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2020 Independent Medical Education Call for Grant Notification

Issue Date: **February 17, 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.

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	• 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/tcRLEpDDHNV4PkXR9	March 9, 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.	March 23, 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.	April 13, 2020
Step 4	Notification of final decisions will occur via email	April 21, 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 Area:

Focus	Opportunity
Therapeutic Area: Oncology **Disease:** Early Non-Small Cell Lung Cancer **Learning Audience:** Thoracic Surgeons Community Oncologists Advanced Practice Providers (Physician Assistants/Nurse Practitioners) Pharmacists Nurses Patients (if relevant to the educational design) **Support Available:** Up to $325,000 Knowledge- and Competence-based Regional and Local Education *(Understanding & addressing national or local gaps and emerging data)* **Geographic Regions[2] (optional):** Kentucky, Arkansas, West Virginia, Mississippi	Lung cancer is one of the most common cancers with 5-year survival rates of **only 19%.[2]** Around half of all NSCLC patients are diagnosed **at an early stage**. The current standard of care for operable patients is surgery, followed by adjuvant chemotherapy.[3,4] The stage at diagnosis correlates with survival outcomes, decreasing from early NSCLC (Stage I-II; 57%) over locally advanced (Stage III; 31%) to metastatic NSCLC (Stage IV; 5%).[2] Unfortunately, approximately 44 – 84% of NSCLC patients develop metastatic disease, **recurrence rate is high.[2]** As a result, the impact on NSCLC patients is significant should new therapy options and opportunities be implemented before or after surgery. Early NSCLC is the only setting in lung cancer with a potential for cure. In the United States, the CDC reports that Kentucky, Arkansas, West Virginia, and Mississippi have the highest rate of newly diagnosed cases of lung cancer. Based on CDC figures from 2016 (most recent data for incidence), a total of 218,229 new cases were reported. Also, it is reported that 148,869 lung cancer patients died from their disease.[2] Early NSCLC is an area of high unmet need and the survival of these patients could drastically be changed with new multi-modality therapy options.[1,5,6] With the advent of new medicines, there exists a critical need to educate surgeons, oncology multidisciplinary teams, and lung cancer patients on these emerging therapies for both the adjuvant and neo-adjuvant setting specifically for NSCLC. References: 1. Cascone,T, et al and NEOSTAR Study Group. Neoadjuvant nivolumab or nivolumab plus ipilimumab for resectable NSCLC: Clinical and correlative results from the NEOSTAR study. Journal of Clinical Oncology 2019 37:15_suppl, 8504-8504. 2. CDC – United States Cancer Statistics: Data Visualizations. https://gis.cdc.gov/Cancer/USCS/DataViz.html. February 4 2020 3. Felip E, Rosell R, Maestre JA, et al. Preoperative chemotherapy plus surgery versus surgery plus adjuvant chemotherapy versus surgery alone in early-stage NSCLC. J Clin Oncol 2010;28(19):3138-3145.

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	4. Heon S., Johnson BE. Adjuvant chemotherapy for surgically resected non–small cell lung cancer. Thorac Cardiovasc Surg 2012 Sep;144(3):S39-42. 5. Jair Bar, Damien Urban, Efrat Ofek, Aliza Ackerstein, Ilanit Redinsky, Nir Golan, Iris Kamer, David Simansky, Amir Onn, Stephen Raskin, Tiberiu Shulimzon, Michael Peled, Nona Zeitlin, Sharon Halparin, Menucha Jurkowicz, Ramez Abukhalil, Marina Perelman, and Alon Ben-Nun. Neoadjuvant pembrolizumab (Pembro) for early stage non-small cell lung cancer (NSCLC): Updated report of a phase I study, MK3475-223. Journal of Clinical Oncology 2019 37:15_suppl, 8534-8534 6. Kwiatkowski D, et al. Neoadjuvant atezolizumab in resectable non-small cell lung cancer (NSCLC): interim analysis and biomarker data from a multicenter study (LCMC3). Oral Presentation: ASCO 2019