

Call for Grant Applications (CGA)

GlaxoSmithKline (GSK) intends to identify and fund innovative, high-quality, independent third-party educational activities that are designed to close healthcare professional (HCP) educational, quality, and performance gaps and improve patient health, enabling patients to do more, feel better, and live longer.

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 (ie, 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 knowledge (Level 3*), 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.

GSK Disease Area of Interest	Submit Under Therapeutic Area
<u>Systemic Lupus Erythematosus (SLE)</u>	Immuno-Inflammation
<u>Multiple Myeloma</u>	Oncology
<u>Ovarian Cancer</u>	Oncology
<u>Endometrial Cancer</u>	Oncology
<u>Coronavirus Disease (COVID-19)</u>	Infectious Disease - Non-Vaccines
<u>Pain</u>	Neurology

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Oral Health	Oral Health
Nutrition	Nutrition

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 prospective.

- 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 (eg, 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)

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.

- 4.1 Learning objectives are measurable and designed to close identified gaps

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

- 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 (eg, 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 knowledge and higher (Levels 3-7*) 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 (eg, 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 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.

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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.

VII. Contingency Plans due to COVID

For educational grant applications with live, in-person activities at conferences or venues, GSK requests that educational providers include a contingency plan for a pivot to a virtual format, if applicable. GSK will review educational grant applications to allow for flexibility as the COVID situation continues to evolve.

SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)

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

Timeline:	Grants may be submitted between July 15, 2021 and September 30, 2021. We aim to communicate decisions within 3 months from grant 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) Early recognition and diagnosis of SLE, including lupus nephritis ¹⁻⁶ (2) Monitoring of disease activity and management/treatment goals ¹⁻⁶ (3) Organ damage; disease progression and excessive corticosteroid use ⁷⁻¹² (4) Health disparities in SLE including lupus nephritis ¹³⁻¹⁴
More Information:	Our intent is to fund educational initiatives for rheumatologists and nephrologists that use multi-channel platforms and reach a national audience. Preference is for educational initiatives that are accredited (eg, by the ACCME, ANCC, AANP, AAPA, etc).
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP knowledge (Level 3*), competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.
Budget Available:	The total available budget for this CGA is \$900K.
References:	<ol style="list-style-type: none"> 1. American College of Rheumatology Ad Hoc Committee on Systemic Lupus Erythematosus Guidelines. <i>Arthritis Rheum.</i> 1999;42:1785-1796. <a href="https://doi.org/10.1002/1529-0131(199909)42:9<1785::AID-ANR1>3.0.CO;2-#">https://doi.org/10.1002/1529-0131(199909)42:9<1785::AID-ANR1>3.0.CO;2-# 2. Fanouriakis A, Kostopoulou M, Alunno A, et al. <i>Ann Rheum Dis.</i> 2019;78:736-745. https://dx.doi.org/10.1136/annrheumdis-2019-215089 3. Fanouriakis A, Kostopoulou M, Cheema, K, et al. <i>Ann Rheum Dis.</i> 2020;79:713-723. https://dx.doi.org/10.1136/annrheumdis-2020-216924 4. Petri M, Orbai A, Alarcon GS, et al. <i>Arthritis Rheum.</i> 2012;64:2677-2686. https://doi.org/10.1002/art.34473 5. van Vollenhoven RF, Mosca M, Bertsias G, et al. <i>Ann Rheum Dis.</i> 2014;73:958-967. https://dx.doi.org/10.1136/annrheumdis-2013-205139 6. Doria A, Gatto M, Zen M, et al. <i>Autoimmun Rev.</i> 2014;13:770-777. https://dx.doi.org/10.1016/j.autrev.2014.01.055 7. Bruce IN, O’Keeffe AG, Farewell V, et al. <i>Ann Rheum Dis.</i> 2015;74:1706-1713. https://dx.doi.org/10.1136/annrheumdis-2013-205171 8. Urowitz MB, Gladman DD, Ibanez D, et al. <i>Arthritis Care Res.</i> 2012;64:132-137. https://dx.doi.org/10.1002/acr.20648 9. Sutton EJ, Davidson JE, Bruce IN, et al. <i>Semin Arthritis Rheum.</i> 2013;43:352-361. https://dx.doi.org/10.1016/j.semarthrit.2013.05.003

