

## 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

US organizations 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) are eligible to apply.

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

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

GSK Disease Area(s) of Interest with Available US IME Budget	Last Updated	Submission Timeline	Accepting Proposals for Activity Start Dates as Follows
<b>Hepatology Therapeutic Area</b>			
<a href="#">Hepatitis B</a>	5/15/25	12/19/24 – 9/30/25	Flexible
<b>Infectious Disease – Non-Vaccines Therapeutic Area</b>			
<a href="#">Urinary Tract Infections (UTI)</a>	3/6/25	12/19/24 – 9/30/25	Flexible
<b>Oncology Therapeutic Area</b>			
<a href="#">Colorectal Cancer</a>	12/19/24	12/19/24 – 9/30/25	Flexible
<a href="#">Endometrial Cancer</a>	12/19/24	12/19/24 – 9/30/25	Flexible
<a href="#">Multiple Myeloma</a>	12/19/24	12/19/24 – 9/30/25	Flexible
<a href="#">Myelofibrosis</a>	12/19/24	12/19/24 – 9/30/25	Flexible

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

GSK Disease Area(s) of Interest with Available US IME Budget	Last Updated	Submission Timeline	Accepting Proposals for Activity Start Dates as Follows
<a href="#"><u>Ovarian Cancer</u></a>	12/19/24	12/19/24 – 9/30/25	Flexible
<b>Respiratory Therapeutic Area</b>			
<a href="#"><u>Chronic Obstructive Pulmonary Disease (COPD)</u></a>	12/19/24	12/19/24 – 9/30/25	2H2025
<a href="#"><u>Refractory Chronic Cough</u></a>	12/19/24	12/19/24 – 9/30/25	Flexible
<a href="#"><u>Severe Asthma</u></a>	5/15/25	5/15/25-9/30/25	Flexible
<b>Vaccine Preventable Diseases Therapeutic Area</b>			
<a href="#"><u>Adult Immunization</u></a>	3/6/25	12/19/24 – 9/30/25	Flexible
<a href="#"><u>Hepatitis</u></a>	12/19/24	12/19/24 – 9/30/25	Flexible
<a href="#"><u>Meningococcal Disease</u></a>	5/15/25	12/19/24 – 9/30/25	2026
<a href="#"><u>Respiratory Syncytial Virus (RSV) Disease</u></a>	12/19/24	12/19/24 – 9/30/25	Flexible
<a href="#"><u>Shingles</u></a>	12/19/24	12/19/24 – 9/30/25	Flexible

### **III. Grant Review Criteria for All Initiatives**

All IME 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, US HCP performance gaps, healthcare system quality gaps, and GSK clinical interests.

- 2.1 Aligns with GSK's clinical disease interests

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

### 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 US 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
- 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 competence and higher (Levels 4-7\*) 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)

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

- 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. Additional Grant Review Criteria for Healthcare Quality Improvement (QI)**

##### **Initiatives**

In specified disease areas described in this CGA where healthcare gaps are system-based, GSK has budget available to support healthcare QI initiatives delivered by US organizations directly engaged in patient care. Eligible organizations to conduct QI initiatives include academic medical centers, hospital or healthcare delivery systems, and professional medical associations. Multi-support initiatives are encouraged.

Healthcare QI initiative grant applications are reviewed based on the following criteria (in addition to those listed in the section III above):

##### **1. Health System Gaps and Root Cause(s)**

Grant requests should include an independent, evidence-based description of the health system gaps preventing optimal patient care and root cause(s) of those system gaps and barriers. Utilization of appropriate data sources to assess baseline status and improvements as a result of the initiative should be described.

- 1.1 A description of the health system gaps in processes, patient care, and/or patient health outcomes to be addressed by the QI initiative – including data sources used at baseline and at the conclusion of the initiative
- 1.2 A description of the root cause(s) underlying the health system gaps (or the approach and methods planned to identify the root causes)

##### **2. Intervention(s)**

Grant requests should describe the intervention(s) that will be deployed to address the root cause(s) of health system gaps preventing optimal and equitable patient health outcomes.

- 2.1 Intervention(s) designed to close identified gaps by addressing root cause(s)
- 2.2 Intervention(s) feasible to be executed by organization with budget requested
- 2.3 Measurable effects of intervention(s) that will lead to improvement in patient health outcomes at the system level
- 2.4 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)

##### **3. Outcomes**

Healthcare QI initiatives should be designed to measure **objective** improvements/changes in processes, HCP performance (Level 5\*), and/or patient/community health outcomes (Level 6/7\*) to qualify for consideration for grant funding.

- 3.1 Strategic plan to measure outcomes is realistic for the scope of the initiative and designed to measure if the initiative improved patient health outcomes
- 3.2 Overall initiative is designed to measure objective changes in processes, HCP performance (Level 5\*), and patient/community health outcomes (Level 6/7\*)

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

- 3.3 Strategy used to evaluate effectiveness of initiative (eg, direct and objective assessments, chart audits, patient surveys, EHR data, disease screening audits, medical claims data, etc)
- 3.4 Publication or communication strategy is designed for dissemination of outcomes results so that best practices and ways to improve can be shared to further improve patient health

#### **4. Applicant Experience**

Grant requests should describe the organization, project leader(s), and/or collaborator(s) qualifications, experience, and readiness to conduct a successful health care QI initiative.

- 4.1 Organization directly engaged in patient care
- 4.2 Organizational infrastructure and leadership conducive to supporting successful execution of QI initiative(s)
- 4.3 Organization and/or project leaders track record with successfully executed previous QI initiative(s)
- 4.4 Example of completed QI initiative with outcomes summary included in grant request

#### **V. 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.

#### **VI. Terms and Conditions**

1. Grants should be submitted via the GSK website: [www.GSKgrants.com](http://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.

