

US Call for Grant Applications (CGA)

As part of GSK's mission to get ahead of disease together, GSK identifies and funds innovative, high-quality, independent third-party educational initiatives that are designed to close US healthcare professional (HCP) educational, quality, and performance gaps - with the ultimate goals to reduce healthcare disparities, improve patient health, and enhance patient quality of life.

I. Eligible Organizations

Prior to submitting a grant, organizations must first register and be approved as an eligible educational provider.

Educational providers must meet the below eligibility criterion:

- Accredited to provide HCP continuing education (i.e., CME, CE) by a national accrediting body such as the Accreditation Council for Continuing Medical Education (ACCME), Accreditation Council for Pharmacy Education (ACPE), American Nurses Credentialing Center (ANCC), or American Association of Nurse Practitioners (AANP).

Organizations must be fully compliant with the ACCME (and other nationally recognized accrediting body) standards for commercial support and design and deliver all activities (including content, faculty, and speakers) independent from GSK control, influence, and involvement.

II. Disease Areas of Interest CGA Details

GSK accepts educational grant applications from eligible educational providers in response to a CGA.

Funding priorities will focus on independent educational initiatives designed to measure improvements/changes in HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*).

Please click on the disease area of interest for more details (continued on page 2).

GSK Disease Area of Interest	Submit Under Therapeutic Area
<u>Cholestatic Pruritus in PBC</u>	Hepatology
<u>Hepatitis B</u>	Hepatology
<u>Urinary Tract Infection (UTI)</u>	Infectious Disease – Non-Vaccines
<u>Vulvovaginal Candidiasis (VVC)</u>	Infectious Disease – Non-Vaccines
<u>Mvelofibrosis</u>	Oncology

*Moore DE, et al. *J Contin Educ Health Prof.* 2009;29:1-15.

GSK Disease Area of Interest	Submit Under Therapeutic Area
<u>Multiple Myeloma</u>	Oncology
<u>Ovarian Cancer</u>	Oncology
<u>Endometrial Cancer</u>	Oncology
<u>Eosinophilic Granulomatosis with Polyangiitis (EGPA)</u>	Rare Diseases
<u>Vaccine Preventable Diseases</u>	Vaccines

III. Grant Review Criteria

Grant applications are reviewed based on the following criteria:

1. Compliance

Grant requests are assessed for completeness of the application; compliance with all applicable laws, policies, and guidelines; and project management plan and budget.

- 1.1 Compliant with guidelines for IME/CME
- 1.2 Free of commercial bias/influence, non-promotional, and fair balanced
- 1.3 Budget costs are reasonable and customary
- 1.4 No GSK funds are used for food, beverage, meals, travel, or accommodation costs for attendees

Please do not include specific faculty names in the submitted grant applications.

2. Disease Area Alignment

Grant requests are prioritized based on optimal alignment with patient needs, HCP performance gaps, healthcare system quality gaps, and GSK clinical interests.

- 2.1 Aligns with GSK's clinical disease interests

3. Needs Assessment/Gaps

Grant requests should include an independent, evidence-based needs assessment that identifies the knowledge, competence, performance, and/or patient/community health gaps that exist. Utilization of multiple methods of assessing learning needs and gaps between current practice and evidence-based best practice provides an accurate and balanced perspective.

- 3.1 Needs assessment is independent, evidence-based, and scientifically/medically accurate; educational/quality/professional practice gaps have been identified
- 3.2 Educational/quality/professional practice gaps are HCP knowledge, competence, performance, and/or patient/community health
- 3.3 Strategy used to identify needs/gaps (e.g., survey/interview; focus group; peer-review published data; nationally recognized consensus sources for clinical performance/quality measures such as AHRQ, NCQA, NQF, PCPI, CMS-PQRS; patient chart/EHR data; medical claims data, etc.)

*Moore DE, et al. *J Contin Educ Health Prof.* 2009;29:1-15.

4. Learning Objectives/Educational Design

Grant requests should provide measurable learning objectives that are aligned with the identified needs and expected improvements of the target audience. Bringing HCPs from various disciplines together in tailored learning environments can enable participants to learn both individually and as collaborative members of the healthcare team, with a common goal of improving patient health. Grant requests that describe innovative educational design, use multi-platform technology, and address healthcare disparities and inequities are funding priorities.

