**Oxford-Celgene Fellowships 2019 - Pre-application questions**

If you would like to discuss a potential application with Celgene Scientists on Tuesday 19th March please complete this form and return it to [charlotte.bell@medsci.ox.ac.uk](mailto:charlotte.bell@medsci.ox.ac.uk) by Monday 25th February. Please consider the Celgene area of interest below when considering making an application.

The form will be shared with Celgene ahead of the meeting so that you are matched up with appropriate Celgene Scientists to have a stimulating discussion.

Meeting slots will be allocated with as much notice as possible and by the 11th March.

**Venue:** BioEscalator, Old Road Campus

**Date:** Tuesday 19th March

**Time:** 45 minute meeting slots between 9-5pm.

**For more information about Celgene visit:** <https://www.celgene.com/>

1. **What is your proposed research project?** (300 words)
2. **How does your proposed project align with Celgene’s key science areas?** (200 words)
3. **Why would Celgene be a strong partner for your proposed project?** (200 words)

**High value research areas for the 2019 Celgene-Oxford translational fellowships:**

1. Novel targets, biomarkers, cellular therapeutic approaches, or translational models in one of the following areas:
   * 1. immuno-oncology;
     2. neurodegenerative and neuroinflammatory diseases including Alzheimer’s, Parkinson’s, ALS, FTD and MS;
     3. fibrosing disorders including IPF, NASH, scleroderma, and Renal Fibrosis;
     4. rheumatic and dermatologic disorders including RA, SLE, spondyloarthropathies, psoriasis and atopic dermatitis; or
     5. hematologic disorders including AML, Myeloma, DLBCL.
   1. Methods for evaluating biochemical, cellular, tissue and phenotypic consequences of modulating epigenetic targets.
   2. Methods for immuno-phenotyping of human subjects in oncology and autoimmunity
   3. Novel imaging approaches to measuring disease activity in the above areas.
   4. Novel biostatistical or decision science approaches applicable to the design and interpretation of more efficient Phase 1-2 clinical trials.