#### **VII. 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.

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

**HEPATITIS B**

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

<b>Submission Timeline:</b>	December 19, 2024 through September 30, 2025 Funding decisions typically communicated within 3 months from submission
<b>Healthcare Gaps:</b>	GSK intends to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps and/or other independent healthcare gaps identified by the applicant: <ol style="list-style-type: none"> <li>(1) Hepatitis B awareness, diagnosis, pathophysiology, healthcare disparities, and burden of disease<sup>1,2,3</sup></li> <li>(2) Delayed/sub-optimal treatment of patients with Hepatitis B as evidenced by current literature<sup>4</sup></li> <li>(3) Strategies to improve annual lab monitoring (eg, ALT, HBV DNA, e-antigen status) for patients with Hepatitis B<sup>4</sup></li> <li>(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 B<sup>5</sup></li> <li>(5) Lack of understanding of functional cure in Hepatitis B<sup>6</sup></li> <li>(6) Strategies to improve healthcare professional-patient dialogue and patient knowledge and decrease barriers to Hepatitis B patient care<sup>7</sup></li> <li>(7) Strategies for reducing the risks of major chronic Hepatitis B (CHB)-related sequelae, including cirrhosis and hepatocellular carcinoma (HCC) complications<sup>8</sup></li> </ol>
<b>Educational Design Considerations:</b>	GSK is interested in reviewing proposals for innovative educational initiatives that are: <ul style="list-style-type: none"> <li>• Intended for US hepatologists, gastroenterologists, and advanced practice providers aligned with these specialties, including those that practice in high-risk communities (eg, foreign-born and veteran populations)</li> <li>• Designed to utilize multi-channel platforms (live, on-demand, podcast, AI-adaptive platforms, etc), including US national, regional, or local conferences</li> <li>• Designed to include HCP-patient tethered education, culturally and linguistically appropriate patient resources, and/or engage appropriate community partners</li> <li>• Informed by patient-driven insights and designed to measure patient impact</li> </ul>
<b>Budget Availability:</b>	<ul style="list-style-type: none"> <li>• 2025 budget is available for this CGA for independent medical education initiatives (Level 4+ outcomes) delivered by US organizations accredited by the ACCME or other national accrediting body.</li> </ul>
<b>Educational Outcomes:</b>	<ul style="list-style-type: none"> <li>• Grant requests that are designed to measure improvements/changes in US HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.</li> <li>• Grant requests that include a plan to robustly measure the potential patient reach via participating US HCP learners (eg, medical claims data, patient surveys) are funding priorities.</li> </ul>
<b>References:</b>	<ol style="list-style-type: none"> <li>1. Cornberg M, Lok AS-F, Terrault NA, et al. <i>Hepatology</i>. 2020;71:1070-1092.</li> <li>2. Yip TC-F, Chan HL-Y, Wong VW-S, et al. <i>J Hepatol</i>. 2017;67:902-908.</li> </ol>

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

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|  | <ol style="list-style-type: none"><li>3. Kim HS, Rotundo L, Yang JD, et al. <i>J Viral Hepat.</i> 2017;24:1052-1066.</li><li>4. Zhou Y, Li J, Gordon SC, et al. <i>J Viral Hepat.</i> 2022;29:189-195.</li><li>5. Cornberg M, Wong VW-S, Locarnini S, et al. <i>J Hepatol.</i> 2017;66:398-411.</li><li>6. Peters MG, Yuen M-F, Terrault N, et al. <i>Clin Infect Dis.</i> 2023.ciad506.</li><li>7. Mukhtar NA, Evon DM, Yim C, et al. <i>Dig Dis Sci.</i> 2021;66:434-441.</li><li>8. Terrault NA, Bzowej NH, Chang KM, et al. <i>Hepatology.</i> 2016;63:261-283.</li></ol> |
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\*Moore DE, et al. *J Contin Educ Health Prof.* 2009;29:1-15.

**URINARY TRACT INFECTIONS (UTI)**

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

<b>Submission Timeline:</b>	December 19, 2024 through September 30, 2025 Funding decisions typically communicated within 3 months from submission
<b>Healthcare Gaps:</b>	<p>GSK intends to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps and/or other independent healthcare gaps identified by the applicant:</p> <ol style="list-style-type: none"> <li>(1) Uncomplicated urinary tract infections (uUTI) – awareness, definition, healthcare disparities, and classification<sup>1-5</sup></li> <li>(2) Burden of uUTI disease and treatment failure on patients and the healthcare system<sup>6-9</sup></li> <li>(3) Treatment failure for patients with uUTI – awareness, definition, and risk factors<sup>7,10</sup></li> <li>(4) Standard of care for diagnosis and treatment of uUTI as reflected in current evidence-based guidelines<sup>1,11</sup></li> <li>(5) Burden of complicated urinary tract infections (cUTI) hospitalization on patients and the healthcare system<sup>12-14</sup></li> <li>(6) Transitions of care for patients with cUTI<sup>15-16</sup></li> <li>(7) Standard of care for diagnosis and treatment of multi-drug resistant cUTI as reflected in current evidence-based guidelines<sup>17</sup></li> </ol>
<b>Educational Design Considerations:</b>	<p>GSK is interested in reviewing proposals for innovative educational initiatives that are:</p> <ul style="list-style-type: none"> <li>• Intended for: <ul style="list-style-type: none"> <li>○ US-based clinicians who treat uUTI, including primary care physicians, urologists, infectious disease physicians, emergency medicine/urgent care clinicians, gynecologists, infectious disease pharmacists, physician assistants, and nurse practitioners, including HCPs who practice telemedicine</li> <li>○ US-based clinicians who treat cUTI, including urologists, infectious disease physicians, hospitalists, emergency medicine clinicians, and infectious disease pharmacists</li> </ul> </li> <li>• Designed to utilize multi-channel platforms (live, on-demand, podcast, AI-adaptive platforms, etc), including US national, regional, or local conferences</li> <li>• Designed to include HCP-patient tethered education and/or engage appropriate community partners</li> <li>• Informed by patient-driven insights and designed to measure patient impact</li> </ul>
<b>Budget Availability:</b>	<ul style="list-style-type: none"> <li>• 2025 budget is available for this CGA for independent medical education initiatives (Level 4+ outcomes) delivered by US organizations accredited by the ACCME or other national accrediting body.</li> </ul>
<b>Educational Outcomes:</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>

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



	<ul style="list-style-type: none"> <li>Grant requests that include a plan to robustly measure potential patient impact via participating US HCP learners (eg, medical claims data, patient surveys) are funding priorities.</li> </ul>
<b>References:</b>	<ol style="list-style-type: none"> <li>Gupta K, Hooton TM, Naber KG, et al. <i>Clin Infect Dis</i>. 2011;52:e103-e120.</li> <li>Medina M, Castillo-Pino E. <i>Ther Adv Urol</i>. 2019;11:1756287219832172.</li> <li>Hooton TM. <i>N Engl J Med</i>. 2012;366:1028-1037.</li> <li>Colgan R, Williams M. <i>Am Fam Physician</i>. 2011;84:771-776.</li> <li>Chan GW, Westgard LK, Romasco A, et al. <i>Int J Equity Health</i>. 2024;23:219. doi: 10.1186/s12939-024-02308-y.</li> <li>Colgan R, Keating K, Dougouih M. <i>Clin Drug Investig</i>. 2004;24:55-60.</li> <li>Dunne MW, Puttagunta S, Aronin SI, et al. <i>Microbiol Spectr</i>. 2022;10:e0235921.</li> <li>Abrahamian FM, Krishnadasan A, Mower WR, et al. <i>Infection</i> 2011;39:507-514.</li> <li>Scott VCS, Thum LW, Sadun T, et al. <i>J Urol</i>. 2021;206:688-695.</li> <li>Butler AM, Durkin MJ, Keller MR, et al. <i>Pharmacoepidemiol Drug Saf</i>. 2021;30:1360-1370.</li> <li>Anger J, Lee U, Ackerman AL, et al. <i>J Urol</i>. 2019;202:282-289.</li> <li>Steiger SN, Comito RR, Nicolau DP. <i>Expert Rev Pharmacoecon Outcomes Res</i>. 2017;17:377-383.</li> <li>Lodise TP, Nowak M, Rodriguez M. <i>Antibiotics (Basel)</i>. 2022;11:578. doi: 10.3390/antibiotics11050578.</li> <li>Zolfaghari M, Seifi A, Jaafaripooyan E, et al. <i>Caspian J Intern Med</i>. 2024;15:478-483.</li> <li>Babich T, Eliakim-Raz N, Turjeman A, et al. <i>Sci Rep</i>. 2021;11:6926. doi: 10.1038/s41598-021-86246-7.</li> <li>Wald-Dickler N, Lee TC, Tangraphaphom C, et al. <i>Open Forum Infect Dis</i>. 2021;9:ofab620. doi: 10.1093/ofid/ofab620.</li> <li>Sabih A, Leslie SW. Complicated Urinary Tract Infections. [Updated 2024 Dec 7]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan. Available from: <a href="https://www.ncbi.nlm.nih.gov/books/NBK436013/">https://www.ncbi.nlm.nih.gov/books/NBK436013/</a>.</li> </ol>