- 4.1 Learning objectives are measurable and designed to close identified gaps
- 4.2 Educational design is interactive and considers appropriate target audience (including collaborative members of the healthcare team and patients, as appropriate) and learning preferences
- 4.3 For curriculum-based initiatives, educational design incorporates an organized and hands-on approach to guide learners through longitudinal curriculum that focuses on performance/quality improvement (as appropriate)
- 4.4 Strategy to enhance change (e.g., tools that support application of knowledge into practice such as algorithms, patient compliance materials, office compliance tools, reminder systems, patient feedback, system changes, etc.) has been included to reinforce learning (as appropriate)

5. Educational Outcomes

Grant requests should have a strategic plan to measure educational outcomes. Using Moore's 2009 expanded educational outcomes framework*, initiatives that are designed to measure improvements/changes in HCP competence and higher (Levels 4-7*) are funding priorities. Grant requests that include a plan to measure outcomes related to healthcare disparities/inequities and those that measure potential patient impact are funding priorities.

- 5.1 Strategic plan to measure educational outcomes is realistic for the scope of the initiative and designed to measure if the learning objectives were achieved
- 5.2 Overall initiative is designed to measure changes in HCP knowledge (Level 3*), competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*)
- 5.3 Strategy used to evaluate effectiveness of initiative (e.g., direct and objective assessments, audience response system, pre/post tests, case studies, chart audits, patient surveys, EHR data, disease screening audits, medical claims data, etc.)
- 5.4 Publication or communication strategy is designed for dissemination of educational outcomes results so that best practices and ways to improve can be shared to further improve patient health

IV. Conflicts of Interest

Conflicts of interest must be identified, mitigated, and disclosed. The educational provider is required to show that any organization, group, or individual who is in a position to control the content of an educational activity has disclosed all financial relationships with any commercial interest (ineligible company). This includes, but is not

*Moore DE, et al. *J Contin Educ Health Prof.* 2009;29:1-15.

limited to, educational partners and any of its affiliates, subsidiaries, or parent company. GSK accepts the ACCME's definition of "relevant financial relationships" as financial relationships in any amount occurring within the past 24 months that create a conflict of interest. Failure to identify, mitigate, and disclose all known conflicts of interest will disqualify the grant requestor.

V. Terms and Conditions

1. Grants should be submitted via the GSK website: www.GSKgrants.com
2. This CGA does not commit GSK to award a grant or to pay any costs incurred in the preparation of a response to this request.
3. GSK reserves the right to accept or reject any or all applications received as a result of this request or to cancel in part or in its entirety this CGA at any time without prior notification or permission.
4. GSK reserves the right to post submissions and announce the details of successful grant applications by whatever means ensures transparency, such as on GSK's website, in presentations, and/or in other public media.
5. All communications about the CGA must come exclusively to GSK US Medical Affairs. Failure to comply may disqualify providers from receiving future grants.

VI. Transparency

Consistent with our commitment to transparency and in accordance with statutory requirements, GSK reports funded educational grants in the US. GSK reserves the right to post submissions and results on our website. Per GSK's Letter of Agreement, GSK funds are not permitted to defray or pay any costs for food, beverage, meals, travel, or accommodations for program attendees.

LIVER DISEASES (CHOLESTATIC PRURITUS IN PBC & HEPATITIS B)

Please refer to [Section III Grant Review Criteria](#) (above) for more details about how grant applications will be reviewed.

Timeline:	Grants may be submitted June 1, 2023 through September 1, 2023. We aim to communicate decisions within 3 months from grant application submission date.
Healthcare Gap(s):	<p>Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included:</p> <ol style="list-style-type: none"> (1) Hepatitis B awareness, diagnosis, pathophysiology, and burden of disease^{1,2} (2) Delayed/sub-optimal treatment of patients with Hepatitis B as evidenced by current literature³ (3) Strategies to improve annual lab monitoring (e.g., ALT, HBV DNA, e-antigen status) for patients with Hepatitis B³ (4) Lack of understanding of the role of quantitative Hepatitis B surface antigen for predicting disease activity and monitoring and guiding appropriate treatment for patients with Hepatitis B⁴ (5) Strategies to improve healthcare professional-patient dialogue and patient knowledge and decrease barriers to Hepatitis B patient care⁵ (6) Strategies for reducing the risks of major chronic Hepatitis B (CHB)-related sequelae, including cirrhosis and Hepatocellular Carcinoma (HCC) complications⁶ (7) Lack of awareness of cholestatic pruritus in Primary Biliary Cholangitis (PBC) – symptoms, diagnosis, disease burden, and treatment recommendations⁷ (8) Strategies to improve the assessment of and recommendations for pruritus in PBC, including improving the healthcare professional-patient dialogue⁸ (9) Lack of understanding that treatments for PBC may not effectively manage symptoms for patients^{9,10}
More Information:	Our intent is to fund innovative educational initiatives for hepatologists and gastroenterologists that use multi-channel platforms, address healthcare disparities and inequities, and reach a national or regional audience. Educational initiatives delivered at national conferences will be considered. Preference is for educational initiatives that are accredited.
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities. Grant requests that include a plan to measure outcomes related to healthcare disparities/inequities and those that measure potential patient impact are funding priorities.
Budget Available:	The available budget for this CGA is \$0.8M.
References:	<ol style="list-style-type: none"> 1. Cornberg M, Lok AS-F, Terrault NA, et al. <i>Hepatology</i>. 2020;71:1070-1092. 2. Yip TC-F, Chan HL-Y, Wong VW-S, et al. <i>J Hepatol</i>. 2017;67:902-908. 3. Zhou Y, Li J, Gordon SC, et al. <i>J Viral Hepat</i>. 2022;29:189-195. 4. Cornberg M, Wong VW-S, Locarnini S, et al. <i>J Hepatol</i>. 2017;66:398-411. 5. Mukhtar NA, Evon DM, Yim C, et al. <i>Dig Dis Sci</i>. 2021;66:434-441. 6. Terrault NA, Bzowej NH, Chang KM, et al. <i>Hepatology</i>. 2016;63:261-283.

