2019 Independent Medical Education Call for Grant Notification

Issue Date: December 5, 2019

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). In addition, an email is distributed to all registered gFRS users who have previously applied for support of an independent education activity. There have been no pre-determined 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 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.

Instructions

<table>
<thead>
<tr>
<th>Eligibility Criteria</th>
<th>Geographical Scope</th>
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<tbody>
<tr>
<td>• U.S. based education provider</td>
<td>• Educational initiatives must be U.S.-based only</td>
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<td>• Registered account in gFRS</td>
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<td>• Accredited to provide CME/CE and in good standing (e.g. ACCME, ANCC, ACPE, etc.)</td>
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<tr>
<td>Submission Directions</td>
<td>Application Process</td>
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<td>Step 1</td>
<td>Providers who meet the eligibility criteria and are interested in submitting a response to this CGN will have 4 weeks to complete a brief <strong>Executive Summary</strong> through the following link at <a href="https://forms.gle/cgCV7nNacb6GvTCe7">https://forms.gle/cgCV7nNacb6GvTCe7</a></td>
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<tr>
<td>Step 2</td>
<td>After 2 weeks, respective Genentech Medical Education Managers will notify (via email) those providers whose Executive Summaries were selected for further review.</td>
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<td>Step 3</td>
<td>Those providers who receive notification of potential interest will have 3 weeks to <strong>submit full grant application(s)</strong> online through gFRS. Further instructions will be provided in the email notification.</td>
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<td>Step 4</td>
<td>Notification of final decisions will occur via email</td>
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<td>Step 5</td>
<td>Funded Project Start Date: within 12 weeks of grant award and interim update within 4-6 months.</td>
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**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(s):

<table>
<thead>
<tr>
<th>Focus</th>
<th>Opportunity</th>
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<tr>
<td><strong>Therapeutic Area:</strong> Neurology</td>
<td>Multiple sclerosis (MS) is a chronic inflammatory, demyelinating and neurodegenerative disorder of the central nervous system (CNS) affecting nearly 1 million individuals in the US. The scientific community has made significant advancements in the understanding and treatment of MS over the last 25 years. However, clinicians are still faced with increasingly complex decisions as the field of MS and its treatment landscape continue to evolve at a rapid pace. The receipt of current, accurate and evidence-based information is required to make informed decisions. Advances in clinical, imaging and pathologic techniques that aid MS diagnosis and predict disability progression have revealed that there is a significant need to redefine our understanding of the disease and its clinical management. Understanding the complex biology of MS and leveraging this knowledge with the ultimate goal of delaying the irreversible worsening of neurologic function that underlies disease progression remains one of the biggest challenges for MS today. Therefore, efforts to better identify and detect early signs of disease progression, along with appropriate and timely therapeutic intervention, may help to postpone this process and ultimately preserve patient’s day-to-day function over the long term. Genentech is seeking to support multiple independent medical education activities (CME/CE) designed to enhance the understanding of proper diagnosis, the clinical course, and management of patients with MS.</td>
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<td><strong>Support Available:</strong> 375K</td>
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<tr>
<td><strong>Learning Audience:</strong> Neurologists, MS subspecialists, primary care clinicians, other healthcare professionals involved in treatment and management of patients with MS</td>
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<tr>
<td><strong>Knowledge- and Competence-based Emerging Education (Understanding &amp; Addressing national or local gaps)</strong></td>
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References:


| Therapeutic Area: Oncology | Currently, there is no established method of identifying patients at risk for early disease progression at the time of their follicular lymphoma (FL) diagnosis. However, numerous studies worldwide are investigating clinical, pathologic, and radiographic methods to help predict early progression of the disease (within 24 months) to inform risk-based management decisions and hopefully improve patient outcomes. (1,2,3).
| Disease: Follicular Lymphoma (FL) | With no uniformly established method of identifying early progressors (or the risk thereof), it is imperative that Hematologists/Oncologists understand the limited |
| Learning Audience: |

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### Hematologist

**Hematologist-Oncologist**

**Patients (optional)**

**Support Available:**
Up to $375,000

**Knowledge- and Competence-based Emerging Education**
*(Understanding & Addressing national or local gaps)*

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**Therapeutic Area:**
Oncology

**Disease:**
Chronic Lymphocytic Leukemia (CLL) – TLS and Neutropenia

**Learning Audience:**
Hematologists

**Support Available:**
Up to $350,000

**Competence, Confidence, and performance-based Education**

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Evidence and available options to identify patients at risk for early progression, and the available treatment options if relapse occurs.