**COLORECTAL CANCER**

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

<b>Submission Timeline:</b>	December 19, 2024 through September 30, 2025 Funding decisions typically communicated within 3 months from submission
<b>Healthcare Gaps:</b>	GSK intends to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps and/or other independent healthcare gaps identified by the applicant: <ol style="list-style-type: none"> <li>(1) Management of patients with colorectal cancer<sup>1</sup></li> <li>(2) Rationale for the use of immunotherapy in patients with colorectal cancer<sup>2</sup></li> <li>(3) Role of predictive biomarkers for patients with colorectal cancer<sup>3</sup></li> <li>(4) Importance of the multidisciplinary care team throughout the patient journey:<sup>4</sup> <ul style="list-style-type: none"> <li>• Recognition, management, and mitigation of adverse events<sup>5-6</sup></li> <li>• Patient education and patient-reported outcomes<sup>7-8</sup></li> </ul> </li> <li>(5) Healthcare disparities and inequities in the diagnosis and management of patients with colorectal cancer, including the lack of clinical trial diversity<sup>9-11</sup></li> </ol>
<b>Educational Design Considerations:</b>	GSK is interested in reviewing proposals for innovative educational initiatives that are: <ul style="list-style-type: none"> <li>• Intended for US HCP learners, including medical oncologists, gastroenterologists, surgeons, advanced healthcare practitioners, nurses, pharmacists, pathologists, and other members of the multidisciplinary care team</li> <li>• Designed to utilize multi-channel platforms (live, on-demand, podcast, AI-adaptive platforms, etc), including US national, regional, or local conferences</li> <li>• Designed to include HCP-patient tethered education and/or engage appropriate community partners</li> <li>• Informed by patient-driven insights and designed to measure patient impact</li> </ul>
<b>Budget Availability:</b>	<ul style="list-style-type: none"> <li>• 2025 budget is available for this CGA for independent medical education initiatives (Level 4+ outcomes) delivered by US organizations accredited by the ACCME or other national accrediting body.</li> </ul>
<b>Educational Outcomes:</b>	<ul style="list-style-type: none"> <li>• Grant requests that are designed to measure improvements/changes in US HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.</li> <li>• Grant requests that include a plan to robustly measure the potential patient impact via participating US HCP learners (eg, medical claims data, patient surveys) are funding priorities.</li> </ul>
<b>References:</b>	<ol style="list-style-type: none"> <li>1. Siegel RL, Wagle NS, Cercek A, Smith RA, Jemal A. <i>CA Cancer J Clin.</i>2023;73:233-254.</li> <li>2. Ganesh K, Stradler ZK, Cerzek A, et al. <i>Nat Rev Gastroenterol Hepatol.</i> 2019;16: 361-375.</li> <li>3. Crutcher M, Waldman S. <i>Front Med.</i> 2022;9:1062423.</li> <li>4. Lucarini A, Garbarino GM, Orlandi P, et al. <i>J Multidiscip Healthc.</i> 2022;15:1415-1426.</li> </ol>

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

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| <ol style="list-style-type: none"><li>5. Sun L, Meng C, Zhang X, et al. <i>Front Pharmacol</i>. 2023;14:1167670.</li><li>6. Schneider B, Naidoo J, Santomasso BD, et al. <i>J Clin Oncol</i>. 2021;39:4073-4126.</li><li>7. Paterick TE, Nachiket P, Tajik AJ, et al. <i>Proc</i>. 2017;30:112-113.</li><li>8. Besson A, Deftereos I, Chan S, et al. <i>Future Oncology</i>. 2019;15:1135-1146.</li><li>9. Hollis RH, Chu D. <i>Surg Oncol Clin N Am</i>. 2022;31:157-169.</li><li>10. Musselwhite LW, May FP, Salem ME, et al. <i>Am Soc Clin Oncol Educ Book</i>. 2021;41:108-117.</li><li>11. Patel MI, Lopez AM, Bladstock W, et al. <i>J Clin Oncol</i>. 2020;38:3439-3448.</li></ol> |
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**ENDOMETRIAL CANCER**

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

<b>Submission Timeline:</b>	December 19, 2024 through September 30, 2025 Funding decisions typically communicated within 3 months from submission
<b>Healthcare Gaps:</b>	<p>GSK intends to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps and/or other independent healthcare gaps identified by the applicant:</p> <ol style="list-style-type: none"> <li>(1) Standard of care for the treatment of endometrial cancer as reflected in current and evidence-based updates to guidelines<sup>1</sup></li> <li>(2) Rationale for use of immunotherapy in the treatment of patients with endometrial cancer<sup>2-3</sup></li> <li>(3) Role of predictive biomarkers in guiding the treatment of patients with endometrial cancer<sup>4-5</sup></li> <li>(4) Strategies for the application of shared decision-making in patient selection and understanding of appropriate treatment algorithms across all stages of endometrial cancer<sup>6</sup></li> <li>(5) Importance of the multidisciplinary care team:<sup>7</sup> <ul style="list-style-type: none"> <li>• Recognition, management, and mitigation of immune-related adverse events in patients receiving immunotherapy<sup>8-10</sup></li> <li>• Patient education and patient-reported outcomes<sup>11-12</sup></li> </ul> </li> <li>(6) Healthcare disparities and inequities in the diagnosis and management of patients with endometrial cancer, including the lack of clinical trial diversity<sup>13-17</sup></li> </ol>
<b>Educational Design Considerations:</b>	<p>GSK is interested in reviewing proposals for innovative educational initiatives that are:</p> <ul style="list-style-type: none"> <li>• Intended for US HCP learners, gynecologic oncologists, medical oncologists, advanced healthcare practitioners, nurses, pharmacists, pathologists, and other members of the multidisciplinary care team</li> <li>• Designed to utilize multi-channel platforms (live, on-demand, podcast, AI-adaptive platforms, etc), including US national, regional, or local conferences</li> <li>• Designed to include HCP-patient tethered education and/or engage appropriate community partners</li> <li>• Informed by patient-driven insights and designed to measure patient impact</li> </ul>
<b>Budget Availability:</b>	<ul style="list-style-type: none"> <li>• 2025 budget is available for this CGA for independent medical education initiatives (Level 4+ outcomes) delivered by US organizations accredited by the ACCME or other national accrediting body.</li> </ul>
<b>Educational Outcomes:</b>	<ul style="list-style-type: none"> <li>• Grant requests that are designed to measure improvements/changes in US HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.</li> <li>• Grant requests that include a plan to robustly measure the potential patient impact via participating US HCP learners (eg, medical claims data, patient</li> </ul>

