

2021 Independent Medical Education Call for Grant Notification

Issue Date: June 23, 2021

The *Independent Medical Education team at Genentech, a member of the Roche Group*, invites accredited educational providers 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 our 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). *There have been no predetermined approvals, nor any identified preferred educational providers. All submissions will be reviewed equally and thoroughly.*

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. (Please refer to the publicly available criteria on <http://funding.gene.com>)
2. This CGN does not commit Genentech to award a grant or 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 the instructions within this CGN may result in a denial.

Instructions

Eligibility Criteria	<ul style="list-style-type: none"> ● U.S. based education provider ● Registered account in gFRS ● Accredited to provide CME/CE and in good standing (e.g. ACCME, ANCC, ACPE, etc.)
Geographical Scope	<ul style="list-style-type: none"> ● Educational initiatives must be U.S.-based only

Submission Directions	Application Process	Deadlines
Step 1	Providers who meet the eligibility criteria and are interested in submitting a response to this CGN have 3 weeks to submit full grant application(s) online through gFRS.	July 14, 2021
Step 2	Notification of final decisions will occur via email	July 28, 2021
Step 3	Funded Project Start Date: Within 12 weeks of grant award	October 20, 2021

Additional Considerations

Provider(s) who are awarded grants are encouraged but not required to:

1. Demonstrate key findings via outcomes analysis and report the extent to which the education met the stated objectives and other key findings.
2. Describe how learners demonstrated competence, performance, or patient outcomes improvement as a result of the educational activity.
3. Summarize (through written analysis) the provider's understanding and interpretation of the outcomes data and identify any persistent educational gaps, unanticipated barriers and/or activity/outcomes limitations.

Currently Available CGN Focus Area:

Focus	Opportunity
<p>Therapeutic Area: Oncology</p> <p>Disease State: Liver Cancer</p> <p>Learning Audience: Primary Care Physicians</p> <p>Nurse Practitioners</p> <p>Physician’s Assistants</p> <p>Support Available: Up to \$400,000</p> <p>Knowledge- and Competence-based National and Regional Education (<i>Understanding & addressing national or local gaps and emerging data</i>)</p>	<p>In 2019 it is estimated that there were 42,810 new cases of liver cancer diagnosed and 30,160 deaths in the United States. The overall prognosis for metastatic liver cancer is poor with a 5-year relative survival rate of 2.4% and majority of cases being diagnosed at a late stage.¹</p> <p>Primary care providers play an important role in the recognition of risk factors, surveillance and screening, referral to specialists, care coordination, and managing quality of life factors for patients with liver cancer.² However, confusion regarding their role versus the specialists’ role can create complications and gaps in care.</p> <p>Primary care providers are key in the surveillance of patients with cirrhosis, as only 20% to 50% of patients with cirrhosis are seen by gastroenterologists or hepatologists.^{3,4} In hepatocellular carcinoma (HCC), many primary care providers believe surveillance is effective in the early detection of HCC. However, there are barriers to utilization, such as not being up to date on HCC surveillance recommendations, limited time, and misconceptions, such as the role of live enzymes levels and the most effective assessment tools, that interfere with optimal practices.^{4,5} There is a critical need for education for primary care providers to improve the effectiveness of liver cancer surveillance in clinical practice.</p> <p>Due to the primary care provider’s role in referring patients to specialists, they largely impact the direction and timing of treatment. Significant disparities between age groups, geographic locations, and races have been found in the referral patterns of primary care providers. Education is needed to ensure adherence to recommended guidelines for referrals.⁶</p> <p>Primary care providers are also key to care coordination and managing quality of life factors. Setting expectations, following up on plans, and encouraging healthy behaviors are all highly valuable aspects of the primary care providers’ role in the treatment of patients with liver cancer. Education is required to increase empowerment and foster the active role of primary care providers.⁷</p> <p>References:</p> <ol style="list-style-type: none"> 1. National Cancer Institute. Cancer stat facts: liver and intrahepatic bile duct cancer. https://seer.cancer.gov/statfacts/html/livibd.html. Accessed February 11, 2021. 2. Grattagliano, I., Ubaldi, E., Bonfrate, L., Portincasa, P. Management of liver cirrhosis between primary care and specialists. <i>World J Gastroenterol</i>. 2011; 17(18): 2273-2282. 3. Palmer LB, Kappelman MD, Sandler RS, et al. Surveillance for hepatocellular carcinoma in a Medicaid cirrhotic population. <i>J Clin Gastroenterol</i> 2013; 47:713–718. 4. Sanyal A, Poklepovic A, Moyneur E, et al. Population-based risk factors and resource utilization for HCC: US perspective. <i>Curr Med Res Opin</i> 2010; 26:2183–2191.

	<ol style="list-style-type: none">5. Simmons OL, Feng Y, Parikh ND. et al. Primary care provider practice patterns and barriers to hepatocellular carcinoma surveillance. <i>Clin Gastroenterol Hepatol.</i> 2019; 17(4), 766–773.6. Hyder O, Dodson RM, Nathan H, et al. Referral patterns and treatment choices for patients with hepatocellular carcinoma: a United States population-based study. <i>J Am Coll Surg.</i> 2013; 217(5):896–906.7. Beste, L., Harp, B., Blais, R., Evans, G., Zickmund, S. Primary care providers report challenges to cirrhosis management and specialty care coordination. <i>Dig Dis Sci</i> 2015; 60, 2628-2635.
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