteoarthritis treatments.**

In summary this funding call will support:

- Development of a distributed portfolio of multiple already identified potential treatments with different targets and mechanisms of action, at different stages of development
- Building a strong UK osteoarthritis translational research community, able to deliver rapid pharmacotherapeutic research progress

Areas of focus include, but are not restricted to, support for:

- Development of small molecules, biologics (antibodies, peptides, proteins), advanced therapeutics (DNA and RNA gene therapy, cell-based therapy), regenerative medicine approaches
- Repurposing of existing medicines or adoption of underdeveloped "on-the-shelf" assets with established safety profiles and indications of potential efficacy in osteoarthritis
- For novel approaches: pathway progression - hit evaluation, human target engagement, lead identification, refinement and optimisation to candidate nomination
- For repurposed entities: generation of initial efficacy and safety data in the targeted patient population
- Testing and confirming developmental approaches that have no prospects, broadcasting these widely, and halting activities where necessary

Funding is available for up to 60 months duration and up to £3M in value. One award is available. **It is not expected to be renewed.**

If your proposal is suitable for co-funding with another funder, please email us as early as possible, at [awards@arthritis-uk.org](mailto:awards@arthritis-uk.org) as we may be able to facilitate such partnerships.

Submit applications to this one-stage process through our [Arthritis UK Awards Portal](#). The application deadline is **16:00 Wednesday 23 September 2026**.

Submission of a **Notice of Intention to Apply** is required to enable reviewer selection (500-word PDF including anticipated Consortium members). This **must arrive by email by 16:00 on Wednesday 5 August 2026**. For further information contact [awards@arthritis-uk.org](mailto:awards@arthritis-uk.org).

## Context

Despite the enormous impact osteoarthritis has on people's lives, and because there are no disease-modifying drugs approved for osteoarthritis, treatments still rely on symptom management rather than altering the course of the disease.

Research continues to highlight how complex osteoarthritis is. It affects different joints and tissues in joints, and is driven by varied factors, including inflammation, mechanical stress, and genetics. Truly transformative treatments will require interventions that can prevent, repair or regenerate damaged joint tissues.

A deeper understanding of the biological changes in joint tissues and the subsequent recognition of different biological mechanisms / endotypes in osteoarthritis (across cartilage breakdown, inflammation and bone changes), will be the best approach to identify new target pathways for pharmacotherapy development.

There are multiple ongoing osteoarthritis initiatives around the world, that aim to further understand and refine osteoarthritis stratification and appropriate clinical trial endpoints that are relevant to both patients and researchers, (e.g. [EU-funded PROBE study](#)). As yet, there are no robust, recognised/approved structural or biomarker-based endpoints for osteoarthritis trials, with many reliant on patient reported outcomes of pain, function and quality of life. While these are important measures, robust markers of disease modification would improve the development of novel osteoarthritis treatments.

We have recently funded an osteoarthritis research consortium (SOLVE). This consortium will focus on analysis of different subtypes/endotypes of osteoarthritis, and how life events, social factors and other health conditions affect osteoarthritis risk and progression, to inform development of better treatment options. We therefore expect that SOLVE and the second osteoarthritis consortium will have overlapping interests, but applicants to this funding Call do not need to explicitly align planned work packages with those in SOLVE. Arthritis UK will support regular contact between the two consortia to share relevant content and gained from each consortium's progress.

Arthritis UK's ambition is to invest in novel osteoarthritis therapeutic development as part of this wider network of activities to contribute to building concerted efforts in osteoarthritis research.

Our research portfolio contains many elements of this type of research from numerous previous calls. This consortium therefore aims to achieve outcomes bigger than the sum of its parts, by bringing teams and knowledge together to work on multiple potential targets, giving the benefit of scale.

Please note that applications for osteoarthritis treatment development funding will **not** be excluded from future and current Translation and Early Detection and Targeted Treatments Calls.

## What we are looking for

All our research investments aim to generate the best possible impact for the benefit of people with arthritis. Proposed studies should advance the translational pathway towards impact for people with arthritis.

Consortium funding aims to bring different people and groups together to work with integrated thought and ambition, creating a community of shared expertise to deliver a cohesive series of research packages working toward unlocking a problem area at pace.

In this consortium, we aim to bring together experts with multidisciplinary expertise to form a strong osteoarthritis translational research consortium, focused on advancing new drug treatments. We encourage strong collaboration and distribution of expertise within the consortium. It should build a community that makes research easier for each other, sharing and learning 'how to' approaches to be successful in the different developmental stages and spaces. It should specifically include preclinical and clinical pain expertise to address this major problem identified by people living with arthritis.