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

	surveys) are funding priorities.
<b>References:</b>	<ol style="list-style-type: none"> <li>1. NCCN Clinical Practice Guidelines In Oncology: Uterine Neoplasms. Version 3.2024 – September 20, 2024</li> <li>2. Di Dio C, Bogani G, Di Donato V. <i>Gynecol Oncol.</i> 2023;169:27-33.</li> <li>3. Gómez-Raposo C, Salvador MM, Zamora CA, et al. <i>Crit Rev Oncol Hematol.</i> 2021;161:103306.</li> <li>4. Dörk T, Hillemanns P, Tempfer C, et al. <i>Cancers (Basel).</i> 2020;12:2407.</li> <li>5. Rubia EC, Martinez-Garcia E, Dittmar G, et al. <i>J Clin Med.</i> 2020;9:1900.</li> <li>6. Josfeld L, Keinki C, Pammer C, et al. <i>J Cancer Res Clin Oncol.</i> 2021;147:1725- 1732.</li> <li>7. Winters DA, Soukup T, Sevdalis N, et al. <i>BJU Int.</i> 2021;128:271-279.</li> <li>8. NCCN Clinical Practice Guidelines in Oncology: Management of Immunotherapy- Related Toxicities. Version 1.2023 — March 10, 2023.</li> <li>9. Brahmer JR, Abu-Sbeih H, Ascierto PA, et al. <i>J Immunother Cancer.</i> 2021;9:e002435.</li> <li>10. Rochefoucauld J, Noel N, Lambotte O. <i>Intern Emerg Med.</i> 2020;15:587-598.</li> <li>11. Wood LS, Moldawer NP, Lewis C. <i>Clin J Oncol Nurs.</i> 2019;23:271-280.</li> <li>12. Sisodia RC, Dewdney SB, Fader AN, et al. <i>Gynecol Oncol.</i> 2020;158:194-200.</li> <li>13. Barrington DA, Sinnott JA, Calo C, et al. <i>J Gynecol Oncol.</i> 2020;158:407-414.</li> <li>14. Huang AB, Huang Y, Hur C, et al. <i>Am J Obstet Gynecol.</i> 2020;223:396.e1-396.e13.</li> <li>15. Javadian P, Washington C, Mukasa S, et al. <i>Cancers (Basel).</i> 2021;13:1900.</li> <li>16. Park AB, Darcy KM, Tian C, et al. <i>Gynecol Oncol.</i> 2021;163:125-129.</li> <li>17. Rodriguez VE, LeBrón AMW, Chang J, et al. <i>Cancer.</i> 2021;127:2423-2431.</li> </ol>

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

**MULTIPLE MYELOMA**

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

<b>Submission Timeline:</b>	December 19, 2024 through September 30, 2025 Funding decisions typically communicated within 3 months from submission
<b>Healthcare Gaps:</b>	<p>GSK intends to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps and/or other independent healthcare gaps identified by the applicant:</p> <ol style="list-style-type: none"> <li>(1) Standard of care for the diagnosis and treatment of early relapsed/refractory multiple myeloma as reflected in current evidence-based guidelines<sup>1</sup></li> <li>(2) Rationale for the use of BCMA-targeted therapies in early relapsed/refractory multiple myeloma<sup>1-6</sup></li> <li>(3) Therapeutic management of patients with early relapsed/refractory multiple myeloma including:<sup>1-6</sup> <ul style="list-style-type: none"> <li>• Optimization of therapeutic approaches based on diagnostic evaluation, patient characteristics, disease-related factors, and prior/current treatment regimens</li> <li>• Importance of the multidisciplinary care team: <ul style="list-style-type: none"> <li>– Recognition, management, and mitigation of adverse events</li> <li>– Patient education, shared decision-making, and patient-reported outcomes</li> </ul> </li> </ul> </li> <li>(4) Recognition, management, and coordination of care needed for ocular adverse reactions associated with antibody-drug conjugates<sup>7</sup></li> <li>(5) Healthcare disparities and inequities in the diagnosis and management of patients with multiple myeloma, including the lack of clinical trial diversity<sup>8</sup></li> </ol>
<b>Educational Design Considerations:</b>	<p>GSK is interested in reviewing proposals for innovative educational initiatives that are:</p> <ul style="list-style-type: none"> <li>• Intended for US HCP learners including, hematologist oncologists, medical oncologists, advanced healthcare practitioners, pharmacists, nurses, and other members of the multidisciplinary care team</li> <li>• Designed to multi-channel platforms (live, on-demand, podcast, AI-adaptive platforms, etc), including US national, regional, or local conferences</li> <li>• Designed to include HCP-patient tethered education and/or engage appropriate community partners</li> <li>• Informed by patient-driven insights and designed to measure patient impact</li> </ul>
<b>Budget Availability:</b>	<ul style="list-style-type: none"> <li>• 2025 budget is available for this CGA for independent medical education initiatives (Level 4+ outcomes) delivered by US organizations accredited by the ACCME or other national accrediting body.</li> </ul>
<b>Educational Outcomes:</b>	<ul style="list-style-type: none"> <li>• Grant requests that are designed to measure improvements/changes in US HCP competence (Level 4*), performance (Level 5*), and/or patient/community</li> </ul>

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

	<p>health (Level 6/7*) are funding priorities.</p> <ul style="list-style-type: none"> <li>• Grant requests that include a plan to robustly measure the potential patient reach/impact via participating US HCP learners (eg, medical claims data, patient surveys) are funding priorities.</li> </ul>
<b>References:</b>	<ol style="list-style-type: none"> <li>1. National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology: Multiple Myeloma. Version 1.2025 – September 17, 2024.</li> <li>2. Moreau P, Kumar SK, San Miguel J. <i>Lancet Oncol.</i> 2021;3:105-118.</li> <li>3. Ni B, Hou J. <i>Hematology.</i> 2022;1:343-352.</li> <li>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;33:1058-59.</li> <li>5. Castella M, Fernández de Larrea C, Martín-Antonio B. <i>Int J Mol Sci.</i> 2018;19:3613.</li> <li>6. Selby P, Popescu R, Lawler M, et al. <i>Am Soc Clin Oncol Edu Book.</i> 2019;39:332-340.</li> <li>7. Gabison EE, Rousseau A, Labetoulle M, et al. <i>Prog Retin Eye Res.</i> 2024;103:101302.</li> <li>8. Gormley M, Fashion-Aje L, Locke, T, et al. <i>Blood Cancer Discov.</i> 2021;2:119-124.</li> </ol>