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	<ol style="list-style-type: none">10. Gladman DD, Urowitz MB, Rahman P, et al. <i>J Rheumatol</i>. 2003;30:1955-1959. https://www.ncbi.nlm.nih.gov/pubmed/1296659711. Anders HJ, Saxena R, Zhao MH, et al. <i>Nat Rev Dis Primers</i>. 2020;6:7. https://doi.org/10.1038/s41572-019-0141-912. Franklyn K, Lau CS, Navarra SV, et al. <i>Ann Rheum Dis</i>. 2016;75:1615-1621. https://doi.org/10.1136/annrheumdis-2015-20772613. Lim SS, Helmick CG, Bao G, et al. <i>Morb Mortal Wkly Rep (MMWR)</i>. 2019;68:419-422. https://dx.doi.org/10.15585/mmwr.mm6818a414. Yen EY, Singh RR. <i>Arthritis Rheumat</i>. 2018;70:1251-1255. https://doi.org/10.1002/art.40512
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*Moore DE, et al. *J Contin Educ Health Prof*. 2009;29:1-15.

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 starting December 7, 2020. The grant cycle will close when budget is no longer available; we will update the website accordingly. We aim to communicate decisions within 3 months from the grant 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 relapsed/refractory multiple myeloma as reflected in current and evidence-based guidelines¹ (2) Therapeutic targets for relapsed/refractory multiple myeloma²⁻⁵ (3) Therapeutic management of patients with relapsed/refractory multiple myeloma including:^{1,6-9} <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, including the potential for ocular toxicity with antibody-drug conjugates – Patient education, shared decision-making, and patient-reported outcomes
More Information:	Our intent is to fund educational initiatives for hematologist oncologists, medical oncologists, ophthalmologists, optometrists, advanced healthcare practitioners, pharmacists and nurses that use multi-channel platforms and reach a national, regional, and/or local audience. Educational initiatives at national conferences and regional or local meetings will be considered. Preference is for educational initiatives that are accredited (eg, by the ACCME, ANCC, ACPE, AANP, AAPA, etc).
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP knowledge (Level 3*), competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.
Budget Available:	The available budget for this CGA is \$1.8M.
References:	<ol style="list-style-type: none"> 1. National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology: Multiple Myeloma. Version 3.2021—October 19, 2020. https://www.nccn.org/professionals/physician_gls/pdf/myeloma.pdf 2. Yu B, Jiang T, Liu D. <i>J Hematol Oncol</i>. 2020;13:125. https://doi.org/10.1186/s13045-020-00962-7 3. Cho SF, Lin L, Xing L, et al. <i>Cancers (Basel)</i>. 2020;12:1473. https://doi.org/10.3390/cancers12061473 4. Chim CS, Kumar SK, Orłowski RZ, et al. <i>Leukemia</i>. 2018;32:252-262. Chim CS, Kumar SK, Orłowski RZ, et al. <i>Leukemia</i>. 2019;33:1058-1059. https://doi.org/10.1038/leu.2017.329 5. Laubach J, Garderet L, Mahindra A, et al. <i>Leukemia</i>. 2016;30:1005-1017. https://doi.org/10.1038/leu.2015.356

