US Call for Grant Applications (CGA)

As part of GSK's mission to get ahead of disease together, GSK identifies and funds innovative, high-quality, independent third-party educational initiatives that are designed to close US healthcare professional (HCP) educational, quality, and performance gaps - with the ultimate goals to reduce healthcare disparities, improve patient health, and enhance patient quality of life.

I. Eligible Organizations

Prior to submitting a grant, organizations must first register and be approved as an eligible educational provider.

Educational providers must meet the below eligibility criterion:

- Accredited to provide HCP continuing education (i.e., CME, CE) by a national accrediting body such as the Accreditation Council for Continuing Medical Education (ACCME), Accreditation Council for Pharmacy Education (ACPE), American Nurses Credentialing Center (ANCC), or American Association of Nurse Practitioners (AANP).

Organizations must be fully compliant with the ACCME (and other nationally recognized accrediting body) standards for commercial support and design and deliver all activities (including content, faculty, and speakers) independent from GSK control, influence, and involvement.

II. Disease Areas of Interest CGA Details

GSK accepts educational grant applications from eligible educational providers in response to a CGA.

Funding priorities will focus on independent educational initiatives designed to measure improvements/changes in HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*).

Please click on the disease area of interest for more details **(continued on page 2)**.

GSK Disease Area(s) of Interest	Submit Under Therapeutic Area(s)	Submission Timeline
Hepatitis B	Hepatology	12/14/23 – 9/6/24
Cholestatic Pruritus in Primary Biliary Cholangitis (PBC)	Hepatology	12/14/23 – 9/6/24
Urinary Tract Infection (UTI)	Infectious Disease – Non-Vaccines	12/14/23 – 2/28/24

*Moore DE, et al. *J Contin Educ Health Prof.* 2009;29:1-15.

GSK Disease Area(s) of Interest	Submit Under Therapeutic Area(s)	Submission Timeline
Anemia of Chronic Kidney Disease (CKD)	Nephrology	12/14/23 – 6/28/24
Endometrial Cancer	Oncology	12/14/23 – 9/6/24
Ovarian Cancer	Oncology	12/14/23 – 9/6/24
Myelofibrosis	Oncology	12/14/23 – 9/6/24
Multiple Myeloma	Oncology	12/14/23 – 9/6/24
Chronic Obstructive Pulmonary Disease (COPD)	Respiratory	12/14/23 – 9/6/24
Adult Immunization Hepatitis Meningococcal Disease Respiratory Syncytial Virus (RSV) Disease Shingles	Vaccines	12/14/23 – 9/6/24

III. Grant Review Criteria

Grant applications are reviewed based on the following criteria:

1. Compliance

Grant requests are assessed for completeness of the application; compliance with all applicable laws, policies, and guidelines; and project management plan and budget.

1.1 Compliant with guidelines for IME/CME
1.2 Free of commercial bias/influence, non-promotional, and fair balanced
1.3 Budget costs are reasonable and customary
1.4 No GSK funds are used for food, beverage, meals, travel, or accommodation costs for attendees

Please do not include specific faculty names in the submitted grant applications.

2. Disease Area Alignment

Grant requests are prioritized based on optimal alignment with patient needs, HCP performance gaps, healthcare system quality gaps, and GSK clinical interests.

2.1 Aligns with GSK's clinical disease interests

3. Needs Assessment/Gaps

Grant requests should include an independent, evidence-based needs assessment that identifies the knowledge, competence, performance, and/or patient/community health

*Moore DE, et al. *J Contin Educ Health Prof.* 2009;29:1-15.

gaps that exist. Utilization of multiple methods of assessing learning needs and gaps between current practice and evidence-based best practice provides an accurate and balanced perspective.

- 3.1 Needs assessment is independent, evidence-based, and scientifically/medically accurate; educational/quality/professional practice gaps have been identified
- 3.2 Educational/quality/professional practice gaps are HCP knowledge, competence, performance, and/or patient/community health
- 3.3 Strategy used to identify needs/gaps (e.g., survey/interview; focus group; peer-review published data; nationally recognized consensus sources for clinical performance/quality measures such as AHRQ, NCQA, NQF, PCPI, CMS-PQRS; patient chart/EHR data; medical claims data, etc.)

4. Learning Objectives/Educational Design

Grant requests should provide measurable learning objectives that are aligned with the identified needs and expected improvements of the target audience. Bringing HCPs from various disciplines together in tailored learning environments can enable participants to learn both individually and as collaborative members of the healthcare team, with a common goal of improving patient health. Grant requests that describe innovative educational design, use multi-platform technology, and address healthcare disparities and inequities are funding priorities.