**The intended focus** is on disease and symptom modifying pharmacotherapeutic osteoarthritis treatments. These could include: small molecules, biologics (antibodies, peptides, proteins), advanced therapeutics (DNA and RNA gene therapy, cell-based therapy), regenerative medicine approaches and repurposing of existing medicines. This is a non-exhaustive list and we encourage applicants to get in touch to discuss if any areas of interest are not listed here. The consortium will ideally have a distributed portfolio, aiming to advance multiple assets with different targets and mechanisms of action, at different stages of development, rather than focus on a single potential treatment.

Development will ideally, focus on already identified *potential* osteoarthritis targets and treatments, at a minimum Technology Readiness Level (TRL) of TRL3 i.e. at the stage of experimental Proof of Concept /initial target validation. The consortium could also work on repurposing treatments, or adoption of underdeveloped "on-the-shelf" assets with established safety profiles and indications of potential efficacy in osteoarthritis.

We want to facilitate progress from early development, generating initial efficacy and safety indicators in potential treatments: further preclinical proof of concept (e.g. in vivo animal models, targeted *in vitro* screening assays where these don't already exist), identification of target hits, human target engagement and validation (right thing, right place, right action), possible lead identification and optimisation, robust end-point biomarker validation, preclinical pharmacodynamics and pharmacokinetics and/or early clinical research, the latter particularly in the case of drug repurposing. As the work of the consortium builds, we expect that the research would lead to possible commercial products.

The focus of the consortium is expected to be wider than a single joint, including the major joints affected by osteoarthritis. An exemplar joint can be selected, in which case consideration of how disease in other joints would be considered should be explicit in the plans. Treatment options can be developed for any stage of the condition, and do not need to cover all stages.

The initial consortium plans should not include early-stage development activity, such as target identification and discovery stage work, candidate generation, high throughput screening,

validation or development of models or assays as the main consortium activity, or if suitable tools already exist.

The consortium funding is not designed to fund start-up or spin-out of a company based on existing assets, nor is it support for commercial entities or conducting later stage clinical research.

## Expected outcomes

- Progress a small number of pharmacotherapies along appropriate developmental pathways as possible osteoarthritis treatments
- For novel approaches: pathway progression - hit evaluation, human target engagement, lead identification, refinement and optimisation to candidate nomination.
- For repurposed entities: generation of initial efficacy and safety data in the targeted patient population.
- Test and confirm developmental approaches that have no prospects, broadcasting these widely, and halting activities where necessary (fail fast).
- Build a strong UK osteoarthritis translational research community, able to deliver rapid pharmacotherapeutic research progress from a skilled and widely distributed multidisciplinary research alliance that can routinely access techniques and expertise.

**If you have any questions about the scope of this call or would like to discuss the eligibility of your proposal please email [awards@arthritis-uk.org](mailto:awards@arthritis-uk.org).**

## Research we fund

Arthritis UK is the largest dedicated funder of arthritis research globally. We fund research driven by the needs of people with arthritis and with the greatest potential to improve the quality of their lives. Our research ambition is to accelerate the pace and precision of research that benefits people living with arthritis.

We have extended the lifespan of our [research strategy](#) from spring 2026 to spring 2028, to align our organisational and research strategies. Our organisational strategy is to focus on arthritis, which means that we will continue to fund research that focuses on the most prevalent and impactful arthritis conditions in our existing priority areas; early detection and prevention, targeted treatments, living well, and people and partnerships.

## Requirements

### Purpose and Nature of an Arthritis UK Research Consortium

#### Consortium funding:

- is **primarily to perform research**.
- is about **bringing different people and groups together** to work with integrated thought and ambition to **unlock a problem area at pace** - creating a community of shared expertise and knowledge to deliver a cohesive planned series of defined packages of research to achieve the aims.
- is not expected to bring together wholly new networks but rather to build on existing networks and expertise, bringing in appropriate new partners and collaborations to address the challenges that have arisen from progress in the area.
- is not for network development to bring people together to then seek funding to do research.
- is not 'enabling' or 'infrastructure' funding e.g. to deliver a series of pump-priming projects or a PhD training network, nor to deliver a large clinical trial or be particularly supplemental to other awards.
- Can support a short (under 6 months) establishment phase, this should be included in the Consortium plan/Gantt. The Consortium should not spend more than 6 months setting up the core research components, and not more than 1 year in starting research in all workstreams.