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| | <ol style="list-style-type: none">6. Anderson KC. <i>Clin Cancer Res.</i> 2016;22:5419-5427.
https://doi.org/10.1158/1078-0432.CCR-16-06257. Castella M, Fernández de Larrea C, Martín-Antonio B. <i>Int J Mol Sci.</i> 2018;19:3613.
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https://doi.org/10.1089/jop.2015.00649. Selby P, Popescu R, Lawler M, et al. <i>Am Soc Clin Oncol Edu Book.</i> 2019;39:332-340. https://doi.org/10.1200/EDBK_236857 |
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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 starting December 7, 2020. The grant cycle will close when budget is no longer available; we will update the website accordingly. We aim to communicate decisions within 3 months from the grant 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, inclusion of other independently identified healthcare gaps is also encouraged: <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 frontline and recurrent maintenance treatment settings for advanced ovarian cancer²⁻³ (3) Management of treatment-related adverse events associated with the use of PARP inhibitors⁴ (4) Modifiable health equity issues in ovarian cancer care⁵⁻⁹
More Information:	Our intent is to fund educational initiatives for gynecologic oncologists, medical oncologists, mid-level practitioners, nurses, pharmacists, pathologists, and other members of the multi-disciplinary care team using multi-channel platforms and reaching a national audience. Educational initiatives hosted online or held live at national oncology conferences, regional and local meetings, as well as post-conference education, grand rounds, patient-tethered education, and healthcare quality improvement initiatives will be considered. Preference is for educational initiatives that are accredited (eg, by the ACCME, ANCC, ACPE, AANP, AAPA, etc).
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP knowledge (Level 3*), competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.
Budget Available:	The available budget for this CGA is \$2.5M.
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 1.2020—March 11, 2020. https://www.nccn.org/professionals/physician_gls/pdf/ovarian.pdf 2. Hanker LC, Loibl S, Burchardi, et al. <i>Ann Oncol</i>. 2012;23:2605-2612. https://doi.org/10.1093/annonc/mds203 3. Randall LM, Birrer MJ, Herzog TJ. <i>Oncologist</i>. 2019;24:576-579. https://doi.org/10.1634/theoncologist.2019-0020 4. LaFargue CJ, Dal Molin GZ, Sood AK, et al. <i>Lancet Oncol</i>. 2019; 20:e15-e28. https://doi.org/10.1016/S1470-2045(18)30786-1 5. Karanth S, Fowler M, Mao X, et al. <i>JNCI Cancer Spectr</i>. 2020;3:pkz084. https://doi.org/10.1093/jncics/pkz084 6. Bristow R, Chang J, Villaneuva C, et al. <i>Obstet Gynecol</i>. 2020;135:328-339. https://doi.org/10.1097/AOG.0000000000003665

