Call for Grant Applications (CGA)

GSK intends to identify and fund innovative, high-quality, independent third-party educational initiatives that are designed to close healthcare professional (HCP) educational, quality, and performance gaps and improve patient health and quality of life.

I. Eligible Organizations

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

Educational providers must meet the below eligibility criterion:

- Accredited to provide HCP continuing education (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
Myelofibrosis	Oncology
Multiple Myeloma	Oncology
Ovarian Cancer	Oncology
Endometrial Cancer	Oncology
COPD	Respiratory
Eosinophilic Granulomatosis with Polyangiitis (EGPA)	Rare Disease

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

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
- 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

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

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.
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.

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

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.

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

MYELOFIBROSIS

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

Timeline:	Grants may be submitted August 4, 2022 through September 1, 2022. 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) Pathophysiology and burden of myelofibrosis including:[1,2] • Diagnosis, risk stratification, and clinical manifestations (2) Therapeutic targets for the treatment of myelofibrosis[3] (3) Therapeutic management of myelofibrosis:[1,4] • Optimizing therapeutic approaches for myelofibrosis based on risk-adapted treatment algorithms and other patient and disease-related factors • Prompt identification, management, monitoring, mitigation, and patient education of adverse events
More Information:	Our intent is to fund educational initiatives for hematologist oncologists, medical oncologists, advanced healthcare practitioners, pharmacists, and nurses that use multi-channel platforms 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.
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 $2M.
References:	1. Tefferi A. *Am J Hematol*. 2021;96:145-162. https://doi.org/10.1002/ajh.26050 2. Marcellino B. Verstovsek S. Mascarenhas J. *Clin Lymphoma Myeloma Leuk.* 2020;20:415-421. https://doi.org/10.1016/j.clml.2020.01.008 3. Waksal J, Harrison C, Mascarenhas J. *Leuk Lymphoma.* 2022;63:1020-1033. https://doi.org/10.1080/10428194.2021.2010068 4. Mesa R, Scherber R, Geyer H. *Leuk Lymphoma.* 2015;7:1989-1999. https://doi.org/10.3109/10428194.2014.983098

*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 June 2, 2022 through September 1, 2022. 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) Standard of care for the treatment of relapsed/refractory multiple myeloma as reflected in current and evidence-based guidelines[1] (2) Rationale for use of BCMA targeted therapies in the relapsed/refractory treatment settings for multiple myeloma[2-5] (3) Therapeutic management of patients with relapsed/refractory multiple myeloma including:[1,6-9] • Optimization of therapeutic approaches based on diagnostic evaluation, patient characteristics, disease-related factors, and prior/current treatment regimens • Importance of the multidisciplinary care team: – 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 (4) Healthcare disparity and inequity in the management of patients with multiple myeloma, including clinical trial diversity[10]
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 $200K.
References:	1. National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology: Multiple Myeloma. Version 3.2022—October 27, 2021. https://www.nccn.org/professionals/physician_gls/pdf/myeloma.pdf 2. Yu B, Jiang T, Liu D. *J Hematol Oncol.* 2020;13:125. https://doi.org/10.1186/s13045-020-00962-7 3. Cho SF, Lin L, Xing L, et al. *Cancers (Basel).* 2020;12:1473. https://doi.org/10.3390/cancers12061473 4. Chim CS, Kumar SK, Orlowski RZ, et al. *Leukemia.* 2018;32:252-262. Chim CS, Kumar SK, Orlowski RZ, et al. *Leukemia.* 2019;33:1058-1059. https://doi.org/10.1038/leu.2017.329

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

5. Laubach J, Garderet L, Mahindra A, et al. *Leukemia.* 2016;30:1005-1017. https://doi.org/10.1038/leu.2015.356
6. Anderson KC. *Clin Cancer Res.* 2016;22:5419-5427. https://doi.org/10.1158/1078-0432.CCR-16-0625
7. Castella M, Fernández de Larrea C, Martín-Antonio B. I*nt J Mol Sci.* 2018;19:3613. https://doi.org/10.3390/ijms19113613
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*Moore DE, et al. *J Contin Educ Health Prof.* 2009;29:1-15.

