Call for Grant Applications (CGA)

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

I. Eligible Organizations

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

Educational providers must meet the below eligibility criterion:

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

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

II. Disease Areas of Interest CGA Details

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

Funding priorities will focus on independent educational initiatives designed to measure improvements/changes in HCP knowledge (Level 3*), competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*).

Please click on the disease area of interest for more details.

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<thead>
<tr>
<th>GSK Disease Area of Interest</th>
<th>Submit Under Therapeutic Area</th>
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<td><strong>Multiple Myeloma</strong></td>
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<td><strong>Ovarian Cancer</strong></td>
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<td><strong>Endometrial Cancer</strong></td>
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<td><strong>Vaccine Preventable Diseases</strong></td>
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<td><strong>Severe Eosinophilic Asthma</strong></td>
<td>Respiratory</td>
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<td><strong>Hypereosinophilic Syndrome (HES)</strong></td>
<td>Rare Disease</td>
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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

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 and resolved. 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 relevant financial relationships with any commercial interest. 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 12 months that create a conflict of interest. Failure to disclose and resolve all known conflicts of interest will disqualify the grant requestor.

V. Terms and Conditions
1. Grants should be submitted via the GSK website: www.GSKgrants.com
2. This CGA does not commit GSK to award a grant or to pay any costs incurred in the preparation of a response to this request.
3. GSK reserves the right to accept or reject any or all applications received as a result of this request or to cancel in part or in its entirety this CGA at any time without prior notification or permission.
4. GSK reserves the right to post submissions and announce the details of successful grant applications by whatever means ensures transparency, such as on GSK’s website, in presentations, and/or in other public media.

5. All communications about the CGA must come exclusively to GSK US Medical Affairs. Failure to comply may disqualify providers from receiving future grants.

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

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

MULTIPLE MYELOMA

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

**Timeline:** Grants may be submitted starting December 7, 2020. The grant cycle will close when budget is no longer available; we will update the website accordingly. We aim to communicate decisions within 3 months from the grant submission date.

**Healthcare Gap(s):** 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
2. Therapeutic targets for relapsed/refractory multiple myeloma
3. Therapeutic management of patients with relapsed/refractory multiple myeloma including:
   - 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

**More Information:** Our intent is to fund educational initiatives for hematologist oncologists, medical oncologists, ophthalmologists, optometrists, advanced healthcare practitioners, pharmacists and nurses that use multi-channel platforms and reach a national, regional, and/or local audience. Educational initiatives at national conferences and regional or local meetings will be considered. Preference is for educational initiatives that are accredited (eg, by the ACCME, ANCC, ACPE, AANP, AAPA, etc).

**Educational Outcomes:** Grants that are designed to measure improvements/changes in HCP knowledge (Level 3*), competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.

**Budget Available:** The available budget for this CGA is $1.8M.

**References:**


OVARIAN CANCER

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

**Timeline:** Grants may be submitted starting December 7, 2020. The grant cycle will close when budget is no longer available; we will update the website accordingly. We aim to communicate decisions within 3 months from the grant submission date.

**Healthcare Gap(s):** Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, inclusion of other independently identified healthcare gaps is also encouraged:

1. Standard of care for the treatment of ovarian cancer as reflected in current and evidence-based updates to guidelines⁴
2. Rationale for use of PARP inhibitors in the frontline and recurrent maintenance treatment settings for advanced ovarian cancer²-³
3. Management of treatment-related adverse events associated with the use of PARP inhibitors⁴
4. Modifiable health equity issues in ovarian cancer care⁵-⁹

**More Information:** Our intent is to fund educational initiatives for gynecologic oncologists, medical oncologists, mid-level practitioners, nurses, pharmacists, pathologists, and other members of the multi-disciplinary care team using multi-channel platforms and reaching a national audience. Educational initiatives hosted online or held live at national oncology conferences, regional and local meetings, as well as post-conference education, grand rounds, patient-tethered education, and healthcare quality improvement initiatives will be considered. Preference is for educational initiatives that are accredited (eg, by the ACCME, ANCC, ACPE, AANP, AAPA, etc).

**Educational Outcomes:** Grants that are designed to measure improvements/changes in HCP knowledge (Level 3*), competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.

**Budget Available:** The available budget for this CGA is $2.5M.

**References:**

7. Stenzel AE, Buas M, Moysich KB. *Cancer Epidemiol.*

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<td><em>Cronin KA, Howlader N, Stevens JL. Cancer Epidemiol Biomarkers Prev.</em> 2019;28:539-545. <a href="https://doi.org/10.1158/1055-9965.EPI-18-0285">https://doi.org/10.1158/1055-9965.EPI-18-0285</a></td>
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ENDOMETRIAL CANCER

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

Timeline:
Grants may be submitted starting December 7, 2020. The grant cycle will close when budget is no longer available; we will update the website accordingly. We will aim to communicate decisions within 3 months from the grant submission date.

