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2020 Independent Medical Education Call for Grant Notification

Issue Date: **March 27, 2020**

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.

COVID-19 Notice: Genentech understands that program development timelines and live events may be impacted by the current national and local advisories discouraging travel and large gatherings. Current advisories will be considered during Genentech's review of proposals submitted under this CGN.

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. The email distribution list may not always be up to date. Please periodically check our online Genentech Funding Request System (gFRS) site (http://funding.gene.com) to stay informed on current funding priorities. *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.

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Instructions

Eligibility Criteria	● 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	● Educational initiatives must be U.S.-based only

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Submission Directions	Application Process	Deadlines
Step 1	Providers who meet the eligibility criteria and are interested in submitting a response to this CGN will have 3 weeks to complete a brief ***Executive Summary*** through the following link at https://forms.gle/oLXyodegk39rXZw46	April 17, 2020
Step 2	After 2 weeks, respective Genentech Medical Education Managers will notify (via email) those providers whose Executive Summaries were selected for further review.	May 1, 2020
Step 3	Those providers who receive notification of potential interest will have 3 weeks to **submit full grant application(s)** online through gFRS. Further instructions will be provided in the email notification.	May 22, 2020
Step 4	Notification of final decisions will occur via email	June 5, 2020

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.

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Currently Available CGN Focus Areas:

Focus	Opportunity
Therapeutic Area: Oncology **Disease Areas:** General Oncology Triple Negative Breast Cancer Hepatocellular Carcinoma **Learning Audience:** Oncologists Pathologists Multidisciplinary Care Teams **Additional Audience Considerations:** Other healthcare providers who care for patients with TNBC Other healthcare providers who care for patients with HCC Patients & Caregivers (optional) **Support Available:** Up to $200,000 per disease area Knowledge- and Competence-based Regional and Local Education *(Understanding & Addressing national*	**General Oncology** Cancer health disparities are defined by the National Cancer Institute as differences in cancer measures such as incidence, prevalence, mortality, morbidity, survivorship, screening rates, burden of cancer, and stage at diagnosis.[1] Although discussions of health disparities are often framed around race, much of the published evidence indicates that the problem is more complex. There are many contributing factors that are continuing to be addressed regarding cancer health disparities such as access to health care and biological differences, among others.[2] The end goal of addressing health disparities is health equity – ensuring opportunities for individuals to achieve optimal health.[3] Education is needed for healthcare providers to understand the impact of cancer health disparities on patient outcomes across cancer types. **Triple Negative Breast Cancer** The racial disparities gap in breast cancer diagnosis, mortality, and survival has continued to widen in the United States between whites and African-American women. The reasons for African American and white women's differences in breast cancer outcomes are complex and not well understood.[4] Triple-negative breast cancer (TNBC) is the most significant example of racial disparities in breast cancer. Incidence is disproportionately higher in African American (AA) women compared to European American (EA) women. Earlier onset, more advanced stage at diagnosis and aggressive tumor phenotype are some of the characteristic features of TNBC in women with African ethnicity in comparison to EA women.[5] Various “gaps-in-knowledge” exist surrounding racial disparity in Breast Cancer, including various socioeconomic factors as well as genetic predispositions and deserve further exploration.[5,6] **Hepatocellular Carcinoma** Historically, Asian Americans have had the highest liver cancer incidence and mortality rates in the United States; however, HCC incidence in Asian Americans plateaued around 2007 and has started to decline since then. In contrast, HCC rates for non-Asian groups have been rising; and, in 2014, Hispanics surpassed Asian Americans to have the highest HCC rates in the United States.[7] The incidence rate of hepatocellular carcinoma (HCC) is almost two-fold greater among Hispanic populations than non-Hispanic white populations in the United States, and specifically in California and Texas.[8,9,10] Similarly, southern regions of the United States show greater incidence of HCC with African American populations tending to have more advanced disease upon presentation to medical care, have lower rates of surgical interventions, and worse prognosis.[11] With the increasing epidemic of obesity, diabetes mellitus, and other comorbidities in the United States, non-alcoholic steatohepatitis (NASH) is also expected to increase exponentially leading to a rise in progression to HCC. Low

or local gaps & emerging data)	screening and surveillance rates in Hispanic and African American populations may account for many patients having more advanced disease at diagnosis and thus ineligible for curative liver transplantation.[12] HCC disproportionately affects disadvantaged populations. HCC cases are often clustered in areas of low socioeconomic status (SES) (e.g. high poverty, high unemployment, and low education areas) compared to the general population.[13] Education is needed for healthcare providers on the current state of health disparities in HCC and how to establish health equity for HCC patients in their practice. **References:** 1. NIH – National Cancer Institute: Cancer Disparities. https://www.cancer.gov/about-cancer/understanding/disparities 17 March 2020. 2. NIH – National Cancer Institute: Tackling Cancer Health Disparities: Small Steps, Big Hopes. https://www.cancer.gov/research/areas/disparities/health-disparity-studies 17 March 2020. 3. Alcaraz, KI, Wiedt, TL, Daniels, EC, Yabroff, KR, Guerra, CE, Wender, RC. Understanding and addressing social determinants to advance cancer health equity in the United States: A blueprint for practice, research, and policy. CA Cancer J Clin, 70(1):31-46. 4. Williams F, and Thompson E. Disparities in Breast Cancer Stage at Diagnosis: Importance of Race, Poverty, and Age. J Health Dispar Res Pract. 2017; 10(3): 34–45. 5. Garlapati C, Joshi S, Sahoo B, Kapoor S, Aneja R. The persisting puzzle of racial disparity in triple negative breast cancer: looking through a new lens. Front Biosci (Schol Ed). 2019;11:75–88. Published 2019 Mar 1. 6. Siddharth, S., & Sharma, D. (2018). Racial Disparity and Triple-Negative Breast Cancer in African-American Women: A Multifaceted Affair between Obesity, Biology, and Socioeconomic Determinants. Cancers, 10(12), 514. 7. Surveillance, Epidemiology, and End Results (SEER) Program. http://www.seer.cancer.gov/ 8. Doleh, et. Al. Epidemiology and characteristics of HCC patients and care in the US. ASCO GI 2019. 9. Sangaramoorthy, M, et al. Disparities in Hepatocellular Carcinoma Incidence in California: An Update. Cancer Epidemiol, Biomarkers Prev. 29(1):79-87. 10. Ha, J, Chaudhri, A, Avirineni, A, Pan, J. Burden of hepatocellular carcinoma among Hispanics in South Texas: A systematic review. Biomark Res. 5:15.

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