

Rheumatoid Arthritis: Current & Emerging Biological Therapeutic Options in the Continuum of Care

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Call for Grant Notification: Genentech Learning & Clinical Integration

The *Learning & Clinical Integration team at Genentech, a member of the Roche Group*, invites accredited members of the educational provider community to submit applications for independent, certified medical education grants subject to the terms described below. This Call for Grants Notification (CGN) provides public notice of the availability of funds in a general topic area for activities for which recognized scientific or educational needs exist and funding is available.

Purpose: As part of Genentech's scientific mission, Genentech supports grants for independent medical education that aim to improve patient care by focusing on the improved application of knowledge, competence, and performance among healthcare professionals. This mission is achieved by supporting quality independent education that addresses evidence-based, bona fide educational gaps in accordance with the ACCME, AMA, PhRMA Code, OIG and FDA guidance.

Notification: Genentech CGNs are made available through being posted on the online Genentech Funding Request System (gFRS) site (<http://funding.gene.com>) along with the websites for the Alliance for Continuing Education in the Health Professions (ACEhp) and the Society for Academic Continuing Medical Education (SACME). In addition, an email is distributed to all registered gFRS users who have previously submitted an application for support of an independent education activity.

Eligibility Criteria: Applicants must be U.S.-based, registered on the Genentech Funding Request System, and in good standing with and accredited to provide CME/CE by an official accrediting agency (e.g. ACCME, ANCC, ACPE).

Geographical Scope: The educational initiatives must be U.S.-based only unless specifically identified as a **Global Grant**.

Submission Instructions for an Executive Summary

1. Providers who meet the eligibility criteria and are interested in submitting a response to this CGN must first complete a brief **Executive Summary** through the following link at <http://goo.gl/forms/DFuCcylzxB>. **Deadline for Executive Summary submission will be June 22, 2016.**
2. By July 1, 2016, Genentech's respective Medical Education Manager will contact (ie, by email) those providers whose Executive Summaries were selected for further review.

3. Those providers who receive notification of potential interest may then submit full grant proposal applications online through gFRS. Further instructions will be provided in the email notification.

Award Decision Date/Mechanism: Final approvals and denials for those who were selected to submit a full application in gFRS will be communicated via standard grant-submission means (ie, email notifications) no later than **August 1, 2016**. *There have been no pre-determined approvals, nor any identified preferred educational providers. All submissions will be reviewed equally and thoroughly.*

Educational providers should not respond to this CGN unless they have read and understand the terms, purpose, therapeutic landscape, and educational request identified below. Additionally, educational providers should not respond to any of the CGNs unless they have demonstrated expertise to successfully execute grants for independent medical education within the specified disease area(s) **AND** the recommended educational formats. Applicants will be expected to identify independent gaps that are clinically accurate and relevantly aligned to these CGNs.

Currently Available CGN

Therapeutic Area, Disease Area & Financial Support Availability	• Immunology, Rheumatoid Arthritis • Up to \$300,000. Genentech does not require, but welcomes multi-support for this initiative. We recognize that innovation takes concerted effort and time. Although the issued CGN provides baseline considerations for educational programming, we recognize that providers who respond will likely present a wide range of innovative programming ideas. With this in mind, please consider the points and available financial amounts raised within the CGN as general guidance. We will take into account provider needs as they relate to the scale and scope of their proposed projects, including points that may not be distinctly captured within the CGN itself.
Introduction & Background	Autoimmune diseases are caused by an immune response against the body's own healthy tissues and may result in the destruction of normal tissues, change in the function of an organ, and the abnormal growth of an organ.^{1,2} While autoimmune diseases are usually rare, they are often associated with high fatality rates and thus must be treated effectively and appropriately. There are currently over 80 types of autoimmune disorders, one of which is rheumatoid arthritis.² Rheumatoid arthritis (RA) is a chronic and systemic autoimmune disease marked by stiffness and pain in the joints that can result in diminished functional capability and ultimately the destruction of joints.³ In addition to synthetic disease-modifying anti-rheumatic drugs (sDMARDS) such as methotrexate, biological disease-modifying anti-

rheumatic drugs (bDMARDS) have drastically improved the management of RA.⁴ Treatment options include tumor necrosis factor inhibitors (TNFi) and molecules that target T-lymphocytes (anti-CLTA-4 molecules) and B-lymphocytes (anti-CD20 molecules).