- 4.1 Learning objectives are measurable and designed to close identified gaps
- 4.2 Educational design is interactive and considers appropriate target audience (including collaborative members of the healthcare team and patients, as appropriate) and learning preferences
- 4.3 For curriculum-based initiatives, educational design incorporates an organized and hands-on approach to guide learners through longitudinal curriculum that focuses on performance/quality improvement (as appropriate)
- 4.4 Strategy to enhance change (e.g., tools that support application of knowledge into practice such as algorithms, patient compliance materials, office compliance tools, reminder systems, patient feedback, system changes, etc.) has been included to reinforce learning (as appropriate)

5. Educational Outcomes

Grant requests should have a strategic plan to measure educational outcomes. Using Moore's 2009 expanded educational outcomes framework[*], initiatives that are designed to measure improvements/changes in HCP competence and higher (Levels 4-7[*]) are funding priorities. Grant requests that include a plan to measure outcomes related to healthcare disparities/inequities and those that measure potential patient impact are funding priorities.

- 5.1 Strategic plan to measure educational outcomes is realistic for the scope of the initiative and designed to measure if the learning objectives were achieved
- 5.2 Overall initiative is designed to measure changes in HCP knowledge (Level 3[*]), competence (Level 4[*]), performance (Level 5[*]), and/or patient/community health (Level 6/7[*])

[*]Moore DE, et al. *J Contin Educ Health Prof.* 2009;29:1-15.

5.3 Strategy used to evaluate effectiveness of initiative (e.g., direct and objective assessments, audience response system, pre/post tests, case studies, chart audits, patient surveys, EHR data, disease screening audits, medical claims data, etc.)

5.4 Publication or communication strategy is designed for dissemination of educational outcomes results so that best practices and ways to improve can be shared to further improve patient health

IV. Conflicts of Interest

Conflicts of interest must be identified, mitigated, and disclosed. The educational provider is required to show that any organization, group, or individual who is in a position to control the content of an educational activity has disclosed all financial relationships with any commercial interest (ineligible company). This includes, but is not limited to, educational partners and any of its affiliates, subsidiaries, or parent company. GSK accepts the ACCME's definition of "relevant financial relationships" as financial relationships in any amount occurring within the past 24 months that create a conflict of interest. Failure to identify, mitigate, and disclose all known conflicts of interest will disqualify the grant requestor.

V. Terms and Conditions

1. Grants should be submitted via the GSK website: www.GSKgrants.com
2. This CGA does not commit GSK to award a grant or to pay any costs incurred in the preparation of a response to this request.
3. GSK reserves the right to accept or reject any or all applications received as a result of this request or to cancel in part or in its entirety this CGA at any time without prior notification or permission.
4. GSK reserves the right to post submissions and announce the details of successful grant applications by whatever means ensures transparency, such as on GSK's website, in presentations, and/or in other public media.
5. All communications about the CGA must come exclusively to GSK US Medical Affairs. Failure to comply may disqualify providers from receiving future grants.

VI. Transparency

Consistent with our commitment to transparency and in accordance with statutory requirements, GSK reports funded educational grants in the US. GSK reserves the right to post submissions and results on our website. Per GSK's Letter of Agreement, GSK funds are not permitted to defray or pay any costs for food, beverage, meals, travel, or accommodations for program attendees.

[*]Moore DE, et al. *J Contin Educ Health Prof.* 2009;29:1-15.

HEPATOLOGY (CHOLESTATIC PRURITUS IN PBC & HEPATITIS B)

Please refer to **Section III Grant Review Criteria** (above) for more details about how grant applications will be reviewed.