A proportion of Consortium funding can be allocated to support the core facilitatory resources required for the research delivery, i.e. the directly allocated core operational costs sometimes referred to as infrastructure but not larger research infrastructures (such as buildings, major data collections / sample resources / equipment / services / training programmes).

A Consortium may be small or larger in relation to the numbers of partners, depending on, and justified by, the design of the research programme. There is no defined minimum or maximum number of Consortium members, it's about bringing the best people together. We are not expecting single site applications. When allocating consortium roles in larger teams please consider whether individuals should be co-applicants or collaborators based on guidance available on our website: [Applying for an award | Arthritis UK](#).

We encourage representation of health and social care service delivery, local authorities, policy expertise and technology transfer capabilities as appropriate in consideration of the next dissemination/ implementation steps around the Consortium outputs.

#### Research impact

We expect applications to include information on how the research will bring impact and benefit to people with arthritis. We currently assess impact using our framework below, which focuses on seven areas. We anticipate that the Consortium funding model will achieve impacts relevant to one or more of the four areas highlighted in bold. More detail around these impact

areas can be found in our guidance documents including examples of outcomes relating to each area. The impact areas 'leveraged funding', 'partnerships' and 'capacity building' are secondary impact areas for this funding model. For 'capacity building', while the technical capacity to conduct translational research should be increased by the consortium, formalised training networks or infrastructural enhancements are not a target of this funding call.

- **Patient and Public Involvement** – the benefit that patients bring to the research itself.
- **New knowledge** – our research has changed what we know about arthritis.
- **Intellectual property, products, and services** – new innovations, treatments or tools which improve patients' lives.
- **Policy and Practice** – our research is influencing how arthritis is treated or managed.
- **Partnerships** – new networks, partners and collaborations which extend research.
- **Leveraged funding** – new funding that has been awarded to continue the research we funded.
- **Capacity Building** – increasing the technical capacity to conduct research.

### **Theory of change**

The application requires presentation of the approach proposed to making progress in tackling the defined area of unmet need. We want to see a definition of the problem and its causes (the research gaps and implementation challenges). We want to see your definition of the progress and changes (outcomes) and resulting benefits (impact) you are seeking to make. This needs to be a realistic scale of change with the time and resources available. We need to see the extent to which the Consortium has considered the range of factors needed to bring about this change and understand the logic by which you believe change will happen, including the assumptions which need to be made at this stage. This theory of change will be an ongoing tool used to help understand the progress of the Consortium throughout its funding, including to develop indicators which support monitoring progress towards the outcomes identified.

Support for how to approach creating your guiding Theory of Change is available via a recorded presentation and individual Theory of Change clinics will be arranged. These will provide information about developing and managing a theory of change delivery framework. Please email [researchliaison@arthritis-uk.org](mailto:researchliaison@arthritis-uk.org) for further details.

### **Pace and Precision - a translational approach**

We want research to **rapidly enhance** better-tailored solutions that directly benefit people with arthritis, translating discoveries more quickly and efficiently into practice.

Applicants should explain what the next steps will be after completion of the proposed programme of work.

## Research Involvement

Applications should involve people with arthritis in the development and design of the outlined work. There should be clear plans for continued collaboration with them in the oversight, delivery and dissemination of the proposed project, this includes discovery research. More information and guidance can be found in our Patient and Public Involvement and Engagement Hub on our website: [support for researchers to involve people with arthritis](#).

## Diversity and Inclusion

Our vision is for our research to reflect, and address, the diverse needs of all those living with arthritis. We aim to be open, inclusive and equitable in the support and service we provide to our stakeholders. We are committed to ensuring meaningful inclusive involvement in research and the promotion of equitable access to participation in, and the benefits from research. We are committed to diversity, equity and inclusion in who does research, what research is done, and who benefits from research. We will publish our research EDI plans in 2026.

We expect people with arthritis from a diverse range of backgrounds, cultures and experiences to be partners and participants in our research activities, representing the full life-course of the population. Where a research proposal involves the participation of people with arthritis, we will only fund research that is able to demonstrate appropriate representation and diversity (ethnicity, socioeconomic, gender and age) as relevant to the aims of the proposal.

Research involving animals, cells and tissues should consider sex, genetic and other relevant characteristics. For research using animals use the National Centre for the Replacement, Refinement and Reduction of Animals in Research (NC3Rs) [Experimental Design Assistant](#) to support experimental design.

Applicants should design research carefully to ensure that project outputs and impacts do not contribute to exacerbation of health inequities. Applications should show that they have deliberately considered the desired impact on health inequities, any risks or possible unintended consequences, and identified any relevant barriers.