*Moore DE, et al. *J Contin Educ Health Prof*. 2009;29:1-15.

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| | <ol style="list-style-type: none">7. Carey EJ, Eaton J, Clayton M, et al. <i>Hepatology</i>. 2018;68:184A.8. Rische E, Azarm A, Bergasa NV. <i>Acta Derm Venereol</i>. 2008;88:34-37.9. Lindor KD, Dickson ER, Baldus WP, et al. <i>Gastroenterology</i>. 1994;106:1284-1290.10. Rudic JS, Poropat G, Krstic MN, et al. <i>Cochrane Database Syst Rev</i>. 2012;12:CD000551. |
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URINARY TRACT INFECTION (UTI)

Please refer to [Section III Grant Review Criteria](#) (above) for more details about how grant applications will be reviewed.

Timeline:	Grants may be submitted June 1, 2023 through September 1, 2023. We aim to communicate decisions within 3 months from grant application submission date.
Healthcare Gap(s):	Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included: (1) Uncomplicated urinary tract infections (uUTI) awareness, definition, and classification ¹⁻⁴ (2) Burden of uUTI disease and treatment failure on patients and the healthcare system ⁵⁻⁸ (3) Treatment failure for patients with uUTI – awareness, definition, and risk factors ^{6,10} (4) Standard of care for diagnosis and treatment of uUTI as reflected in current evidence-based guidelines ^{1,9}
More Information:	Our intent is to fund innovative educational initiatives for primary care physicians, urologists, infectious disease physicians, emergency medicine physicians, gynecologists, infectious disease pharmacists, physician assistants, and/or nurse practitioners that use multi-channel platforms, address healthcare disparities and inequities, and reach a national or regional audience. Educational initiatives delivered at national or regional conferences will be considered. Preference is for educational initiatives that are accredited.
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities. Grant requests that include a plan to measure outcomes related to healthcare disparities/inequities and those that measure potential patient impact are funding priorities.
Budget Available:	The available budget for this CGA is \$0.5M.
References:	<ol style="list-style-type: none"> 1. Gupta K, Hooton TM, Naber KG, et al. <i>Clin Infect Dis</i>. 2011;52:e103-e120. 2. Medina M, Castillo-Pino E. <i>Ther Adv Urol</i>. 2019;11:1756287219832172. 3. Hooton TM. <i>N Engl J Med</i>. 2012;366:1028-1037. 4. Colgan R, Williams M. <i>Am Fam Physician</i>. 2011;84:771-776. 5. Colgan R, Keating K, Dougouih M. <i>Clin Drug Investig</i>. 2004;24:55-60. 6. Dunne MW, Puttagunta S, Aronin SI, et al. <i>Microbiol Spectr</i>. 2022;10:e0235921. 7. Abrahamian FM, Krishnadasan A, Mower WR, et al. <i>Infection</i> 2011;39:507-514. 8. Scott VCS, Thum LW, Sadun T, et al. <i>J Urol</i>. 2021;206:688-695. 9. Anger J, Lee U, Ackerman AL, et al. <i>J Urol</i>. 2019;202:282-289. 10. Butler AM, Durkin MJ, Keller MR, et al. <i>Pharmacoepidemiol Drug Saf</i>. 2021;30:1360-1370.