The aim of this Call for Grant Notification is to: 1) Identify and evaluate a population of community-based oncologists in a real world setting who have gaps in awareness, knowledge or understanding the identification of patients at risk for early disease progression at the time of their follicular lymphoma (FL) diagnosis and design independent medical education to close these gaps. This may include but not be limited to the role of shared decision making between the patient and care team as well as measured outcomes regarding patient safety (4), (5).

This may also include but not be limited to suggesting a potential partnership(s) between the educational provider and the chosen community’s appropriate health care institution(s) in order to gain access to necessary data.

**References:**

2. [http://www.bloodjournal.org/content/128/22/1779?sso-checked=true](http://www.bloodjournal.org/content/128/22/1779?sso-checked=true)
3. [http://www.bloodjournal.org/content/133/14/1540?sso-checked=true](http://www.bloodjournal.org/content/133/14/1540?sso-checked=true)
4. Rocque GB, et al. Shared decision-making in chronic lymphocytic leukemia: Preferences and perceptions of patients, providers, and navigators. J Clin Oncol 34, 2016 (suppl 7S; abstr 221)

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Tumor lysis syndrome (TLS), seen in certain cancers and blood disorders (1), is a potentially life-threatening metabolic disturbance caused by death of cancer cells during treatment and the release of their intracellular components into the bloodstream. TLS is diagnosed by laboratory tests and clinical signs/symptoms (2). Treatment regimens capable of eliciting rapid response are increasingly being evaluated for CLL, which may pose a higher risk of TLS. Recognition of TLS risk factors, TLS risk-based prophylaxis and monitoring, and appropriate interventions are key to preventing and managing TLS (4).

Other complications of cancer treatment (5) include neutropenia (6), which is a significant risk factor for infections. Disruption of defense mechanisms may increase the likelihood for infections, as well as the duration and depth of the neutropenia (7). Similar to TLS, neutropenia can be classified into different risk categories with associated treatment guidelines (8,9). It’s imperative that HCP’s understand how to correctly assess and manage both TLS and neutropenia in managing patients with CLL.

**References:**


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- [Tumor lysis syndrome](#)
- [Neutropenia](#)
Management of CLL is impacted by multiple factors including, but not limited to the overall safety profile of the selected treatment regimen, but also the implications of finite treatment duration vs treat to progression as it relates to safety (1). Additional factors to consider are both short, and long-term safety data (2), and real-world outcomes (3) (4). Although recently approved agents alone or in combination have shown to be efficacious, they each have their own safety concerns (5). It’s imperative that HCP’s understand the short and long-term safety profile of each CLL regimen in clinical trials and in the real world when considering treatment for their patients (6).

Additionally, research indicates patients with CLL are confused about treatment options available. There continue to be inconsistencies in communication between patients and their healthcare providers on how the selected treatment regimen will impact their lives. Patients continue to face challenges in whether or not their treatment team appreciates their perspectives on living with a chronic cancer.

The aim of this Call for Grant Notification is to: 1) Identify and evaluate a population of community-based oncologists in a real world setting who have gaps in awareness, knowledge or understanding safety considerations in managing patients with CLL and design independent medical education to close these gaps. This may include but not be limited to the role of shared decision making between the patient and care team as well as measured outcomes regarding patient safety.

This may also include but not be limited to suggesting a potential partnership(s) between the educational provider and the chosen community’s appropriate health care institution(s) in order to gain access to...
necessary data.

References:

1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5980235/

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<tr>
<td><strong>Disease:</strong> Chronic Lymphocytic Leukemia (CLL) - Sequencing</td>
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<td><strong>Learning Audience:</strong> Hematologist</td>
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<td>Hematologist-Oncologist</td>
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<td>Competence, Confidence, and performance-based Education</td>
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Chronic Lymphocytic Leukemia (CLL), is a highly heterogenous 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), (2), (3), (4). The treatment landscape for CLL continues to evolve with new treatments approved in CLL, and recent data have highlighted different treatment sequences and outcomes for CLL patients (5). With an array of novel targeted CLL treatment options now available as first line therapy, it’s imperative that healthcare providers understand the totality of sequencing data in order to make treatment decisions that maximize patient benefit.

References:

5. Mato AR, Tam CS, Allan JN, et al. Poster $4315. 59th ASH Annual Meeting and exposition; December 8-12, 2017; Atlanta, CA