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2020 Independent Medical Education Call for Grant Notification

ORGINAL Issue Date: March 16, 2020
UPDATED Issue Date: March 27, 2020

Deadlines for this CGN have been extended 1 week to allow time for applications to be submitted amidst the complications and delays caused by the evolving coronavirus (COVID-19) pandemic.

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.

Instructions

Eligibility Criteria	• U.S. based education provider • Registered account in gFRS

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	• 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/zRBmzznt5rtQajJd9	April 6, 2020 Extended Date
Step 2	After 2 weeks, respective Genentech Medical Education Managers will notify (via email) those providers whose Executive Summaries were selected for further review.	April 20, 2020 Extended Date
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 11, 2020 Extended Date
Step 4	Notification of final decisions will occur via email	May 25, 2020 Extended Date

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 Area:

Focus	Opportunity
Therapeutic Area: Oncology **Disease:** Hepatocellular Carcinoma (HCC) **Learning Audience:** Hepatologists **Support Available:** Up to $400,000 Knowledge- and Competence-based Regional and Local Education *(Understanding & Addressing national or local gaps & emerging data)*	Hepatocellular carcinoma (HCC) is the most common form of primary liver cancer (up to 90%)[1]. In 2019 it is estimated that there were 42,030 new cases of liver cancer diagnosed and 31,780 deaths in the United States[2]. Around 80%–90% of HCC cases occur in the setting of underlying cirrhosis with most common risk factors including alcohol, viral hepatitis such as hepatitis C virus (HCV), and nonalcoholic fatty liver disease (NAFLD)[3]. 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, underlying the need for more effective screening programs[1]. Since HCC patients have at least two conditions with competing mortality risks (liver cancer and cirrhosis of the liver), optimal HCC management is achieved through in-depth knowledge of liver diseases as well as liver cancer. An interdisciplinary approach, involving medical and radiation oncologists, interventional radiologists, hepatologists, and hepatic surgeons is required to optimize the management of HCC[4]. Hepatologists play a key role in the diagnosis of patients, referral to other specialties for treatment (surgery, locoregional therapy, systemic therapy) and management of underlying cirrhotic disease as well as management of adverse events of systemic therapies. Systemic therapy is often the best option for HCC patients with advanced disease. Multikinase inhibitors have been the preferred first-line systemic treatment for unresectable HCC since the 2008 approval of sorafenib, yet an unmet medical need remains[5]. Immune checkpoint inhibitors are reshaping the systemic treatment of unresectable HCC, both in first- and second-line treatment.[6,7,8] These new immunotherapy treatment options also present new challenges for hepatologists in side effect management in the context of patients with liver cancer and cirrhosis. With the advent of these new medicines, education is needed on how to optimize the care plan in the context of more effective systemic treatment options. **References:** 1 .Sia D, et al. *Gastroenterology.* 2017;152(4):745-761 2. National Cancer Institute. Cancer stat facts: liver and intrahepatic bile duct cancer. https://seet .cancer. https://seer.cancer.gov/statfacts/html/livibd.html. Accessed November 25, 2019. 3. Zhang DY, Friedman SL. Fibrosis-dependent mechanisms of hepatocarcinogenesis. Hepatology. 2012;56:769–75 4. Finn RS, Zhu AX, Wigdan F, et al. Therapies for advanced stage hepatocellular carcinoma with macrovascular invasion or metastatic disease: a systematic review and meta-analysis. *Hepatol*. 2018; 67(1):422-435 5.Marrero JA et al. Diagnosis, Staging, and Management of Hepatocellular Carcinoma: 2018 Practice Guidance by the American Association for the Study of Liver Diseases. *Hepatology.* 2018;68(2):723-750.

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	6. Cheng AL, et al. Atezolizumab + bevacizumab vs sorafenib in patients with unresectable hepatocellular carcinoma: Phase 3 results from IMbrave150. Presentation at ESMO Asia2019. 7. Zhu AX, et al. Pembrolizumab in patients with advanced hepatocellular carcinoma previously treated with sorafenib (KEYNOTE-224): a non-randomised, open-label phase 2 trial. Lancet Oncol. 2018; 19(7):940-952. 8. El-Khoueiry AB, et al. Nivolumab in patients with advanced hepatocellular carcinoma (CheckMate 040): an open-label, non-comparative, phase ½ dose escalation and expansion trial. Lancet. 2017; 389(10088):2492-2502.