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| <ol style="list-style-type: none">7. Stenzel AE, Buas M, Moysich KB. <i>Cancer Epidemiol.</i> 2019;62:e101580. https://doi.org/10.1016/j.canep.2019.1015808. Cronin KA, Howlader N, Stevens JL. <i>Cancer Epidemiol Biomarkers Prev.</i> 2019;28:539-545. https://doi.org/10.1158/1055-9965.EPI-18-02859. Bristow R, Chang J, Ziogas A, et al. <i>Obstet Gynecol.</i> 2015;125:833-842. https://doi.org/10.1097/AOG.0000000000000643 |
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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 starting December 7, 2020. The grant cycle will close when budget is no longer available; we will update the website accordingly. We will aim to communicate decisions within 3 months from the grant 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) Endometrial cancer disease state and therapeutic management education, including the role of biomarker/molecular testing and immunotherapy ¹⁻⁵ (2) Adverse events related to treatment with immunotherapy, including early identification, management, and patient education ⁶⁻⁹ (3) Modifiable health equity issues in endometrial cancer care ¹⁰⁻¹⁴
More Information:	Our intent is to fund educational initiatives that use multi-channel platforms and reach a national audience. Educational initiatives hosted online or held live at national oncology conferences, associated regional and local meetings, as well as post-conference education, grand rounds, and patient-tethered education will be considered. Preference is for educational initiatives that are accredited (eg, by the ACCME, ANCC, ACPE, AANP, AAPA, etc).
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP knowledge (Level 3*), competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.
Budget Available:	The available budget for this CGA is \$600K.
References:	<ol style="list-style-type: none"> 1. NCCN Clinical Practice Guidelines In Oncology: Uterine Neoplasms. Version 1.2021—October 20, 2020. https://www.nccn.org/professionals/physician_gls/pdf/uterine.pdf 2. Green A, Feinberg J, Makker V. <i>Am Soc Clin Oncol Educ Book</i>. 2020;40:1-7. https://doi.org/10.1200/EDBK_280503 3. De Felice F, Marchetti C, Tombolini V, et al. <i>Int J Clin Oncol</i>. 2019;24: 910-916. https://doi.org/10.1007/s10147-019-01437-7 4. Dörk T, Hillemanns P, Tempfer C, et al. <i>Cancers (Basel)</i>. 2020;12:2407. https://doi.org/10.3390/cancers12092407 5. Rubia EC, Martinez-Garcia E, Dittmar G, et al. <i>J Clin Med</i>. 2020;9:1900. https://doi.org/10.3390/jcm9061900 6. NCCN Clinical Practice Guidelines in Oncology: Management of Immunotherapy-Related Toxicities. Version 1.2020—December 16, 2019. https://www.nccn.org/professionals/physician_gls/pdf/immunotherapy.pdf 7. Kennedy L., Salama AKS. <i>CA Cancer J Clin</i>. 2020;70:86-104. https://doi.org/10.3322/caac.21596.

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| | <ol style="list-style-type: none">8. Rochefoucauld J, Noel N, Lambotte O. <i>Intern Emerg Med.</i> 2020;15:587-598.
https://doi.org/10.1007/s11739-020-02295-29. Wood LS, Moldawer NP, Lewis C. <i>Clin J Oncol Nurs.</i> 2019;23:271-280.
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https://doi.org/10.1016/j.ygyno.2020.05.01811. Alcaraz KI, Wiedt TL, Daniels EC, et al. <i>CA Cancer J Clin.</i> 2019;70:31-46.
https://doi.org/10.3322/caac.2158612. Mukerji B, Baptiste C, Chen L, et al. <i>Gynecol Oncol.</i> 2018;148:527-534.
https://doi.org/10.1016/j.ygyno.2017.12.03213. Huang AB, Huang Y, Hur C, et al. <i>Am J Obstet Gynecol.</i> 2020;223:396.e1-396.e13.
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https://doi.org/10.1016/j.ygyno.2017.11.013 |
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CORONAVIRUS DISEASE (COVID-19)

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

Timeline:	Grants may be submitted between April 15, 2021 and November 1, 2021. We aim to communicate decisions within 3 months from grant 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: <ol style="list-style-type: none"> (1) The use of monoclonal antibodies in patients with COVID-19, including available options, patient selection, administration, education, and potential adverse reactions¹⁻⁵ (2) The rise of novel variants of SARS-CoV-2 and the effects on transmissibility, mortality, antibody treatments, and vaccines⁶⁻¹⁰ (3) The role of immunosenescence and age-related immune decline in patients with COVID-19¹¹⁻¹⁷ (4) Hyperinflammation in patients with severe COVID-19¹⁸⁻²⁴
More Information:	Our intent is to fund educational initiatives that use multi-channel platforms and reach a national audience. Preference is for educational initiatives that are accredited (eg, by the ACCME, ANCC, AANP, AAPA, etc).
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP knowledge (Level 3*), competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.
Budget Available:	The total available budget for this CGA is \$1M.
References:	<ol style="list-style-type: none"> 1. COVID-19 Treatment Guidelines Panel. NIH. 2021. https://www.covid19treatmentguidelines.nih.gov 2. Ju B, Zhang Q, Ge J, et al. <i>Nature</i>. 2020;584:115-119. https://doi.org/10.1038/s41586-020-2380-z 3. Wang C, Li W, Drabek D, et al. <i>Nat Commun</i>. 2020;11:2251. https://doi.org/10.1038/s41467-020-16256-y 4. Cao Y, Su B, Guo X, et al. <i>Cell</i>. 2020;182:73-84. https://doi.org/10.1016/j.cell.2020.05.025 5. Zost SJ, Gilchuk P, Chen RE et al. <i>Nat Med</i>. 2020;26:1422-1427. https://doi.org/10.1038/s41591-020-0998-x 6. GISAID. 2021. https://www.gisaid.org 7. Li Q, Wu J, Nie J, et al. <i>Cell</i>. 2020;182:1284-1294. https://doi.org/10.1016/j.cell.2020.07.012 8. Luring AS, Hodcroft EB. <i>JAMA</i>. 2021;325:529-531. https://doi.org/10.1001/jama.2020.27124