Healthcare Gap(s):
Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included:

1. Endometrial cancer disease state and therapeutic management education, including the role of biomarker/molecular testing and immunotherapy1-5
2. Adverse events related to treatment with immunotherapy, including early identification, management, and patient education6-9
3. Modifiable health equity issues in endometrial cancer care10-14

More Information:
Our intent is to fund educational initiatives that use multi-channel platforms and reach a national audience. Educational initiatives hosted online or held live at national oncology conferences, associated regional and local meetings, as well as post-conference education, grand rounds, and patient-tethered education will be considered. Preference is for educational initiatives that are accredited (eg, by the ACCME, ANCC, ACPE, AANP, AAPA, etc).

Educational Outcomes:
Grants that are designed to measure improvements/changes in HCP knowledge (Level 3”), competence (Level 4”), performance (Level 5”), and/or patient/community health (Level 6/7”) are funding priorities.

Budget Available:
The available budget for this CGA is $600K.

References:

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VACCINE PREVENTABLE DISEASES

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 December 7, 2020 and March 2, 2021, with a grant start date of May 15, 2021 or later. |
| Healthcare Gap(s): | Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included: |
| | (1) Lack of understanding of the primary risk factors for shingles, specifically focusing on the age-related decline in immunity and immunocompromised conditions |
| | (2) Lack of awareness of shingles disease burden, diagnosis, treatment, and prevention, including current shingles vaccination recommendations |
| | (3) Strategies to improve uptake of vaccination and series completion for shingles, including improving the healthcare professional-patient dialogue around recommendations for shingles vaccination |
| | (4) The application of behavioral insights and behavioral economic principles for increasing vaccine confidence |
| | (5) Strategies to improve maternal immunization rates |
| | (6) Strategies to address racial and ethnic disparities in adult immunization |
| | (7) Challenges and solutions to implementing immunization across the life span |
| | (8) Vaccination as a contribution to a healthy lifestyle and a key piece in a multidisciplinary approach to healthy aging |
| | (9) Effective strategies for implementing meningococcal vaccination in practice (serogroups ACWY and B), including understanding vaccine recommendations and how to approach shared clinical decision-making |
| | (10) Strategies to improve meningococcal vaccines series completion in preventing invasive meningococcal disease (serogroups ACWY and B) |
| | (11) Strategies to improve vaccine uptake in older adolescents, including the importance of pre-matriculation vaccination for incoming college students |
| | (12) Addressing adolescent and adult vaccine quality/performance measure gaps |

More Information: Our intent is to fund educational initiatives that use multi-channel platforms and reach a national or regional audience. Educational initiatives at national and statewide 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 competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding minimal requirements.

Budget Available: The total available budget for this CGA is $2.1M.

References:


16. Elam-Evans LD, Yankey D, Singleton JA, et al. *MMWR*. 2020;69:1109-1116. [https://doi.org/10.15585/mmwr.mm6933a1](https://doi.org/10.15585/mmwr.mm6933a1)


SEVERE EOSINOPHILIC ASTHMA

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 December 7, 2020 and March 2, 2021, with a grant start date of May 15, 2021 or later. |
| **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) Understanding the role of eosinophils in health and airways diseases, including severe asthma, their importance as a biomarker in the evaluation of eosinophilic disorders, as well as their role in asthma management precision\textsuperscript{1-10} |
| **More Information:** | Our intent is to fund educational initiatives that use multi-channel platforms and reach national and local/regional audiences. Educational initiatives at respiratory 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\textsuperscript{*}), competence (Level 4\textsuperscript{*}), performance (Level 5\textsuperscript{*}), and/or patient/community health (Level 6/7\textsuperscript{*}) are funding priorities. |
| **Budget Available:** | The available budget for this CGA is $150K. |

**References:**

4. Weller PF, Spencer LA. *Nat Rev Immunol.* 2017;17:746-760. [https://doi.org/10.1038/nri.2017.95](https://doi.org/10.1038/nri.2017.95)

HYPEREOSINOPHILIC SYNDROME (HES)

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 December 7, 2020 and March 2, 2021. We aim to communicate decisions within 3 months from grant submission date. |
| Healthcare Gap(s): | Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included: (1) The role of eosinophils and eosinophil monitoring in hypereosinophilic syndrome (HES)\textsuperscript{1,2,3} (2) HES disease pathophysiology and the role of eosinophils in disease pathophysiology\textsuperscript{1} (3) HES diagnosis/diagnostic approaches and differential diagnosis from other eosinophilic disorders\textsuperscript{4} (4) HES subtypes and treatment approaches for HES subtypes\textsuperscript{4} (5) Biomarkers for HES diagnosis, prognosis, and management\textsuperscript{5-7} (6) Patient and healthcare burden of HES disease\textsuperscript{8-12} |
| More Information: | Our intent is to fund educational initiatives for allergists, immunologists, pulmonologists, and other healthcare providers who encounter patients during the journey to HES diagnosis. The preference is for use of multi-channel platforms that reach these healthcare provider audiences. 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\textsuperscript{*}), competence (Level 4\textsuperscript{*}), performance (Level 5\textsuperscript{*}), and/or patient/community health (Level 6/7\textsuperscript{*}) are funding priorities. |
| Budget Available: | The available budget for this CGA is $200K. |
