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Call for Grant Notification: Genentech Medical Education & Research Grants
Therapeutic Area and Disease: Oncology / Chronic Lymphocytic Leukemia (CLL)

The *Medical Education & Research Grants 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 transfer of knowledge, competence, and performance of 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. Genentech CGNs are posted on the Genentech website (http://funding.gene.com) along with the websites for the Alliance for Continuing Education in the Health Professions (ACEHP) and SACME. In addition, an email is sent out to all registered users of the Genentech Financial Request System (gFRS) who have previously submitted an application for support of an independent education activity.

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

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

NEW! 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/bJDLO3**

2. **Deadline for Executive Summary submission will be MARCH 6, 2015**
3. By March 13, Genentech's respective Medical Education Manager will contact (by email) those providers whose Executive Summaries were selected as a potential interest for further review.
4. Those providers who receive notification of potential interest may then submit 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 (email notifications) no later than **May 1, 2015.** *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	**Oncology / CLL**
Available Funding	Up to $400,000. Genentech also welcomes an educational initiative(s) that uses (but does not require) multi-support in addition to Genentech available funds.
Background	Chronic Lymphocytic Leukemia (CLL) is a highly heterogeneous disease with survival ranges from a few months in cases with extremely aggressive disease to normal lifespan in patients with indolent courses not needing intervention[1]. The treatment options for CLL patients continue to grow and become more complex. Modern, personalized management of patients with CLL can now be based on robust prognostic factors that predict disease progression and predictive factors that help anticipate response to therapy[2]. These personalized treatment regimens incorporate not only common prognostic factors (age, RAI, Binet staging systems) and common mutations but consolidated predictive factors such as minimal residual disease (MRD) and the results of serum marker panels[2-4]. As the treatment landscape for CLL continues to change, several recent studies regarding treatment patterns of hematologists have highlighted significant variations in the treatment of leukemia and lymphoma patients; particularly in the case of hospital and community based settings[5].
Methods	As such, Genentech is seeking to support an innovative continuing medical education program that addresses the gaps in scientific knowledge regarding up-to-date prognostic and predictive factors in the treatment of CLL patients. The successful educational initiative will incorporate the most up-to-date scientific and clinical data in captivating formats to engage learners in the critical factors required in personalized CLL treatment options. Based on external research, Genentech believes this educational initiative is best suited for members of the U.S.-based oncology care team (this may include but not be limited to medical oncologists, hematologists, oncologists/hematologists, oncology nurses and potentially patients if relevant). **Strong consideration will be given to educational initiatives that have a focus on the community setting(s)**.
Measures	There are several referenced and endorsed tools for measuring and improving the quality of oncology care that can be used as a foundation within the educational initiative(s). Furthermore, several healthcare strategies, including but not limited to the National Quality Strategy and Healthy People 2020, exist to help address areas where improvements may impact overall population health. Genentech encourages accredited providers to submit educational grants that identify the connection between relevant measures and the specific systemic/clinician-based knowledge, competence and performance gaps. Consideration will be given to those accredited providers who can demonstrate how the educational initiative(s) will improve quality of care by closing the gaps

	and addressing the measures (in an appropriate amount of time).
Results	The educational initiative should provide the participants with the latest data to help with the evaluation and management of evidence that leads to appropriate decision-making. The selected educational provider must therefore show that learners 1) have demonstrated reflection upon the educational activity, 2) demonstrated a competence improvement as a result of it, and 3) will use evidence-based concepts to consider changing behavior where appropriate or relevant. Consideration will be given to those grants that demonstrate how: 1. Educational measures ***activated*** the participants to **improve their awareness** about the current problem, purpose and culture of the gap,[6-7] 2. Educational measures ***advanced*** the participants to **convert the information** to demonstrate where and when improvements in care will be implemented. Consideration will be given to those providers who use their outcomes data to project the extent to which conversion of information is sustained over time, and whether or not these improvements can be reproduced in other environments,[6-7] 3. Educational measures ***aspired*** the participants to **demonstrate engagement** with interprofessional teams (patients included if appropriate), any system-required metrics (including patient satisfaction scores if relevant) that show closure of the treatment gap identifying how it continues to close/evolve over time[-7], and/or 4. [If patient educational components are relevant] Educational measures ***aspired*** the patient lparticipants to **demonstrate engagement** with how decisions are made away from the clinic to help improve the treatment gap, and the impact that has on patient sense of control, patient satisfaction, patient interactions with healthcare providers, and any other patient goals[6-7] and/or 5. Educational measures indicate the participants ***allocated*** actions to one another that commit to partnerships, such as a partnership in communication and/or sharing of timely data that impacts the delivery of care, such as adherence to the jointly decided recommended care plan, an identification of any long-term cost savings, and an identification of advancing care in the future.[6-7]
Discussion	Genentech encourages accredited provider(s) who are awarded funding to: 1. Consider whether or not the educational intervention(s) reduced the average time it takes for the participants to adopt information, demonstrating how this was achieved. 2. Demonstrate key findings via outcomes analysis (please see Measures and Results sections immediately above). 3. Summarize (through written analysis) their understanding of the metrics, identifying the association between the intervention and the outcomes, and further identifying any comparison of the results with findings from other identified 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.

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 the chart 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 the helps to inform or better engage patients with their caregivers
- Additionally, a plan for publishing the results detailing the lessons learned would be welcomed

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 reason, and in fairness to all providers, all communications about this CGN must come exclusively to Genentech's department for Medical Education & 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.

References

1. Wierda, William G., et al. "Prognostic nomogram and index for overall survival in previously untreated patients with chronic lymphocytic leukemia." Blood 109.11 (2007): 4679-4685.
2. Montserrat, Emili. "Prognostic factors in chronic lymphocytic leukemia: a conceptual approach." International Journal of Hematologic Oncology 3.2 (2014): 145-152.
3. Kwok, Marwan, et al. "Independent prognostic significance of minimal residual disease status in chronic lymphocytic leukaemia." The Lancet 383 (2014): S66.
4. Strati, Paolo, et al. "Eradication of bone marrow minimal residual disease may prompt early treatment discontinuation in CLL." Blood 123.24 (2014): 3727-3732.
5. Loberiza Jr, Fausto R., et al. "Insights on practice variations in the management of lymphoma and leukemia." Leukemia & lymphoma 55.11 (2014): 2449-2456.

6. Eyal, Nir. *Hooked: How to build habit-forming products*. Penguin UK, 2014
7. McConnell, Thomas S., et al. "Physician behavior modification using claims data: tetracycline for upper respiratory infection." *Western Journal of Medicine*137.5 (1982): 448.