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17. Schulte-Schrepping J, Reusch N, Paclik D, et al. *Cell*. 2020;182:1419-1440. <https://doi.org/10.1016/j.cell.2020.08.001>
18. Jamilloux Y, Henry T, Belot A, et al. *Autoimmun Rev*. 2020;19:102567. <https://doi.org/10.1016/j.autrev.2020.102567>
19. Siddiqi HK, Mehra MR. *J Heart Lung Transplant*. 2020;39:405-407. <https://doi.org/10.1016/j.healun.2020.03.012>
20. Thwaites RS, Sevilla Uruchurtu AS, Siggins MK, et al. *Sci Immunol*. 2021;6. <https://doi.org/10.1126/sciimmunol.abg9873>
21. Shi Y, Wang Y, Shao C, et al. *Cell Death Differ*. 2020;27:1451-1454. <https://doi.org/10.1038/s41418-020-0530-3>
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PAIN

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

Timeline:	Grants may be submitted between April 15, 2021 and July 10, 2021. We aim to communicate decisions within 3 months from grant 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: <ol style="list-style-type: none"> (1) Reoccurring pain conditions (such as back pain, osteoarthritis, migraine, and others) and the use of OTC analgesics as an option to avoid/reduce the use of opioids¹⁻⁵ (2) Understanding clinical data, guideline recommendations, and other supporting evidence for the use of OTC analgesics to manage back pain (acute and recurring presentation)⁵⁻⁸ (3) Migraine management and treatment gaps with the option of OTC analgesics as an alternative or in conjunction with current and new treatment options⁹⁻¹¹ (4) Acute sports injury pain (sprains, strains, and similar) management, treatment gaps, and how they can be addressed with OTC analgesics¹²⁻¹⁵ (5) Understanding the challenges of pain management and the role of OTC analgesics in the evolving virtual/remote care environment coupled with the COVID-19 pandemic social distancing requirements¹⁶⁻¹⁹
More Information:	Our intent is to fund educational initiatives for primary care physicians, pharmacists, and allied health professionals that use multi-channel platforms, reach a national audience and, if appropriate, include patient-tethered education and/or resources. Educational initiatives at national and regional conferences will be considered. Preference is for educational initiatives that are accredited (eg, by the ACCME, ANCC, ACPE, AANP, AAPA, etc).
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP knowledge (Level 3*), competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.
Budget Available:	Grant requests up to \$50K per proposal will be considered for funding.
References	<ol style="list-style-type: none"> 1. White PF. <i>Expert Opin Pharmacother.</i> 2017;18:329-333. https://doi.org/10.1080/14656566.2017.1289176 2. Peck J, Urits I, Zeien J, et al. <i>Curr Pain Headache Rep.</i> 2020;24:1-9. https://doi.org/10.1007/s11916-020-00852-0 3. Kolasinski SL, Neogi T, Hochberg MC, et al. <i>Arthritis Rheumatol.</i> 2020; 72:220-233. https://doi.org/10.1002/art.41142 4. Bijur PE, Friedman BW, Irizarry E, et al. <i>Ann Emerg Med.</i> 2020;77:345-356. https://doi.org/10.1016/j.annemergmed.2020.10.004 5. Qaseem A, Wilt TJ, McLean RM, et al. <i>Ann Intern Med.</i> 2017;166:514-530. https://doi.org/10.7326/M16-2367