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

**MYELOFIBROSIS**

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

<b>Submission Timeline:</b>	December 19, 2024 through September 30, 2025 Funding decisions typically communicated within 3 months from submission
<b>Healthcare Gaps:</b>	GSK intends to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps and/or other independent healthcare gaps identified by the applicant: <ol style="list-style-type: none"> <li>(1) Standard of care for the treatment of patients with myelofibrosis as reflected in current and evidence-based updates to guidelines<sup>1</sup></li> <li>(2) Unmet medical need and future myelofibrosis landscape<sup>2-5</sup></li> <li>(3) Implement strategies for patient-centered care, including the application of shared decision-making in treatment selection and risk-adapted treatment algorithms for patients with myelofibrosis<sup>2</sup></li> <li>(4) Importance of the multidisciplinary care team in the therapeutic management of patients with myelofibrosis:<sup>2-5</sup> <ul style="list-style-type: none"> <li>• Unmet medical need, quality of life and burden of disease including cytopenia, splenomegaly, and constitutional symptoms</li> <li>• Recognition, management, and mitigation of treatment-related adverse events associated with the use of JAK inhibitors</li> </ul> </li> <li>(5) Healthcare disparities and inequities in the diagnosis and management of patients with myelofibrosis, including the lack of clinical trial diversity<sup>6</sup></li> </ol>
<b>Educational Design Considerations:</b>	GSK is interested in reviewing proposals for innovative educational initiatives that are: <ul style="list-style-type: none"> <li>• Intended for US HCP learners including, hematologist oncologists, medical oncologists, advanced healthcare practitioners, pharmacists, nurses, and other members of the multidisciplinary care team</li> <li>• Designed to multi-channel platforms (live, on-demand, podcast, AI-adaptive platforms, etc), including US national, regional, or local conferences</li> <li>• Designed to include HCP-patient tethered education and/or engage appropriate community partners</li> <li>• Informed by patient-driven insights and designed to measure patient impact</li> </ul>
<b>Budget Availability:</b>	<ul style="list-style-type: none"> <li>• 2025 budget is available for this CGA for independent medical education initiatives (Level 4+ outcomes) delivered by US organizations accredited by the ACCME or other national accrediting body.</li> </ul>
<b>Educational Outcomes:</b>	<ul style="list-style-type: none"> <li>• Grant requests that are designed to measure improvements/changes in US HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.</li> <li>• Grant requests that include a plan to robustly measure the potential patient reach/impact via participating US HCP learners (eg, medical claims data, patient</li> </ul>

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



	surveys) are funding priorities.
<b>References:</b>	<ol style="list-style-type: none"><li>1. NCCN Clinical Practice Guidelines In Oncology: Myeloproliferative Neoplasms Version 2.2024 – August 8, 2024.</li><li>2. Tefferi A. <i>Am J Hematol.</i> 2021;96:145-162.</li><li>3. Marcellino B, Verstovsek S, Mascarenhas J. <i>Clin Lymphoma Myeloma Leuk.</i> 2020;20:415-421.</li><li>4. Waksal J, Harrison C, Mascarenhas J. <i>Leuk Lymphoma.</i> 2022;63:1020-1033.</li><li>5. Mesa R, Scherber R, Geyer H. <i>Leuk Lymphoma.</i> 2015;7:1989-1999.</li><li>6. Khan I, Shergill A, Saraf S, et al. <i>Clin Lymphoma Myeloma Leuk,</i> 2016;16:350-357.</li></ol>

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

**OVARIAN CANCER**

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

<b>Submission Timeline:</b>	December 19, 2024 through September 30, 2025 Funding decisions typically communicated within 3 months from submission
<b>Healthcare Gaps:</b>	GSK intends to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps and/or other independent healthcare gaps identified by the applicant: <ol style="list-style-type: none"> <li>(1) Standard of care for the treatment of ovarian cancer as reflected in current and evidence-based updates to guidelines<sup>1</sup></li> <li>(2) Rationale for use of PARP inhibitors in the first-line maintenance treatment setting for advanced ovarian cancer<sup>2-4</sup></li> <li>(3) Role of predictive and prognostic biomarkers in guiding the treatment of patients with ovarian cancer<sup>5</sup></li> <li>(4) Implement strategies that enhance shared decision-making in patient selection and treatment planning across all stages of ovarian cancer<sup>6</sup></li> <li>(5) Effectiveness of multidisciplinary care team:<sup>7</sup> <ul style="list-style-type: none"> <li>• Innovative solutions to recognize, manage and mitigate treatment-related adverse events associated with the use of PARP inhibitors<sup>8</sup></li> <li>• Patient education and patient-reported outcomes<sup>9-11</sup></li> </ul> </li> <li>(6) Healthcare disparities and inequities in the diagnosis and management of patients with ovarian cancer, including the lack of clinical trial diversity<sup>12-14</sup></li> </ol>
<b>Educational Design Considerations:</b>	GSK is interested in reviewing proposals for innovative educational initiatives that are: <ul style="list-style-type: none"> <li>• Intended for US HCP learners, gynecologic oncologists, medical oncologists, advanced healthcare practitioners, nurses, pharmacists, pathologists, and other members of the multidisciplinary care team</li> <li>• Designed to multi-channel platforms (live, on-demand, podcast, AI-adaptive platforms, etc), including US national, regional, or local conferences</li> <li>• Designed to include HCP-patient tethered education and/or engage appropriate community partners</li> <li>• Informed by patient-driven insights and designed to measure patient impact</li> </ul>
<b>Budget Availability:</b>	<ul style="list-style-type: none"> <li>• 2025 budget is available for this CGA for independent medical education initiatives (Level 4+ outcomes) delivered by US organizations accredited by the ACCME or other national accrediting body.</li> </ul>
<b>Educational Outcomes:</b>	<ul style="list-style-type: none"> <li>• Grant requests that are designed to measure improvements/changes in US HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.</li> <li>• Grant requests that include a plan to robustly measure the potential patient reach/impact via participating US HCP learners (eg, medical claims data, patient surveys) are funding priorities.</li> </ul>

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

<b>References:</b>	<ol style="list-style-type: none"><li>1. NCCN Clinical Practice Guidelines in Oncology: Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer. Version 3.2024 – July 15, 2024.</li><li>2. Lin Q, Liu W, Xu S, et al. <i>BJOG</i>. 2021; 128:485-493.</li><li>3. Foo T, George A, Banrejee S. <i>Genes Chromosomes Cancer</i>. 2021;60:385-397.</li><li>4. Valabrega G, Scotto G, Tuninetti V, et al. <i>Int J Mol Sci</i>. 2021;22:4203.</li><li>5. Astallah GA, et al. <i>Diagnostics (Basel)</i>. 2021;11:465.</li><li>6. Jofeld L, Keinki C, Pammer C, et al. <i>J Cancer Res Clin Oncol</i>. 2021;147:1725-1732.</li><li>7. Winters DA, Soukup T, Sevdalis N, et al. <i>BJU Int</i>. 2021;128:271-279.</li><li>8. LaFargue CJ, Dal Molin GZ, Sood AK, et al. <i>Lancet Oncol</i>. 2019;20:e15-e28.</li><li>9. Paterick TE, Nachiket P, Tajik AJ, et al. <i>Proc (Bayl Univ Med Cent)</i>. 2017; 30:112-113.</li><li>10. Guelhan Inci M, Richter R, Heise K, et al. <i>Cancers</i>. 2021;13:631.</li><li>11. Sisodia RC, Dewdney SB, Fader AN, et al. <i>Gynecol Oncol</i>. 2020;158:194-200.</li><li>12. Karanth S, Fowler M, Mao X, et al. <i>JNCI Cancer Spectr</i>. 2019;3:pkz084.</li><li>13. Stenzel AE, Buas M, Moysich KB. <i>Cancer Epidemiol</i>. 2019;62:e101580.</li><li>14. Cronin KA, Howlader N, Stevens JL, et al. <i>Cancer Epidemiol Biomarkers Prev</i>. 2019;28:539-545.</li></ol>
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\*Moore DE, et al. *J Contin Educ Health Prof*. 2009;29:1-15.

**CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)**

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

<b>Submission Timeline:</b>	December 19, 2024 through September 30, 2025 Funding decisions typically communicated within 3 months from submission
<b>Healthcare Gaps:</b>	GSK intends to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps and/or other independent healthcare gaps identified by the applicant: <ol style="list-style-type: none"> <li>(1) Best practice approaches for diagnosis, referral, and timely initiation of evidence-based treatment for patients with COPD<sup>1-4</sup></li> <li>(2) Patient-centered strategies for precision medicine in COPD, including clinical phenotyping, treatable traits, and biomarkers<sup>1-5</sup></li> <li>(3) Clinical and economic burden of disease and unmet needs in the management of COPD exacerbations and comorbidities<sup>1</sup></li> <li>(4) Understanding of inflammatory pathways and type 2 inflammation in the pathophysiology of COPD<sup>1,6-8</sup></li> <li>(5) Healthcare disparities and inequities in the management of patients with COPD<sup>9-10</sup></li> </ol>
<b>Educational Design Considerations:</b>	GSK is interested in reviewing proposals for innovative educational initiatives that are: <ul style="list-style-type: none"> <li>• Intended for US HCP learners, including pulmonologists, allergists, nurse practitioners, physician assistants, and other clinicians involved in the care of patients with COPD</li> <li>• Designed to utilize multi-channel platforms (live, on-demand, podcast, AI-adaptive platforms, etc), including US national, regional, or local conferences</li> <li>• Designed to include HCP-patient tethered education and/or engage appropriate community partners</li> <li>• Informed by patient-driven insights and designed to measure patient impact</li> </ul>
<b>Budget Availability:</b>	<ul style="list-style-type: none"> <li>• 2025 budget is available for this CGA for independent medical education initiatives (Level 4+ outcomes) delivered by US organizations accredited by the ACCME or other national accrediting body.</li> </ul>
<b>Educational Outcomes:</b>	<ul style="list-style-type: none"> <li>• Grant requests that are designed to measure improvements/changes in US HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.</li> <li>• Grant requests that include a plan to robustly measure the potential patient impact via participating US HCP learners (eg, medical claims data, patient surveys) are funding priorities.</li> </ul>
<b>References:</b>	<ol style="list-style-type: none"> <li>1. Global Initiative for Chronic Obstructive Lung Disease (GOLD) Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease. 2025. <a href="https://goldcopd.org/2025-gold-report/">https://goldcopd.org/2025-gold-report/</a></li> <li>2. Rodrigo GJ, Price D, Anzueto A, et al. <i>Int J Chron Obstruct Pulmon Dis.</i> 2017;12: 907-922.</li> <li>3. Tashkin DP, Strange C. <i>Int J Chron Obstruct Pulmon Dis.</i> 2018;13:2587-2601.</li> <li>4. Lipworth B, Kuo CR, Jabbal S. <i>Int J Chron Obstruct Pulmon Dis.</i> 2018;13:3003-3009.</li> </ol>

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

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| <ol style="list-style-type: none"><li>5. Anzueto A, Miravittles M. <i>Am J Med.</i> 2018;131:15-22.</li><li>6. Zeiger RS, Tran TN, Butler RK, et al. <i>J Allergy Clin Immunol Pract.</i> 2018;6:944-954.</li><li>7. Agusti A, Bel E, Thomas M, et al. <i>Eur Respir J.</i> 2016;47:410-9.</li><li>8. Meteran H, Sivapalan P, Jensen J-US. <i>Diagnostics.</i> 2021;11,1668.</li><li>9. Gaffney AW, Himmelstein DU, Christiani DC, et al. <i>JAMA Intern Med.</i> 2021;181:968-976.</li><li>10. Gaffney AW, Hawks L, Bor D, et al. <i>CHEST.</i> 159:2173-2182.</li></ol> |
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**REFRACTORY CHRONIC COUGH (RCC)**

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

<b>Submission Timeline:</b>	December 19, 2024 through September 30, 2025 Funding decisions typically communicated within 3 months from submission
<b>Healthcare Gaps:</b>	GSK intends to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps and/or other independent healthcare gaps identified by the applicant: <ul style="list-style-type: none"> <li>(1) RCC awareness, prevalence, patient characteristics, disease burden, healthcare disparities, and optimal patient outcomes<sup>1-6</sup></li> <li>(2) Standard of care for diagnosis of RCC as reflected in current evidence-based guidelines<sup>7</sup></li> <li>(3) Underlying pathophysiology of RCC<sup>8</sup></li> </ul>
<b>Educational Design Considerations:</b>	GSK is interested in reviewing proposals for innovative educational initiatives that are: <ul style="list-style-type: none"> <li>• Intended for US HCP learners, including pulmonologists, allergists, otolaryngologists, and their multidisciplinary teams including nurse practitioners, physician assistants, and speech pathologists</li> <li>• Designed to utilize multi-channel platforms (live, on-demand, podcast, AI-adaptive platforms, etc), including US national, regional, or local conferences</li> <li>• Designed to include HCP-patient tethered education and/or engage appropriate community partners</li> <li>• Informed by patient-driven insights and designed to measure patient impact</li> </ul>
<b>Budget Availability:</b>	<ul style="list-style-type: none"> <li>• 2025 budget is available for this CGA for independent medical education initiatives (Level 4+ outcomes) delivered by US organizations accredited by the ACCME or other national accrediting body.</li> </ul>
<b>Educational Outcomes:</b>	<ul style="list-style-type: none"> <li>• Grant requests that are designed to measure improvements/changes in US HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.</li> <li>• Grant requests that include a plan to robustly measure the potential patient reach/impact via participating US HCP learners (eg, medical claims data, patient surveys) are funding priorities.</li> </ul>
<b>References:</b>	<ol style="list-style-type: none"> <li>1. Puente-Maestu L, Dávila I, Quirce S, et al. <i>ERJ Open Res.</i> 2023;9:00425-2023.</li> <li>2. Bali V, Schelfhout J, Sher MR, et al. <i>Thera Adv Respir Dis.</i> 2024;18:1-15.</li> <li>3. Gaffney AW, Himmelstein DU, Christiani DC, et al. <i>JAMA Intern Med.</i> 2021;181:968-976.</li> <li>4. Kardos P, Blaiss M, Dicipinigaitis P. <i>Postgrad Med.</i> 2021;133:481-488.</li> <li>5. Demirjian, NL, Lever A, Yip H. <i>OTO Open.</i> 2024;8:e143. doi: 10.1002/oto2.143. eCollection 2024 Apr-Jun.</li> <li>6. Shields JB, Callen E, Loskutova NY, et al. <i>BMC Primary Care.</i> 2024;25:181. doi: 10.1186/s12875-024-02433-1.</li> <li>7. Irwin RS, French CL, Chang AB, et al. <i>Chest.</i> 2018;153:196-209.</li> </ol>