Although current guidelines recommend the measurement of disease activity and treatment adjustment to optimize outcomes, most RA patients are not objectively assessed for disease activity and clinicians are presented with myriad bMARD therapies with varying mechanisms of action.^{5,6} Thus, continuing education must be developed that seeks to enhance the knowledge and competence of clinicians managing patients with RA.

As clinicians and patients continue to be presented not only with a bevy of current treatment options but also myriad evolving therapeutic options for treating RA, effective education will be critical in enabling health care professionals to make the most appropriate treatment choices that are personalized and evidence-based. As such, with the patents for biologic therapies set to expire within the next few years, an important and evolving focus of continuing education must be the role of biosimilars as treatment options.^{7,8,9} Due to the lack of knowledge surrounding the interchangeability of biosimilars for reference biologics, safety and efficacy, and the still-evolving FDA guidance around biosimilars, effective biosimilars education of health care providers is warranted.^{10,11}

As the FDA guidance around biosimilars is still evolving, uncertainties abound regarding issues such as interchangeability.¹² Evaluating a biosimilar for interchangeability, wherein a biosimilar is “expected to produce the same clinical result as the reference product in any given patient”, is an option that is unique to the FDA regulatory pathway.¹² Though the FDA has not defined the clinical study requirements manufacturers must provide to demonstrate interchangeability, the BPCIA’s definition of interchangeability establishes a framework that many states leverage as the basis for substitution; such laws effectually allow pharmacists to substitute biosimilars designated as interchangeable for reference biologics without the prescriber’s knowledge or consent.¹³ A recent survey of clinicians by the Alliance for Safe Biologic Medicines revealed that 85% of respondents indicated that they wanted the authority to intervene in the substitution of a biosimilar for a reference biologic, and nearly 80% indicated that they believed it was critical that the prescriber be notified prior to a substitution.¹⁴ The aforementioned increasing introduction of state legislation surrounding substitution and notifications of substitution magnifies the complexity of this issue.¹²

Current FDA draft guidance also states that the FDA may extrapolate biosimilars to indications of the reference biologic that have not been clinically investigated, an important distinction regarding safety and efficacy. Furthermore, the FDA has not finalized the requirements for pharmacovigilance; thus, while manufacturers must report adverse events (AEs) to the FDA, the reporting of AEs and medication errors in the real world setting will remain voluntary.¹⁴ These issues make continuing education of health care providers integral in the successful integration of biosimilars in the clinical setting. Furthermore, as health systems in the US continue to confront increasing costs of treatment, biosimilars may offer an opportunity to improve access to affordable care; thus, addressing biosimilars-related knowledge gaps through a systems-based educational approach may be particularly impactful.¹⁵

With the aforementioned background information in mind, the aim of this CGN is to support education programming to address gaps related to the treatment of rheumatoid arthritis, including the selection of appropriate treatments based on safety, efficacy, and mechanism of action and the proper diagnosis and effective management of each disease. This may include, but is not limited to, recommending ways to use an independent medical education activity to improve health outcomes, redefining how clinical decisions are made in the current landscape with new criteria and considerations for what matters most to patients.

Methods

The clinical gaps, described above, could potentially be addressed through educational initiatives that are targeted to rheumatologists, allied health professionals in rheumatology, nurses, and managed care medical care directors. ***Favorable consideration will be given to initiatives that launch in 2016 and plan to have preliminary outcomes at some point before the end of the year.***

Further, the clinical gaps described are aligned with gaps for health care professionals that may be addressed through behavior and/or learning interventions aimed at:

1. **Activating** the educational audience to “**improve their awareness**” about the current problem, purpose and/or culture of the gap;
2. **Advancing** the educational audience to “**convert the information**” to demonstrate where and when improvements will be implemented; and/or
3. Aiding interprofessional healthcare provider teams and/or patients/caregivers to ***aspire*** to “**demonstrate engagement**” with one another, via education that supports communication skills for healthcare professionals and addresses how decisions made within and beyond the clinic can improve the healthcare gap (e.g., such as behaviors that yield increased patient engagement and health-promoting decisions among patients/caregivers).