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ORAL HEALTH

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

Timeline:	Grants may be submitted between April 15, 2021 and July 10, 2021. We aim to communicate decisions within 3 months from grant 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) Lack of understanding of oral conditions such as acid erosion/wear, xerostomia, periodontal disease, and oral conditions found in the edentulous or those wearing dental appliances ¹⁻⁶ (2) Appropriate understanding of available treatments to improve oral health and treat dental conditions and/or diseases ¹⁻⁶ (3) Understanding the impact of dental conditions by assessing the patient's quality of life, influencing behavioral changes that would improve compliance techniques ¹⁻⁶
More Information:	Our intent is to fund educational initiatives that use multi-channel platforms and reach a national or regional audience. Preference is for educational initiatives that are accredited (eg, by the APCE, AGD PACE, ADA CERP, etc).
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP knowledge (Level 3*), competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.
Budget Available:	The available budget for this CGA is \$95K.
References:	<ol style="list-style-type: none"> Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. New Series of Reports to Monitor Health of Older Americans. 2010. https://www.cdc.gov/nchs/pressroom/01facts/olderame.htm US Department of Health and Human Services (HHS), Office of Disease Prevention and Health Promotion (ODPHP). Healthy People 2030 Oral Health Objectives. 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/oral-conditions US Department of Health and Human Services (HHS), National Institute of Dental and Craniofacial Research (NIDCR), National Institutes of Health (NIH). Oral Health in America: A Report of the Surgeon General. 2020. https://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/Documents/hck1ocv_@www.surgeon.fullrpt.pdf Oral Health Foundation Denture Care Guidelines. 2018. https://www.dentalhealth.org/denturecareguidelines American Dental Association Mouth Healthy. 2018. https://www.mouthhealthy.org/en Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care. 2020. https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/index.html

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NUTRITION

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

Timeline:	Grants may be submitted between April 15, 2021 and July 10, 2021. We aim to communicate decisions within 3 months from grant 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) Lack of understanding of supplementation’s role in achieving adequate intake of micronutrients to address overall nutritional status ¹⁻⁶ (2) Appropriate understanding of concepts in nutrition science to optimize immune health ¹⁻⁶
More Information:	Our intent is to fund educational initiatives that use multi-channel platforms and reach a national audience. Preference is for educational initiatives that are accredited.
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP knowledge (Level 3*), competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.
Budget Available:	The available budget for this CGA is \$30K.
References:	<ol style="list-style-type: none"> 1. US Department of Agriculture and US Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 2020. https://www.dietaryguidelines.gov/resources/2020-2025-dietary-guidelines-online-materials 2. Dietary Guidelines Advisory Committee. Scientific Report of the 2020 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Agriculture and the Secretary of Health and Human Services. 2020. https://www.dietaryguidelines.gov/2020-advisory-committee-report 3. US Department of Health and Human Services, Office of Disease Prevention and Health Promotion (ODPHP). Healthy People 2020 Nutrition and Weight Status. 2020. https://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status 4. Troesch B, Hoelt B, McBurney M, et al. <i>Br J Nutr</i>. 2012;108:692-698. https://doi.org/10.1017/S0007114512001808 5. Ward EM. <i>Today's Dietitian</i>. 2016;18:34. https://www.todaysdietitian.com/newarchives/0516p34.shtml 6. Sahebnaasagh A, Saghafi F, Avan R, et al. <i>Eur J Pharmacol</i>. 2020;887:173530. https://doi.org/10.1016/j.ejphar.2020.173530

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