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 June 2, 2022 through September 1, 2022. 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, inclusion of other independently identified healthcare gaps is also encouraged: (1) Standard of care for the treatment of ovarian cancer as reflected in current and evidence-based updates to guidelines[1] (2) Rationale for use of PARP inhibitors in the first-line and recurrent maintenance treatment settings for advanced ovarian cancer[2-4] (3) Strategies for the application of shared decision-making in patient selection and understanding of appropriate treatment algorithms across all stages of ovarian cancer[5] (4) Importance of the multidisciplinary care team:[6] – Recognition, management, and mitigation of treatment-related adverse events associated with the use of PARP inhibitors[7] – Patient education and patient-reported outcomes[8-10] (5) Healthcare disparity and inequity in the management of patients with ovarian cancer, including clinical trial diversity[11-14]
More Information:	Our intent is to fund educational initiatives for gynecologic oncologists, medical oncologists, advanced healthcare practitioners, nurses, pharmacists, pathologists, and other members of the multi-disciplinary care team that use multi-channel platforms and reach a national or regional audience. Educational initiatives at national or 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:	The available budget for this CGA is $1.5M.
References:	1. NCCN Clinical Practice Guidelines in Oncology: Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer. Version 3.2021—September 9, 2021. https://www.nccn.org/professionals/physician_gls/pdf/ovarian.pdf 2. Hanker LC, Loibl S, Burchardi N, et al. *Ann Oncol*. 2012;23:2605-2612. https://doi.org/10.1093/annonc/mds203 3. Foo T, George A, Banrejee S. *Genes Chromosomes Cancer.* 2021;60:385-397. https://doi.org/10.1002/gcc.22935 4. Valabrega G, Scotto G, Tuninetti V, et al. *Int J Mol Sci.* 2021; 22:4203. https://doi.org/10.3390/ijms22084203 5. Josfeld L, Keinki C, Pammer C, et al. *J Cancer Res Clin Oncol.* 2021; 147:1725-1732. https://doi.org/10.1007/s00432-021-03579-6

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

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

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 June 2, 2022 through September 1, 2022. 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) Standard of care for the treatment of endometrial cancer as reflected in current and evidence-based updates to guidelines[1] (2) Rationale for use of immunotherapy in recurrent advanced endometrial cancer[2-3] (3) Lack of understanding of the role of predictive biomarkers in guiding the treatment of patients with endometrial cancer[4-5] (4) Strategies for the application of shared decision-making in patient selection and understanding of appropriate treatment algorithms across all stages of endometrial cancer[6] (5) Importance of the multidisciplinary care team:[7] – Recognition, management, and mitigation of immune-related adverse events in patients receiving immunotherapy[8-10] – Patient education and patient-reported outcomes[11-12] (6) Healthcare disparities and inequities in the management of patients with endometrial cancer, including clinical trial diversity[13-17]
More Information:	Our intent is to fund educational initiatives for gynecologic oncologists, medical oncologists, advanced healthcare practitioners, nurses, pharmacists, pathologists, and other members of the multi-disciplinary care team that use multi-channel platforms and reach a national or regional audience. Educational initiatives at national or 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:	The available budget for this CGA is $1M.
References:	1. NCCN Clinical Practice Guidelines In Oncology: Uterine Neoplasms. Version 1.2022—November 4, 2021. https://www.nccn.org/professionals/physician_gls/pdf/uterine.pdf 2. Green A, Feinberg J, Makker V. *Am Soc Clin Oncol Educ Book.* 2020:40:1-7. https://doi.org/10.1200/EDBK_280503 3. Gómez-Raposo C, Salvador MM, Zamora CA, et al. *Crit Rev Oncol Hematol.* 2021;161:103306. https://doi.org/10.1016/j.critrevonc.2021.103306 4. Dörk T, Hillemanns P, Tempfer C, et al. *Cancers (Basel).* 2020;12:2407. https://doi.org/10.3390/cancers12092407

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13. Barrington DA, Sinnott JA, Calo C, et al. *J Gynecol Oncol.* 2020;158:407-414. https://doi.org/10.1016/j.ygyno.2020.05.018
14. Huang AB, Huang Y, Hur C, et al. *Am J Obstet Gynecol.*2020;223:396.e1-396.e13. https://doi.org/10.1016/j.ajog.2020.02.021
15. Javadian P, Washington C, Mukasa S, et al. *Cancers (Basel).* 2021;13:1900. https://doi.org/10.3390/cancers13081900
16. Park AB, Darcy KM, Tian C, et al. *Gynecol Oncol.* 2021;163:125-129. https://doi.org/10.1016/j.ygyno.2021.07.022
17. Rodriguez VE, LeBrón AMW, Chang J, et al. *Cancer.* 2021;127:2423-2431. https://doi.org/10.1002/cncr.33502