Timeline:	Grants may be submitted December 14, 2023 through September 6, 2024. We aim to communicate decisions within 3 months from grant application submission date.
Healthcare Gap(s):	Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included: (1) Hepatitis B awareness, diagnosis, pathophysiology, and burden of disease[1,2] (2) Delayed/sub-optimal treatment of patients with Hepatitis B as evidenced by current literature[3] (3) Strategies to improve annual lab monitoring (e.g., ALT, HBV DNA, e-antigen status) for patients with Hepatitis B[3] (4) Lack of understanding of the role of quantitative Hepatitis B surface antigen for predicting disease activity and monitoring and guiding appropriate treatment for patients with Hepatitis B[4] (5) Lack of understanding of functional cure in Hepatitis B[5] (6) Strategies to improve healthcare professional-patient dialogue and patient knowledge and decrease barriers to Hepatitis B patient care[6] (7) Strategies for reducing the risks of major chronic Hepatitis B (CHB)-related sequelae, including cirrhosis and Hepatocellular Carcinoma (HCC) complications[7] (8) Lack of awareness of cholestatic pruritus in Primary Biliary Cholangitis (PBC) – symptoms, diagnosis, disease burden including impact on quality of life, and treatment recommendations[8] (9) Strategies to improve the assessment of and recommendations for pruritus in PBC, including improving the healthcare professional-patient dialogue[9] (10) Lack of understanding that treatments for PBC may not effectively manage symptoms for patients[10,11]
More Information:	Our intent is to fund innovative educational initiatives for hepatologists and gastroenterologists that use multi-channel platforms, address healthcare disparities and inequities, and reach a national or regional audience. Educational initiatives delivered at national conferences will be considered. Preference is for educational initiatives that are accredited.
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities. Grant requests that include a plan to measure outcomes related to healthcare disparities/inequities and those that measure potential patient impact are funding priorities.
Budget Available:	The available budget for this CGA is $1.8M.
References:	1. Cornberg M, Lok AS-F, Terrault NA, et al. *Hepatology.* 2020;71:1070-1092. 2. Yip TC-F, Chan HL-Y, Wong VW-S, et al. *J Hepatol.* 2017;67:902-908. 3. Zhou Y, Li J, Gordon SC, et al. *J Viral Hepat.* 2022;29:189-195. 4. Cornberg M, Wong VW-S, Locarnini S, et al. *J Hepatol.* 2017;66:398-411.

*Moore DE, et al. *J Contin Educ Health Prof.* 2009;29:1-15.

	5. Peters MG, Yuen M-F, Terrault N, et al. *Clin Infect Dis*. 2023.ciad506. 6. Mukhtar NA, Evon DM, Yim C, et al. *Dig Dis Sci.* 2021;66:434-441. 7. Terrault NA, Bzowej NH, Chang KM, et al. *Hepatology*. 2016;63:261-283. 8. Carey EJ, Eaton J, Clayton M, et al. *Hepatology*. 2018;68:184A. 9. Rishe E, Azarm A, Bergasa NV. *Acta Derm Venereol.* 2008;88:34-37. 10. Lindor KD, Dickson ER, Baldus WP, et al. *Gastroenterology.* 1994;106:1284-1290. 11. Rudic JS, Poropat G, Krstic MN, et al. *Cochrane Database Syst Rev.* 2012;12:CD000551.

[*]Moore DE, et al. *J Contin Educ Health Prof.* 2009;29:1-15.

URINARY TRACT INFECTION (UTI)

Please refer to **Section III Grant Review Criteria** (above) for more details about how grant applications will be reviewed.

Timeline:	Grants may be submitted December 14, 2023 through February 28, 2024. We aim to communicate decisions within 3 months from grant application submission date.
Healthcare Gap(s):	Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included: (1) Uncomplicated urinary tract infections (uUTI) awareness, definition, and classification[1-4] (2) Burden of uUTI disease and treatment failure on patients and the healthcare system[5-8] (3) Treatment failure for patients with uUTI – awareness, definition, and risk factors[6,10] (4) Standard of care for diagnosis and treatment of uUTI as reflected in current evidence-based guidelines[1,9]
More Information:	Our intent is to fund innovative educational initiatives for primary care physicians, urologists, infectious disease physicians, emergency medicine physicians, gynecologists, infectious disease pharmacists, physician assistants, and/or nurse practitioners that use multi-channel platforms, address healthcare disparities and inequities, and reach a national or regional audience. Educational initiatives delivered at national or regional conferences will be considered. Preference is for educational initiatives that are accredited.
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities. Grant requests that include a plan to measure outcomes related to healthcare disparities/inequities and those that measure potential patient impact are funding priorities.
Budget Available:	The available budget for this CGA is $0.5M.
References:	1. Gupta K, Hooton TM, Naber KG, et al. *Clin Infect Dis*. 2011;52:e103-e120. 2. Medina M, Castillo-Pino E. *Ther Adv Urol*. 2019;11:1756287219832172. 3. Hooton TM. *N Engl J Med*. 2012;366:1028-1037. 4. Colgan R, Williams M. *Am Fam Physician*. 2011;84:771-776. 5. Colgan R, Keating K, Dougouih M. *Clin Drug Investig*. 2004;24:55-60. 6. Dunne MW, Puttagunta S, Aronin SI, et al. *Microbiol Spectr.* 2022;10:e0235921. 7. Abrahamian FM, Krishnadasan A, Mower WR, et al. *Infection* 2011;39:507-514. 8. Scott VCS, Thum LW, Sadun T, et al. J *Urol.* 2021;206:688-695. 9. Anger J, Lee U, Ackerman AL, et al. *J Urol.* 2019;202:282-289. 10. Butler AM, Durkin MJ, Keller MR, et al. *Pharmacoepidemiol Drug Saf.* 2021;30:1360-1370.