The circled area within the graphic below identifies the potential intervention target for education that may address the described clinical gaps.^{16 **}



Measures & Results

Submissions should include a description of any identified measures, such as referenced, endorsed or geographically relevant tools, metrics and/or strategies for measuring and improving the quality of care (if relevant) that will be incorporated into the educational design, initiative execution and/or measurement process.

Through the submitter's preferred educational formats, the identified audiences should have availability to the latest data that helps them evaluate and manage safety concerns in their patients while considering the evidence that leads to appropriate decision making. Submissions should include a description of how learners are expected to 1) demonstrate reflection upon or engagement with the educational activity's content and concepts, 2) demonstrate a competence improvement as a result of the educational activity, and 3) use evidence-based approaches to consider changing behavior where appropriate or relevant. Submissions should provide a description of how the potential grant will aim (if all / some / none are relevant)

- to activate learners,
- to advance learning or behavior change,
- to provide tools to serve as aspirational resources for learners to commit to further engagement¹⁶

Discussion

Provider(s) who are awarded approval are encouraged to:

1. Consider whether or not the educational intervention(s) reduced the average time it takes for the educational audience to adopt emerging information, demonstrating how this was achieved.¹⁷
2. Demonstrate key findings via outcomes analysis (please see Measures and Results section immediately above).
3. Summarize (through written analysis) the provider's understanding of the metrics, identifying the association between the intervention and the outcomes, identifying any comparison of the results with findings from other identified interventions or publications (if relevant).
4. Identify any unanticipated *barriers* and *activity/outcomes limitations*, explaining the reasons for them, and describing the efforts that were/are being made to adjust them as necessary.
5. Be available for discussion and/or presentation, if requested by Genentech's respective Medical Education Manager.

**Genentech is also committed to providing non-solicited grant support in all disease areas; however, a proportion of disease areas will have limited budgets outside of funding allocated to support grant decisions related to CGNs.*

***While this particular model for education planning and assessment is identified within the CGN for descriptive purposes, all submitters may choose the model or framework that is most appropriate for their particular education design and/or plan as well as choose to apply no model or framework at all.*

Additional Considerations

All grant submissions should describe how the educational provider plans to determine the extent to which the initiatives have met the stated objectives and closed the identified clinical/educational gap(s) (Accreditation Elements 10,11,12) including the qualifications of those involved in the design and analysis of the outcomes.

While not required, it is strongly recommended that the results of these educational initiatives aim to increase understanding around the elements identified within this CGN. Genentech will review ways the aforementioned information ties into the following components:

- Education that results in an improvement of quality metrics, quality of care, and/or quality of life;
- Education that results in a way that helps to inform or better engage patients with their care providers; or
- Optionally, education that includes a plan for publishing or disseminating the results, detailing the lessons learned.

Optionally and if appropriate, grant submissions and/or outcomes reporting may be organized in accordance with the SQUIRE model.¹⁸

Genentech's Grant Decision-Making Criteria

Please refer to the publicly available criteria, which can be found at <http://funding.gene.com>.

Terms and Conditions

1. All grant applications received in response to this CGN will be reviewed in accordance with all Genentech policies and policy guidelines.
2. This CGN does not commit Genentech to award a grant or to pay any costs incurred in the preparation of a response to this request.
3. Genentech reserves the right to approve or deny any or all applications received as a result of this request or to cancel, in part or in its entirety, this CGN.
4. For compliance reasons, and in fairness to all providers, all communications about this CGN must come exclusively to Genentech's department of Medical Education and Research Grants. Failure to comply will automatically disqualify providers.
5. Failure to follow instruction within this CGN may result in a denial.

Transparency

Genentech, at its sole discretion, has the right to disclose the details of funded independent medical education activities, including those that may be required by federal, state, and/or local laws and regulations. This disclosure may include, but shall not be limited to, details of the activity and the grant amount. The information may be disclosed to the public in a manner including, but not limited to, disclosure on the Genentech website.

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