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VULVOVAGINAL CANDIDIASIS (VVC)

Please refer to [Section III Grant Review Criteria](#) (above) for more details about how grant applications will be reviewed.

Timeline:	Grants may be submitted August 24, 2023 through October 2, 2023. We aim to communicate decisions within 3 months from grant application submission date.
Healthcare Gap(s):	<p>Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included:</p> <ol style="list-style-type: none"> (1) Epidemiology and burden of vulvovaginal candidiasis (VVC) on patients^{1,2} (2) Diagnosis—including underdiagnosis and overdiagnosis—and pathogenomics of VVC²⁻⁴ (3) Current approaches and unmet needs in the treatment of VVC, including effective treatment options and increased antifungal resistance^{4,5} (4) Patient health outcomes and relapse rates in recurrent VVC^{2,5} (5) Emergence of drug-resistant fungal infections and alternative treatment strategies to avoid antimycotic resistance⁶
More Information:	Our intent is to fund innovative educational initiatives for obstetrician/gynecologists, primary care/family medicine physicians, infectious diseases specialists, nurse practitioners, physician assistants, and pharmacists that use multi-channel platforms, address healthcare disparities and inequities, and reach a national or regional audience. Educational initiatives delivered at national conferences will be considered. Preference is for educational initiatives that are accredited.
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities. Grant requests that include a plan to measure outcomes related to healthcare disparities/inequities and those that measure potential patient impact are funding priorities.
Budget Available:	The available budget for this CGA is \$0.4M.
References:	<ol style="list-style-type: none"> 1. Denning DW, Kneale M, Sobel JD, et al. <i>Lancet Infect Dis</i>. 2018;18:e339-e347. 2. Yano J, Sobel JD, Nyirjesy P, et al. <i>BMC Women's Health</i>. 2019;19:48. 3. Sobel JD. <i>Lancet</i> 2007;369:1961-71. 4. Sustr V, Foessleitner P, Kiss H, et al. <i>J Fungi</i> 2020;6:267. 5. Matheson A, Mazza D. <i>Aust N Z J Obstet Gynaecol</i> 2017;57:139-145. 6. Hoenigl M, Sprute R, Egger M, et al. <i>Drugs</i>. 2021;81:1703-1729.

*Moore DE, et al. *J Contin Educ Health Prof*. 2009;29:1-15.

MYELOFIBROSIS

Please refer to [Section III Grant Review Criteria](#) (above) for more details about how grant applications will be reviewed.

Timeline:	Grants may be submitted January 2, 2023 through September 1, 2023. We aim to communicate decisions within 3 months from grant application submission date.
Healthcare Gap(s):	<p>Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included:</p> <p>(1) Pathophysiology and burden of myelofibrosis including:^{1,2}</p> <ul style="list-style-type: none"> • Diagnosis, risk stratification, and clinical manifestations <p>(2) Therapeutic targets for the treatment of myelofibrosis³</p> <p>(3) Therapeutic management of myelofibrosis:^{1,4}</p> <ul style="list-style-type: none"> • Optimizing therapeutic approaches for myelofibrosis based on risk-adapted treatment algorithms and other patient and disease-related factors • Prompt identification, management, monitoring, mitigation, and patient education of adverse events <p>(4) Healthcare disparity and inequity in the management of patients with myelofibrosis, including clinical trial diversity⁵</p>
More Information:	Our intent is to fund educational initiatives for hematologist oncologists, medical oncologists, advanced healthcare practitioners, pharmacists, and nurses that use multi-channel platforms, address healthcare disparities and inequities, and reach a national, regional, or local audience. Educational initiatives at national conferences and regional or local meetings will be considered. Preference is for educational initiatives that are accredited.
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities. Grant requests that include a plan to measure outcomes related to healthcare disparities/inequities and those that measure potential patient impact are funding priorities.
Budget Available:	The available budget for this CGA is \$3.5M.
References:	<ol style="list-style-type: none"> 1. Tefferi A. <i>Am J Hematol</i>. 2021;96:145-162. 2. Marcellino B, Verstovsek S, Mascarenhas J. <i>Clin Lymphoma Myeloma Leuk</i>. 2020;20:415-421. 3. Waksal J, Harrison C, Mascarenhas J. <i>Leuk Lymphoma</i>. 2022;63:1020-1033. 4. Mesa R, Scherber R, Geyer H. <i>Leuk Lymphoma</i>. 2015;7:1989-1999. 5. Khan I, Shergill A, Saraf S, et al. <i>Clin Lymphoma Myeloma Leuk</i>, 2016;16:350-357.