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

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|  | 8. Belvisi MG, Birrell MA, Khalid S, et al. <i>Am J Respir Crit Care Med.</i> 2016;193:1364-1372. |
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**SEVERE ASTHMA**

Please refer to [Grant Review Criteria in Sections III and IV](#) (above) for more details about how grant applications will be review

<b>Submission Timeline:</b>	May 15, 2025 through September 30, 2025 Funding decisions typically communicated within 3 months from submission
<b>Healthcare Gaps:</b>	GSK intends to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps and/or other independently identified healthcare gaps identified by the applicant: <ul style="list-style-type: none"> <li>(1) Pathophysiology of severe asthma, including the role of IL-5 in Type 2 inflammation<sup>1,2</sup></li> <li>(2) Standard of care for the diagnosis and treatment of severe asthma as reflected in current evidence-based guidelines<sup>1</sup></li> <li>(3) Patient/HCP shared decision making to identify and address barriers to optimal care of patients with severe asthma including minimization of exacerbations<sup>1,3</sup></li> <li>(4) Patient comorbidities (eg, obesity, gastroesophageal reflux disease, allergic rhinitis, chronic rhinosinusitis with and without nasal polyps) and the impact on asthma-related outcomes<sup>1</sup></li> <li>(5) Healthcare disparities and inequities in the management of patients with severe asthma<sup>4</sup></li> </ul>
<b>Funding Priorities:</b>	Innovative educational initiatives: <ul style="list-style-type: none"> <li>• Intended for US HCP learners, including for pulmonologists, allergists, and advanced practice providers aligned with these specialties</li> <li>• Designed to utilize multi-channel platforms (live, on-demand, podcast, AI-adaptive platforms, etc), including US national, regional, or local conferences</li> <li>• Designed to include HCP-patient tethered education and/or engage appropriate community partners</li> <li>• Informed by patient-driven insights and designed to measure patient impact</li> </ul>
<b>Budget Availability:</b>	2025 budget is available for this CGA for independent medical education initiatives (Level 4+ outcomes) delivered by US organizations accredited by the ACCME or other national accrediting body.
<b>Educational Outcomes:</b>	<ul style="list-style-type: none"> <li>• Grant requests that are designed to measure improvements/changes in US HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.</li> <li>• Grant requests that include a plan to robustly measure the potential patient impact via participating US HCP learners (eg, medical claims data, patient surveys) are funding priorities.</li> </ul>
<b>References:</b>	<ol style="list-style-type: none"> <li>1. Global Initiative for Asthma. 2024. Updated May 2024. Available from: <a href="http://www.ginasthma.org">www.ginasthma.org</a>.</li> <li>2. Suraya R, Nagona T, Katsurado M, et al. <i>Respir Investig</i>. 2021;59:291-301.</li> <li>3. Bukstein DA, Guerra DG, Huwe T, et al. <i>Ann Allergy Asthma Immunol</i>. 2020;125:273-279.</li> <li>4. Zachary CY, Scott TA, Foggs M, et al. <i>Ann Allergy Asthma Immunol</i>. 2020;124:148-149.</li> </ol>

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



**VACCINE PREVENTABLE DISEASES (Adult Immunization, Hepatitis A, Hepatitis B, Meningococcal Disease, Respiratory Syncytial Virus Disease, Shingles)**

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

<b>Submission Timeline:</b>	December 19, 2024 through September 30, 2025 Funding decisions typically communicated within 3 months from submission
<b>Adult Immunization</b>	
<b>Adult Immunization Healthcare Gaps:</b>	<p>GSK intends to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps and/or other independent healthcare gaps identified by the applicant:</p> <ol style="list-style-type: none"> <li>(1) Low awareness of risk, burden, and impact of vaccine preventable diseases in adults<sup>1-3</sup></li> <li>(2) Disparities in disease education and vaccine education and inequitable access to vaccinations for adults<sup>4</sup></li> <li>(3) Insufficient tools/systems to prioritize and follow up on adult vaccine recommendations and series completion<sup>5</sup></li> <li>(4) Low adherence to ACIP adult vaccine recommendations for vaccination in special populations at risk for severe disease sequelae<sup>6</sup></li> <li>(5) Low awareness of the scientific basis for administering vaccines simultaneously (coadministration of vaccines)<sup>7</sup></li> <li>(6) Strategies to address health system gaps and improve healthcare quality through effective implementation of recommended adult vaccinations, particularly in vulnerable, disparately impacted adults and at-risk patient populations, as defined by CDC recommendations for vaccinations for adults aged 19 years and older<sup>6</sup></li> </ol>
<b>Adult Immunization Educational Design Considerations:</b>	<p>GSK is interested in reviewing proposals for innovative educational initiatives and healthcare QI initiatives that are:</p> <ul style="list-style-type: none"> <li>• Intended for US HCP learners, including primary care physicians, obstetrician/gynecologists, immunologists, infectious diseases physicians, nurses, nurse practitioners, physician assistants, and pharmacists</li> <li>• Designed to utilize multi-channel platforms (live, on-demand, podcast, app-based, AI-adaptive platforms, etc)</li> <li>• Designed to improve US HCP performance and quality care for patients</li> <li>• Designed to include HCP-patient tethered education and/or engage appropriate community partners</li> <li>• Informed by patient-driven insights and designed to measure patient impact</li> </ul>
<b>Adult Immunization Budget Availability:</b>	<ul style="list-style-type: none"> <li>• 2025 budget is available for this CGA for independent medical education initiatives (Level 4+ outcomes) delivered by US organizations accredited by the ACCME or other national accrediting body.</li> <li>• 2025 budget is available for this CGA for independent healthcare QI initiatives (objective Level 5+ outcomes) delivered by US organizations <b><i>directly engaged in patient care</i></b>, including academic medical centers, hospital or healthcare delivery systems, or professional medical associations in partnership with appropriate patient care organizations.</li> </ul>