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

COPD

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

Timeline:	Grants may be submitted June 2, 2022 through September 1, 2022. 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) Employing best practice approaches for diagnosis and treatment of COPD, including guideline recommended strategies and current pharmacologic therapeutic options[1-4] (2) Employing patient centered strategies to personalize treatment/management plans for COPD, including:[1-6] – Patient/HCP shared decision making – Strategies to improve patient adherence – Patient phenotyping (treatable traits) (3) Identifying and addressing the unmet needs in COPD management (eg, under-diagnosis and under-assessment of symptoms, delays in initiating therapy, poor adherence and inhaler technique, failure to escalate therapy after symptomatic events, and complex treatment regimens)[6] (4) Recognizing the importance of prompt treatment optimization to reduce symptom burden and exacerbations, ER visits and hospitalizations, mortality, and future exacerbation risk[5-7]
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.
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 $500K.
References:	1. Global Initiative for Chronic Obstructive Lung Disease (GOLD) Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease. 2022. https://goldcopd.org/2022-gold-reports-2/ 2. Rodrigo GJ, Price D, Anzueto A, et al. *Int J Chron Obstruct Pulmon Dis.* 2017;12: 907-922. https://doi.org/10.2147/COPD.S130482 3. Tashkin DP, Strange C. *Int J Chron Obstruct Pulmon Dis.* 2018;13:2587-2601. https://doi.org/10.2147/COPD.S172240 4. Lipworth B, Kuo CR, Jabbal S. *Int J Chron Obstruct Pulmon Dis.* 2018;13:3003-3009. https://doi.org/10.2147/COPD.S177333 5. Anzueto A, Miravitlles M. *Am J Med.* 2018;131:15-22. https://doi.org/10.1016/j.amjmed.2018.05.003

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

EOSINOPHILIC GRANULOMATOSIS WITH POLYANGIITIS (EGPA)

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

Timeline:	Grants may be submitted between August 4, 2022 and September 1, 2022. 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) The role of eosinophils and IL-5 in EGPA[1,2,3] (2) EGPA pathophysiology, clinical features, and diagnosis[1,2] (3) EGPA patient journey, the association between EGPA and comorbid or associated conditions (eg, SEA, NP, HES), and burden of disease[4,5,6,7] (4) Diagnostic approaches (eg, eosinophilia, differential diagnosis from other eosinophilic disorders, or ANCA-associated vasculitis)[8,9] (5) Standard of care for the treatment of EGPA as reflected in current and evidence-based guidelines[10]
More Information:	Our intent is to fund educational initiatives for rheumatologists, allergists, immunologists, pulmonologists that use multi-channel platforms and reach a national or regional audience. Educational initiatives at national conferences or regional conferences will be considered. Preference is for educational initiatives that are accredited.
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP 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 $400K.
References:	1. Groh M, Pagnoux C, Baldini, C, et al. *Eur J Intern Med*. 2015;26:545-553. http://dx.doi.org/10.1016/j.ejim.2015.04.022 2. Greco A, Rizzo MI, De Virgilio A, et al. *Autoimmun Rev*. 2015;14:341-348. http://dx.doi.org/10.1016/j.autrev.2014.12.004 3. Landolina NA and Levi-Schaffer F. *Curr Opin Pharmacol.* 2014;17:71-80. https://doi.org/10.1016/j.coph.2014.07.014 4. Koutantji M, Harrold E, Lane S, et al. *Arthritis Care Res*. 2003;49:826-837. http://dx.doi.org/10.1002/art.11471 5. Sokołowska B, Szczeklik W, Piłat O, et al. *Clin Rheumatol.* 2013;32:779-785. http://dx.doi.org/10.1007/s10067-013-2169-7 6. Comarmond C, Pagnoux C, Khellaf M, et al. *Arthritis Rheum.* 2013;65:270-281. https://doi.org/10.1002/art.37721 7. Vaglio A, Buzio C, and Zwerina J. *Allergy*. 2013;68:261-273. https://doi.org/10.1111/all.12088 8. Pagnoux, C. *Eur J Rheumatol*. 2016;3:122-133. https://dx.doi.org/10.5152/eurjrheum.2015.0043

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