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MULTIPLE MYELOMA

Please refer to [Section III Grant Review Criteria](#) (above) for more details about how grant applications will be reviewed.

Timeline:	Grants may be submitted March 16, 2023 through September 1, 2023. We aim to communicate decisions within 3 months from grant application submission date.
Healthcare Gap(s):	<p>Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included:</p> <p>(1) Standard of care for the diagnosis and treatment of relapsed/refractory multiple myeloma as reflected in current evidence-based guidelines¹</p> <p>(2) Therapeutic targets and management of patients with relapsed/refractory multiple myeloma including:^{1,2-6}</p> <ul style="list-style-type: none"> • Optimization of therapeutic approaches based on diagnostic evaluation, patient characteristics, disease-related factors, and prior/current treatment regimens • Importance of the multidisciplinary care team: <ul style="list-style-type: none"> – Recognition, management, and mitigation of adverse events – Patient education, shared decision-making, and patient-reported outcomes <p>(3) Healthcare disparity and inequity in the management of patients with multiple myeloma, including clinical trial diversity⁷</p>
More Information:	Our intent is to fund educational initiatives for hematologist oncologists, medical oncologists, advanced healthcare practitioners, pharmacists, and nurses that use multi-channel platforms, address healthcare disparities and inequities, and reach a national, regional, or local audience. Educational initiatives at national conferences and regional or local meetings will be considered. Preference is for educational initiatives that are accredited.
Educational Outcomes:	Grant requests that are designed to measure improvements/changes in HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities. Grant requests that include a plan to measure outcomes related to healthcare disparities/inequities and those that measure potential patient impact are funding priorities.
Budget Available:	The available budget for this CGA is \$0.7M.
References:	<ol style="list-style-type: none"> 1. National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology: Multiple Myeloma. Version 3.2023 - December 8, 2022. 2. Ni B, Hou J. <i>Hematology</i>. 2022;1:343-352. 3. Chim CS, Kumar SK, Orlowski RZ, et al. <i>Leukemia</i>. 2018;32:252-262. Chim CS, Kumar SK, Orlowski RZ, et al. <i>Leukemia</i>. 2019;33:1058-1059. 4. Moreau P, Kumar SK, San Miguel J. <i>Lancet Oncol</i>. 2021;3:105-118. 5. Castella M, Fernández de Larrea C, Martín-Antonio B. <i>Int J Mol Sci</i>. 2018;19:3613. 6. Selby P, Popescu R, Lawler M, et al. <i>Am Soc Clin Oncol Edu Book</i>. 2019;39:332-340.

*Moore DE, et al. *J Contin Educ Health Prof*. 2009;29:1-15.

	7. Gormley M, Fashion-Aje L, Locke, T, et al. <i>Blood Cancer Discov.</i> 2021;2:119-124.
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OVARIAN CANCER

Please refer to [Section III Grant Review Criteria](#) (above) for more details about how grant applications will be reviewed.

Timeline:	Grants may be submitted January 2, 2023 through September 1, 2023. We aim to communicate decisions within 3 months from grant application submission date.
Healthcare Gap(s):	<p>Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, inclusion of other independently identified healthcare gaps is also encouraged:</p> <ol style="list-style-type: none"> (1) Standard of care for the treatment of ovarian cancer as reflected in current and evidence-based updates to guidelines¹ (2) Rationale for use of PARP inhibitors in the first-line maintenance treatment setting for advanced ovarian cancer²⁻⁴ (3) Strategies for the application of shared decision-making in patient selection and understanding of appropriate treatment algorithms across all stages of ovarian cancer⁵ (4) Importance of the multidisciplinary care team:⁶ <ul style="list-style-type: none"> – Recognition, management, and mitigation of treatment-related adverse events associated with the use of PARP inhibitors⁷ – Patient education and patient-reported outcomes⁸⁻¹⁰ (5) Healthcare disparity and inequity in the management of patients with ovarian cancer, including clinical trial diversity¹¹⁻¹³
More Information:	Our intent is to fund educational initiatives for gynecologic oncologists, medical oncologists, advanced healthcare practitioners, nurses, pharmacists, pathologists, and other members of the multi-disciplinary care team that use multi-channel platforms, address healthcare disparities and inequities, and reach a national, regional or local audience. Educational initiatives at national or regional conferences will be considered. Preference is for educational initiatives that are accredited.
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities. Grant requests that include a plan to measure outcomes related to healthcare disparities/inequities and those that measure potential patient impact are funding priorities.
Budget Available:	The available budget for this CGA is \$3.0M.
References:	<ol style="list-style-type: none"> 1. NCCN Clinical Practice Guidelines in Oncology: Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer. Version 1.2023 — December 22, 2022. 2. Lin Q, Liu W, Xu S, et al. <i>BJOG</i>. 2021; 128:485-493. 3. Foo T, George A, Banrejee S. <i>Genes Chromosomes Cancer</i>. 2021;60:385-397. 4. Valabrega G, Scotto G, Tuninetti V, et al. <i>Int J Mol Sci</i>. 2021;22:4203. 5. Jوسفeld L, Keinki C, Pammer C, et al. <i>J Cancer Res Clin Oncol</i>. 2021;147:1725-1732. 6. Winters DA, Soukup T, Sevdalis N, et al. <i>BJU Int</i>. 2021;128:271-279. 7. LaFargue CJ, Dal Molin GZ, Sood AK, et al. <i>Lancet Oncol</i>. 2019;20:e15-e28.