## Animal Research

We will only fund animal research where there is no viable alternative, that is well designed, ethical and scientifically justified. We are committed to the principles of reduction, replacement and refinement (3Rs) in animal studies. More information and guidance can be found on [Applying for an Award](#).

## Collaboration and partnership

We welcome collaborations and partnership with industry and international stakeholders. If your proposal is suitable for co-funding with another funder or you have third party funding, please email [awards@arthritis-uk.org](mailto:awards@arthritis-uk.org) as early as possible.

## Clinical Research

Please contact your relevant national service supporting and advising applied health, public health or social care researchers, or a relevant Clinical Research Facility or Clinical Trials Unit before starting an application:

- England [NIHR Research Support Service](#)
- Scotland: [NHS Research Scotland Research Design Service](#)
- Wales: [Health and Care Research Wales Support and Delivery Service](#)
- UKCRC-registered Clinical Trial Unit: [find a CTU – UKCRC](#)

For this consortium, only early-stage clinical trials are anticipated as a potential inclusion.

With the current clinical research challenges in the NHS, investigators and sponsors are required to make transparent and realistic assessments of capacity and capability to deliver.

Co-applicants and collaborators at NHS sites are asked to support proposals only if there is a certainty that they can meet recruitment targets and timelines indicated.

It will be taken that institution signatories in the role of Sponsor are wholly satisfied and supportive of the assurances provided upon submission of the application.

## Data and sample resources

We encourage researchers to make use of established, pre-existent cohorts, collections, bioresources and registries. When proposing to make use of human tissue, consider carefully whether existing resources meet your needs and justify why any new collection is necessary.

We require those receiving funding to create a tissue collection, provide access to this and register the collection in a publicly accessible directory.

For this consortium we do not anticipate the need to develop substantive new cohorts.

## Intellectual Property

Applicants should make careful consideration regarding use of background IP, use of patents, software, datasets, biological materials, compounds, cell lines or any background IP owned by your institution or other institutions involved and confirm access through the required agreements (Material Transfer Agreements, licenses and permissions).

Applicants should assess fully and declare where the proposed research will or could create protectable IP: including therapeutics compounds, diagnostics, new methods, new targets, MoA (Mechanism of action), devices, software, algorithms, research tools, datasets or proprietary know-how. Consider anything that produces new IP or provides a competitive advantage. Even negative results or optimisation data can constitute valuable know-how.

Given the nature of the consortium and expectation of IP generation, applicants should engage with technology transfer offices prior to submission.

## Who can apply

Arthritis UK research awards may only be held in universities, NHS Trusts or recognised academic research institutes in the UK. The lead applicant does not need to have a permanent position, but at least one applicant must have a substantive position at the host (lead) institution.

People with lived experience and international collaborators may be included as co-applicants.

Individuals who are employed by, or whose salary derives from, a commercial organisation are not eligible to lead an Arthritis UK award, they can be included as a co-applicant or a collaborator.

We expect applications to take a collaborative and multidisciplinary approach to answering research questions where appropriate to the proposed research.

We welcome applications affiliated to the [UK Musculoskeletal Translational Research Collaboration](#).

The Consortium leadership should adopt a team science approach. However, financial and administrative system limitations require there to be a defined Consortium Lead and administrative point of reference. A Consortium Lead should be someone with appropriate experience, demonstrating the relevant attributes, skills and experience, they do not have to be a person at Professorial or Head of Department level. Individuals are not allowed to Lead more than one Consortium but can be members of multiple Consortia.

Consortium membership, management structures, leadership and approach to decision making and ways of working and communicating should be clearly articulated, demonstrating how the Consortium will operate as a single entity providing additive value.

For further details on who can apply and other roles in the application, for further information see the associated guidance document.

## What you can apply for

One award of up to 60 months duration, up to £3M in value is available. **It is not expected to be renewed.**

Costs for salaries, consumables, expenses and small items of essential equipment can be requested.

If necessary, a proportion of Consortia funds (around 10%, ~£300,000) can be marked to support the associated costs of core activities. These must be clearly linked to the research delivery and include Consortium administration/management and patient and public involvement. If such costs are not included as direct costs, then an explanation of where such support will come from should be included.

The purpose of this funding is to fund hypothesis led research that fully realises the benefits of team science and accelerate change in areas of unmet need. It is not to fund training, however, training of key personnel, including small numbers of post graduate researchers, can be included where it is key to the success of the Consortium.

If you intend to outsource parts of the project, to be undertaken by a third party, please email [awards@arthritis-uk.org](mailto:awards@arthritis-uk.org) as early as possible to discuss this with us.

