

2020 Independent Medical Education Call for Grant Notification

Issue Date: **February 28, 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). 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 Grants. Failure to comply will automatically disqualify providers.
5. Failure to follow instruction within this CGN may result in a denial.

Instructions

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| 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 |
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| 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/YniWtRzbAVW9o4Be9 | March 20, 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. | April 3, 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 24, 2020 |
| Step 4 | Notification of final decisions will occur via email | May 8, 2020 |
| Step 5 | Funded Project Start Date: within 12 weeks of grant award and interim update 5 months into the program. | August 1, 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.

Currently Available CGN Focus Area(s):

| Focus | Opportunity |
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| <p>Therapeutic Area: Emergency Medicine, Neurology</p> <p>Disease: Guideline Recommendations for Imaging</p> <p>Learning Audience: Neurologists and Emergency Physicians</p> <p>Support Available: 150K (up to 2 programs)</p> <p>Knowledge- and Competence-based Emerging Education (<i>Understanding & Addressing national or local gaps</i>)</p> | <p><u><i>Stroke Guidelines for Imaging</i></u></p> <p>In the US, approximately 795,000 people suffer a stroke annually. It is the fifth leading cause of death and the leading cause of serious long-term disability. Of all strokes, 87% are ischemic.¹ Advancements in imaging technology are providing new opportunities for identifying acute ischemic stroke (AIS) patients with salvageable brain tissue. In the past 5 years, improved diagnostic procedures and treatment options have been added to the stroke guidelines which provide an up-to-date comprehensive set of recommendations in a single document for clinicians caring for adult patients with acute arterial ischemic stroke.²</p> <p>Historically, the only imaging recommended prior to treating an AIS patient was a non-contrast computed tomography (NCCT), performed in the 0-4.5 hour to rule out a hemorrhage. Newer imaging technologies require imaging interpretation expertise for timely review of brain imaging in patients with suspected acute stroke and to help with determination of eligibility for fibrinolytic treatment or emergency mechanical thrombectomy.</p> <p>Efforts to better identify stroke patients with salvageable brain tissue, along with appropriate and timely therapeutic interventions, may help to ultimately preserve patient’s day-to-day function over the long term.</p> <p><u><i>Request</i></u></p> <p>Genentech is seeking to support up to 2 independent medical education activities (CME/CE) designed to enhance the understanding of guideline recommendations for imaging practices to best identify the clinical course and management of patients with an acute ischemic stroke diagnosis.</p> <p>References:</p> <p>1. Benjamin EJ, et al. Heart disease and stroke statistics-2019 update. Circulation. 2019;139:e56-e528.</p> <p>2. Powers WJ, et al. Guidelines for the early management of patients with acute ischemic stroke: 2019 update to the 2018 guidelines for the early management of acute ischemic stroke. Stroke. 2019;50:e344-e418.</p> |

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| <p>Therapeutic Area: Emergency Medicine, Neurology</p> <p>Disease: Posterior Stroke</p> <p>Learning Audience: Neurologists and Emergency Physicians</p> <p>Support Available: 150K (up to 3 programs)</p> <p>Knowledge- and Competence-based Emerging Education (<i>Understanding & Addressing national or local gaps</i>)</p> | <p><u>Posterior Stroke</u></p> <p>Posterior circulation (PC) strokes occur within the vertebrobasilar arterial blood supply and involve multiple anatomic structures within the brain. Ischemic strokes within the PC account for approximately 20-25% (range 17 - 40%) of all ischemic strokes, representing approximately 125,000 – 150,000 strokes a year in the U.S.^{1,2} PC strokes often progress and can cause as much if not more disability as anterior circulation strokes. There is a lack of widely accepted assessment tools for identification of PC strokes. However, timely recognition of the signs and symptoms of PC stroke is critical towards minimizing morbidity and mortality.</p> <p><u>Request</u></p> <p>Genentech is seeking to support multiple independent medical education activities (CME/CE) designed to enhance the understanding of proper diagnosis of posterior stroke, the clinical course, and management of patients with acute posterior stroke diagnosis.</p> <p>References:</p> <ol style="list-style-type: none"> 1. Savitz SI, Caplan LR. Vertebrobasilar disease. N Engl J Med 2005;352:2618–26. Merwick Á, Werring D. Posterior circulation ischaemic stroke. BMJ 2014;348:g3175 doi:10.1136/bmj.g3175 2. Kim JT, Park MS, Choi KH, Kim BJ, Han MK, Park TH, Park SS, Lee KB, Lee BC, Yu KH, Oh MS, Cha JK, Kim DH, Nah HW, Lee J, Lee SJ, Ko Y, Kim JG, Park JM, Kang K, Cho Y, Hong KS, Choi JC, Kim DE, Ryu WS, Shin DI, Yeo MJ, Kim WJ, Lee J, Lee JS, Bae HJ, Saver JL, Cho KH. Clinical outcomes of posterior versus anterior circulation infarction with low National Institutes of Health Stroke Scale scores. Stroke 2017;48:55-62. |
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