*Moore DE, et al. *J Contin Educ Health Prof*. 2009;29:1-15.

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| | <ol style="list-style-type: none">8. Paterick TE, Nachiket P, Tajik AJ, et al. <i>Proc (Bayl Univ Med Cent)</i>. 2017; 30:112-113.9. Guelhan Inci M, Richter R, Heise K, et al. <i>Cancers</i>. 2021;13:631.10. Sisodia RC, Dewdney SB, Fader AN, et al. <i>Gynecol Oncol</i>. 2020;158:194-200.11. Karanth S, Fowler M, Mao X, et al. <i>JNCI Cancer Spectr</i>. 2019;3:pkz084.12. Stenzel AE, Buas M, Moysich KB. <i>Cancer Epidemiol</i>. 2019;62:e101580.13. Cronin KA, Howlader N, Stevens JL, et al. <i>Cancer Epidemiol Biomarkers Prev</i>. 2019;28:539-545. |
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ENDOMETRIAL CANCER

Please refer to [Section III Grant Review Criteria](#) (above) for more details about how grant applications will be reviewed.

Timeline:	Grants may be submitted January 2, 2023 through September 1, 2023. We aim to communicate decisions within 3 months from grant application submission date.
Healthcare Gap(s):	<p>Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included:</p> <ol style="list-style-type: none"> (1) Standard of care for the treatment of endometrial cancer as reflected in current and evidence-based updates to guidelines¹ (2) Rationale for use of immunotherapy in recurrent advanced endometrial cancer²⁻³ (3) Lack of understanding of the role of predictive biomarkers in guiding the treatment of patients with endometrial cancer⁴⁻⁵ (4) Strategies for the application of shared decision-making in patient selection and understanding of appropriate treatment algorithms across all stages of endometrial cancer⁶ (5) Importance of the multidisciplinary care team:⁷ <ul style="list-style-type: none"> – Recognition, management, and mitigation of immune-related adverse events in patients receiving immunotherapy⁸⁻¹⁰ – Patient education and patient-reported outcomes¹¹⁻¹² (6) Healthcare disparities and inequities in the management of patients with endometrial cancer, including clinical trial diversity¹³⁻¹⁷
More Information:	Our intent is to fund educational initiatives for gynecologic oncologists, medical oncologists, advanced healthcare practitioners, nurses, pharmacists, pathologists, and other members of the multi-disciplinary care team that use multi-channel platforms, address healthcare disparities and inequities, and reach a national, regional or local, audience. Educational initiatives at national or regional conferences will be considered. Preference is for educational initiatives that are accredited.
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities. Grant requests that include a plan to measure outcomes related to healthcare disparities/inequities and those that measure potential patient impact are funding priorities.
Budget Available:	The available budget for this CGA is \$1.5M.
References:	<ol style="list-style-type: none"> 1. NCCN Clinical Practice Guidelines In Oncology: Uterine Neoplasms. Version 1.2023 — December 22, 2022. 2. Di Dio C, Bogani G, Di Donato V. <i>Gynecol Oncol</i>. 2023;169:27-33. 3. Gómez-Raposo C, Salvador MM, Zamora CA, et al. <i>Crit Rev Oncol Hematol</i>. 2021;161:103306. 4. Dörk T, Hillemanns P, Tempfer C, et al. <i>Cancers (Basel)</i>. 2020;12:2407. 5. Rubia EC, Martinez-Garcia E, Dittmar G, et al. <i>J Clin Med</i>. 2020;9:1900.

*Moore DE, et al. *J Contin Educ Health Prof*. 2009;29:1-15.

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EOSINOPHILIC GRANULOMATOSIS WITH POLYANGIITIS (EGPA)

Please refer to [Section III Grant Review Criteria](#) (above) for more details about how grant applications will be reviewed.