Consortium funding **does not require contributions from host/member organisations** in terms of capacity building resources or posts such as PhDs or salary contributions, though such contributions are very welcome. It is expected that host/member organisations will

support Consortium members in terms of laboratory and desk space and access to infrastructure facilities, services and equipment.

For further details on what you can apply for, see the associated guidance document.

## How to apply

This is a single stage application process, with a **Notice of Intention to Apply** step for alignment with the Call scope and reviewer selection only.

### Notice of intention to apply

Please email a PDF document to [awards@arthritis-uk.org](mailto:awards@arthritis-uk.org) that outlines:

- summary of the proposed Consortium in plain English (500 words)
- a list of anticipated Consortium members (name, institution and role)

The deadline for receipt is **16:00 on Wednesday 5 August 2026**. This information will be used to (i) check the alignment with the scope of the Call before you submit your application (ii) enable us to bring together an appropriate panel of experts to assess your application, this will likely include international expertise.

This is not a triage step seeking to sift out applications, there will be no expert review at this stage. No feedback will be provided unless the early scoping appears to be positioning the Consortium away from the aims of the Call. You should not wait for an invitation to submit an application in the [Arthritis UK Awards Portal](#).

Details of additional Consortium members added after submission of the Notice of Intention to Apply should be sent to the office by email immediately.

### Application submission

Apply via our [Arthritis UK Awards Portal](#). Applicants must carefully read the call document, the application form and the guidance document before starting an application. Please ensure the most appropriate language is used in each section of the form and that the correct sections are completed.

The deadline for the receipt of applications is **16:00 on Wednesday 23 September 2026**.

**Submissions after 16:00 will not be accepted. Please allow time for management of appropriate reviewers and signatories to access the grant management system and provide their approvals.**

## How will applications be assessed

Applications will be reviewed by our Consortium funding panel, which includes people with lived experience of arthritis. All eligible applications will be reviewed and feedback provided. If necessary, a panel triage process may be implemented such that only a proportion of the

proposals will advance to provide rebuttal to reviews, as well as to be invited to a final interview stage.

Applications will be reviewed and assessed on the following criteria:

- importance and potential impact
- relevance and scope
- novelty and innovation
- involvement in application development
- involvement plans
- research design, delivery and clarity
- feasibility
- leadership and management
- value for money

## Award management

**Reporting** - We expect all awards outputs and outcomes to be reported annually during the funded period and for 3-5 years post-completion. Reporting expectations are agreed at the start of the project.

All award holders must also provide an annual expenditure report for monitoring of finances and project progress. A meeting will be held to discuss any budget variance and agree payment for the following year.

Projects that require recruitment of human participants may be required to complete a six monthly progress report to the Progress Review Committee.

**Publications** - All original peer-reviewed articles published as a result of our funding **must** comply with our open access policies. Award holders should tell us directly about all articles in peer-reviewed literature or disseminated publicly (for example, press releases) as soon as possible and by the time the article has been accepted for publication or dissemination.

More information and guidance can be found on [Managing your award](#).

**Intellectual property** - Award holders must notify us of **any** potential for, or activities relating to, development of intellectual property and seek our consent before progressing any commercial activity arising from this award.

Award holders can get help on IP management from their local technology transfer or commercialisation offices. Early consultation will help prevent issues that might arise during the course of the project and can identify additional opportunities.

**Research Engagement** - We are dependent on funds raised from public donations. It is important that you join us in raising the awareness of Arthritis UK. Our current logo and acknowledgement of Arthritis UK's support should be used on all documents/presentations relating to this award.

Award holders may be invited to meetings with Arthritis UK to discuss their research and/or asked to contribute written summaries.

## Timelines

<b>Support for theory of change development</b>	Through May, June and July 2026
<b>Deadline for notice of intent to apply</b>	16:00 Wednesday 5 August 2026
<b>Application form available</b>	Anticipated June 2026
<b>Deadline for applications</b>	16:00 Wednesday 23 September 2026
<b>Invitation to provide a rebuttal to the panel review</b>	Anticipated early to mid-January 2027
<b>Deadline to provide a rebuttal to the panel review</b>	Anticipated late January 2027
<b>Online panel interview</b>	Anticipated mid to late-February 2027
<b>Notification of award</b>	Anticipated late March 2027
<b>Project start</b>	From June 2027 at earliest

## Contact details

For all enquiries, please email the Awards Office at [awards@arthritis-uk.org](mailto:awards@arthritis-uk.org).