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

<b>Hepatitis A &amp; Hepatitis B</b>	
<b>Hepatitis Healthcare Gaps:</b>	<p>GSK intends to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps and/or other independent healthcare gaps identified by the applicant:</p> <ol style="list-style-type: none"> <li>(1) Low awareness of hepatitis A and hepatitis B transmission, risk factors, clinical features, epidemiology, and burden of disease<sup>8-10</sup></li> <li>(2) Strategies to address racial and ethnic disparities in hepatitis A and hepatitis B burden of disease and vaccination rates<sup>8-10</sup></li> <li>(3) Low awareness of ACIP recommendations for hepatitis A and hepatitis B vaccination<sup>8-9</sup></li> <li>(4) Strategies for implementing hepatitis vaccination in practice<sup>8-9</sup></li> </ol>
<b>Hepatitis Educational Design Considerations:</b>	<p>GSK is interested in reviewing proposals for innovative educational initiatives that are:</p> <ul style="list-style-type: none"> <li>• Intended for US HCP learners, including pharmacists, primary care providers (family/internal medicine physicians), nurse practitioners, physician assistants, and nurses</li> <li>• Designed to utilize multi-channel platforms (live, on-demand, podcast, app-based, AI-adaptive platforms, etc), including US national, regional, or local conferences</li> <li>• Informed by patient-driven insights and designed to measure patient impact</li> </ul>
<b>Hepatitis Budget Availability:</b>	<ul style="list-style-type: none"> <li>• 2025 budget is available for this CGA for independent medical education initiatives (Level 4+ outcomes) delivered by US organizations accredited by the ACCME or other national accrediting body.</li> </ul>
<b>Meningococcal Disease</b>	
<b>Meningococcal Disease Healthcare Gaps:</b>	<p>GSK intends to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps and/or other independent healthcare gaps identified by the applicant:</p> <ol style="list-style-type: none"> <li>(1) Lack of awareness of risk and severity of invasive meningococcal disease (IMD) across age groups (infants and adolescents) and high-risk conditions/behaviors<sup>11-12</sup></li> <li>(2) Lack of awareness/prioritization of vaccination in preventative care for adolescents and young adults, including understanding vaccine recommendations<sup>13-14</sup></li> <li>(3) Lack of awareness of clinical trial data related to vaccines for IMD<sup>15-16</sup></li> <li>(4) Implementation of risk-based recommendations for prevention of IMD<sup>15</sup></li> <li>(5) Strategies and tools for HCPs to enhance patient/caregiver vaccine confidence and to address questions related to IMD vaccination recommendations<sup>17-18</sup></li> <li>(6) Strategies and tools to improve IMD vaccine uptake and series completion<sup>17-19</sup></li> <li>(7) Strategies and tools to reduce healthcare disparities and enhance equitable access to vaccine information<sup>20</sup></li> </ol>

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

<b>Meningococcal Disease Educational Design Considerations:</b>	<p>GSK is interested in reviewing proposals for innovative educational initiatives that are:</p> <ul style="list-style-type: none"> <li>• Intended for US HCP learners, including infectious diseases physicians, primary care physicians, pediatricians, nurses, nurse practitioners, physician assistants, and pharmacists</li> <li>• Designed to utilize multi-channel platforms (live, on-demand, podcast, app-based, AI-adaptive platforms, etc), including US national, regional, or local conferences</li> <li>• Informed by patient data/insights and designed to measure patient impact</li> </ul>
<b>Meningococcal Disease Budget Availability:</b>	<ul style="list-style-type: none"> <li>• 2025 budget is available for this CGA for independent medical education initiatives (Level 4+ outcomes) delivered by US organizations accredited by the ACCME or other national accrediting body.</li> </ul>
<b>Respiratory Syncytial Virus (RSV) Disease</b>	
<b>RSV Disease Healthcare Gaps:</b>	<p>GSK intends to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps and/or other independent healthcare gaps identified by the applicant:</p> <ol style="list-style-type: none"> <li>(1) Low awareness of RSV burden of disease in adults<sup>21</sup></li> <li>(2) Lack of recognition of risk factors for severe RSV disease in adults, including aging, comorbidities and social determinants<sup>22-23</sup></li> <li>(3) Lack of awareness of RSV vaccine efficacy against severe lower respiratory tract disease and in those adults at higher risk for severe RSV disease<sup>24</sup></li> <li>(4) Implementation of ACIP recommendations for RSV vaccination<sup>24</sup></li> <li>(5) Strategies to address inequities in RSV burden of disease and RSV vaccination<sup>25</sup></li> <li>(6) Lack of awareness of the real-world impact of RSV vaccination in adults, and especially in those with risk factors for severe RSV disease<sup>26</sup></li> </ol>
<b>RSV Disease Educational Design Considerations:</b>	<p>GSK is interested in reviewing proposals for innovative educational initiatives that are:</p> <ul style="list-style-type: none"> <li>• Intended for US HCP learners, including infectious diseases physicians, pulmonologists, primary care physicians, nurses, nurse practitioners, physician assistants, and pharmacists</li> <li>• Designed to utilize multi-channel platforms (live, on-demand, podcast, app-based, AI-adaptive platforms, etc), including US national, regional, or local conferences</li> <li>• Informed by data/insights and designed to measure patient impact</li> </ul>
<b>RSV Disease Budget Availability:</b>	<ul style="list-style-type: none"> <li>• 2025 budget is available for this CGA for independent medical education initiatives (Level 4+ outcomes) delivered by US organizations accredited by the ACCME or other national accrediting body.</li> </ul>

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### Shingles

<b>Shingles Healthcare Gaps:</b>	<p>GSK intends to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps and/or other independent healthcare gaps identified by the applicant:</p> <ol style="list-style-type: none"> <li>(1) Low awareness of the burden of herpes zoster on patients, including the risk for specific populations with immunocompromised or comorbid conditions<sup>27-31</sup></li> <li>(2) Lack of prioritization of shingles vaccination by HCPs<sup>32</sup></li> <li>(3) Lack of strategies to improve shingles vaccine recommendation and adherence to vaccination guidelines in clinical practice<sup>33</sup></li> <li>(4) Lack of understanding regarding responsibility/ownership or coordination for routine vaccination across the health care team (primary care providers, specialists, pharmacists)<sup>32-33</sup></li> <li>(5) Insufficient tools/systems to prioritize and follow up on shingles vaccine recommendations and series completion<sup>34</sup></li> <li>(6) Lack of strategies to address shingles vaccination barriers with patients (reactogenicity, cost, etc)<sup>35</sup></li> <li>(7) Lack of understanding of shingles vaccine efficacy and safety data, including duration of protection and series completion<sup>36</sup></li> <li>(8) Lack of strategies to address disparities and inequities in shingles vaccination<sup>32</sup></li> </ol>
<b>Shingles Educational Design Considerations:</b>	<p>GSK is interested in reviewing proposals for innovative educational initiatives and healthcare QI initiatives that are:</p> <ul style="list-style-type: none"> <li>• Intended for US HCPs learners, including primary care physicians, specialists (cardiologists, endocrinologists, infectious diseases, nephrologists, oncologists), nurses, nurse practitioners, physician assistants, and pharmacists.</li> <li>• Designed to improve US HCP performance and quality care for patients</li> <li>• Informed by patient data/insights and designed to measure patient impact</li> </ul>
<b>Shingles Budget Availability:</b>	<ul style="list-style-type: none"> <li>• 2025 budget is available for this CGA for independent medical education initiatives (Level 4+ outcomes) delivered by US organizations accredited by the ACCME or other national accrediting body.</li> <li>• 2025 budget is available for this CGA for independent healthcare QI initiatives (objective Level 5+ outcomes) delivered by US organizations <b><u>directly engaged in patient care</u></b>, including academic medical centers, hospital or healthcare delivery systems, or professional medical associations in partnership with appropriate patient care organizations.</li> </ul>

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### Vaccine Preventable Diseases Educational Outcomes

- Grant requests that are designed to measure improvements/changes in US 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 robustly measure the potential patient impact via participating US HCP learners (eg, medical claims data, patient surveys) are funding priorities.
- Applications for independent healthcare QI initiatives must be designed to measure **objective** changes in US HCP performance or US patient/community health outcomes.

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