Timeline:	Grants may be submitted August 24, 2023 through October 2, 2023. We aim to communicate decisions within 3 months from grant application submission date.
Healthcare Gap(s):	<p>Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included:</p> <ol style="list-style-type: none"> (1) The role of eosinophils and IL-5 in Eosinophilic Granulomatosis with Polyangiitis (EGPA)^{1,2,3} (2) EGPA pathophysiology, clinical features, and diagnosis^{1,2} (3) EGPA patient journey, the association between EGPA and comorbid or associated conditions (eg, SEA, NP, HES), and burden of disease^{4,5,6,7} (4) Diagnostic approaches (eg, eosinophilia, differential diagnosis from other eosinophilic disorders, or ANCA-associated vasculitis)^{8,9} (5) Standard of care for the treatment of EGPA as reflected in current and evidence-based guidelines¹⁰
More Information:	Our intent is to fund educational initiatives for rheumatologists, allergists, immunologists, pulmonologists that use multi-channel platforms, address healthcare disparities and inequities, and reach a national or regional audience. Educational initiatives at national conferences or regional conferences will be considered. Preference is for educational initiatives that are accredited.
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities. Grant requests that include a plan to measure outcomes related to healthcare disparities/inequities and those that measure potential patient impact are funding priorities.
Budget Available:	The total available budget for this CGA is \$0.4M.
References:	<ol style="list-style-type: none"> 1. Groh M, Pagnoux C, Baldini, C, et al. <i>Eur J Intern Med.</i> 2015;26:545-553. 2. Greco A, Rizzo MI, De Virgilio A, et al. <i>Autoimmun Rev.</i> 2015;14:341-348. 3. Landolina NA and Levi-Schaffer F. <i>Curr Opin Pharmacol.</i> 2014;17:71-80. 4. Koutantji M, Harrold E, Lane S, et al. <i>Arthritis Care Res.</i> 2003;49:826-837. 5. Sokołowska B, Szczeklik W, Piłat O, et al. <i>Clin Rheumatol.</i> 2013;32:779-785. 6. Comarmond C, Pagnoux C, Khellaf M, et al. <i>Arthritis Rheum.</i> 2013;65:270-281. 7. Vaglio A, Buzio C, and Zwerina J. <i>Allergy.</i> 2013;68:261-273. 8. Pagnoux, C. <i>Eur J Rheumatol.</i> 2016;3:122-133. 9. Mejia R, Nutman TB. <i>Semin Hematol.</i> 2012;49:149-159. 10. Chung S, Langford C, Maz M, et al. <i>Arthritis and Rheumatology.</i> 2021;8:1366-1383.

*Moore DE, et al. *J Contin Educ Health Prof.* 2009;29:1-15.

VACCINE PREVENTABLE DISEASES

Please refer to [Section III Grant Review Criteria](#) (above) for more details about how grant applications will be reviewed.

Timeline:	Grant requests may be submitted December 15, 2022 through September 1, 2023. We aim to communicate decisions within 3 months from grant application submission date.
Healthcare Gap(s):	<p>Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included:</p> <ol style="list-style-type: none"> (1) Lack of awareness of RSV in adults – symptoms, diagnosis, U.S. epidemiology, risk factors, disease burden (including hospitalization, co-morbidities, etc.), and prevention strategies¹⁻³ (2) Lack of understanding of the primary risk factors for shingles, focusing on the age-related decline in immunity and immunocompromised conditions^{4,5} (3) Lack of awareness of shingles disease burden, diagnosis, treatment, and prevention, including current shingles vaccination recommendations⁶ (4) Strategies to improve uptake of vaccination and series completion for shingles, including disparities and access^{7,8} (5) Strategies to improve healthcare professional-patient dialogue around recommendations for shingles vaccination and practice policies^{7,9} (6) Lack of understanding of higher risk for invasive meningococcal disease in older adolescents compared to other age groups^{10,11} (7) Strategies for implementing meningococcal vaccination in practice (serogroups ACWY and B), including understanding vaccine recommendations¹²⁻¹⁴ (8) Strategies to improve meningococcal vaccine series completion to prevent invasive meningococcal disease (serogroups ACWY and B)¹⁵ (9) Application of behavioral insights and behavioral economic principles to improve vaccine confidence¹⁶⁻¹⁷ (10) Strategies to address racial and ethnic disparities in adult immunization¹⁸ (11) Challenges and solutions to implementation of immunization across the lifespan¹⁹ (12) Vaccination as a contribution to a multidisciplinary approach to healthy aging²⁰⁻²² (13) Strategies to improve vaccine uptake in older adolescents, including pre-matriculation vaccination for college students^{15,23-24} (14) Strategies to improve vaccine uptake in adults^{7,25} (15) Implementation of shared clinical decision-making for vaccinations (types and rationale of ACIP vaccine recommendations, definition of shared clinical decision making, bioethical concepts, barriers (e.g., time for discussion, use of decision aids, vaccine hesitancy or apathy, limited health literacy) and solutions (e.g., integration into clinical workflow, electronic medical records) to implementation)^{9,24,26}
More Information:	Our intent is to fund innovative educational initiatives for infectious diseases physicians, pulmonologists, primary care physicians (family medicine, internal medicine, pediatrics), nurses, nurse practitioners, physician assistants, and pharmacists that use multi-channel platforms (live, on-demand, podcast, app-based, etc.), address

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	healthcare disparities and inequities, and reach a national or regional audience. Educational initiatives delivered at national and regional conferences will be considered. Preference is for educational initiatives that are accredited.
Educational Outcomes:	Grant requests that are designed to measure improvements/changes in HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities. Grant requests that include a plan to measure outcomes related to healthcare disparities/inequities and those that measure potential patient impact are funding priorities.
Budget Available:	The available budget for this CGA is \$4M.
References:	<ol style="list-style-type: none"> 1. Walsh EE. <i>Clin Chest Med</i>. 2017;38:29-36. 2. Branche AR and Falsey AR. <i>Drugs Aging</i>. 2015;32:261-269. 3. Colosia AD, Yang J, Hillson E, et al. <i>PLoS ONE</i>. 2017;12:e0182321. 4. Gershon AA, Gershon MD, Breuer J, et al. <i>J Clin Virol</i>. 2010;48:S2-S7. 5. Poland GA, Ovsyannikova IG, Kennedy RB. <i>Vaccine</i>. 2018;36:5350-5357. 6. Paek E and Johnson R. <i>Gerontology</i>. 2010;56:20-31. 7. US Department of Health & Human Services (HHS) National Vaccine Program Office National Adult Immunization Plan (NAIP). 2016. 8. Montag Schafer K and Reidt S. <i>Pharmacy</i>. 2016;4:30. 9. Shen AK, Michel JJ, Langford AT, et al. <i>J Am Med Inform Assoc</i>. 2021;28:2523-2525. 10. Mbaeyi SA, Joseph SJ, Blain A, et al. <i>Pediatrics</i>. 2019;143:e20182130. 11. Grogan J and Roos K. <i>Curr Infect Dis Rep</i> 2017;19,30. 12. Schaffner W, Baker CJ, Bozof L, et al. <i>Infect Dis Clin Pract</i>. 2014;22:245-252. 13. Nolan T, O’Ryan M, Wassil J, et al. <i>Vaccine</i>. 2015;33:4437-4445. 14. Mbaeyi SA, Bozio CH, Duffy J, et al. <i>MMWR</i> 2020;69(No. RR-9):1–41. 15. National Committee for Quality Assurance. HEDIS Adult and Prenatal Immunization Measures. 2019. 16. Buttenheim AM and Asch DA. <i>JAMA Pediatr</i>. 2016;170:635-636. 17. Brewer NT, Chapman GB, Rothman AJ, et al. <i>Psychol Sci in the Public Interest</i>. 2017;18:149-207. 18. Lu PJ, O’Halloran A, Williams WW, Lindley MC, et al. <i>Am J Prev Med</i>. 2015;49:S412-S425 19. Philip RK, Attwell K, Breuer T, et al. <i>Expert Rev Vaccines</i>. 2018;17:851-864. 20. International Federation on Aging. Adult Vaccination: A Key Component of Healthy Aging. 2013. 21. Doherty TM, Connolly MP, Del Giudice G, et al. <i>Eur Geriatr Med</i>. 2018;9:289-300. 22. Laupeze B, Del Giudice G, Doherty M, et al. <i>npj Vaccines</i>. 2021;6:93. 23. Opel DJ, Mangione-Smith R, Robinson JD, et al. <i>Am J Public Health</i>. 2015;105:1998-2004. 24. Boland L, Graham ID, Légaré F, et al. <i>Implement Sci</i>. 2019;14:7. 25. Centers for Disease Control and Prevention. Strategies for Increasing Adult Vaccination Rates. 2021. 26. Kempe A, Lindley MC, O’Leary ST, et al. <i>J Gen Intern Med</i>. 2021;36:2283-2291.

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