*Moore DE, et al. *J Contin Educ Health Prof.* 2009;29:1-15.

ANEMIA OF CHRONIC KIDNEY DISEASE (CKD)

Please refer to **Section III Grant Review Criteria** (above) for more details about how grant applications will be reviewed.

Timeline:	Grants may be submitted December 14, 2023 through June 28, 2024. We aim to communicate decisions within 3 months from grant submission date.
Healthcare Gap(s):	Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included: (1) Burden of anemia of CKD on patients and/or healthcare system[1-5] (2) Pathophysiology of anemia of CKD[6-7] (3) Current unmet needs in the treatment of anemia of CKD, especially with patients on dialysis[8-23] (4) Healthcare disparities in the management of dialysis patients with anemia of CKD[24-30] (5) Strategies for enabling shared decision-making between patients and care team and providing treatment choice/flexibility for patients[14-15,31-33]
More Information:	Our intent is to fund innovative educational initiatives for nephrologists and/or nephrology allied healthcare providers that use multi-channel platforms, address healthcare disparities and inequities, and reach a national or regional audience. Educational initiatives delivered at national or regional conferences will be considered. Preference is for educational initiatives that are accredited.
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities. Grant requests that include a plan to measure outcomes related to healthcare disparities/inequities and those that measure potential patient impact are funding priorities.
Budget Available:	The available budget for this CGA is $1.2M.
References:	1. National Institute of Diabetes and Digestive and Kidney Diseases. US Department of HHS. 2020. https://www.niddk.nih.gov/health-information/kidney-disease/anemia#complications. 2. Garlo K, Williams D, Lucas L, et al. *Medicine*. 2015;94:e964. 3. van Haalen H, Jackson J, Spinowitz B, et al. *BMC Nephrol*. 2020;21:88. 4. Lefebvre P, Duh MS, Buteau S, et al. *J Am Soc Nephrol*. 2006;17:3497-3502. 5. St. Peter WL, Guo H, Kabadi S, et al. *BMC Nephrology*. 2018;19:67. 6. Watts D, Gaete D, Rodriguez D,et al. *Int J Mol Sci.* 2020;21:8131. 7. Dev S and Babitt JL. *Hemodial Int.* 2017;21:S6-S20. 8. Kidney Disease: Improving Global Outcomes (KDIGO) Anemia Work Group. KDIGO Clinical Practice Guideline for Anemia in Chronic Kidney Disease. *Kidney Int Suppl.* 2012;2:279-335. 9. Bonomini M, Del Vecchio L, Sirolli V, et al. *Am J Kidney Dis*. 2016;67:133-142. 10. Ingrasciotta Y, Giorgianni F, Marcian I, et al. *PLoS ONE*. 2016;11:e0155805. 11. van Haalen H, Jackson J, Spinowitz B, et al. *BMC Nephrol*. 2020;21:88.

*Moore DE, et al. *J Contin Educ Health Prof.* 2009;29:1-15.

12. United States Renal Data System. 2022 *USRDS Annual Data Report: Epidemiology of kidney disease in the United States.* National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD. 2022.
13. Barrett TM, Green JA, Greer RC, et al. *Kidney Med*. 2020;2:532-542.
14. Frazier R, Levine S, Porteny T, et al. *Am J Kidney Dis.* 2022;80:599-609.
15. Singh JA, Tornberg H, Goodman SM, et al. *Joint Bone Spine*. 2021;88:105053.
16. Arbor Research Collaborative for Health. The DOPPS Practice Monitor. 2021.
17. Khankin EV, Mutter WP, Tamez H, et al. PLo*S ONE*. 2010;5:e9246.
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22. Sibbel S, Koro CE, Brunelli SM, et al. *BMC Nephrol*. 2015;16:144.
23. United States Renal Data System. 2022 *USRDS Annual Data Report: End stage renal disease*: Chapter 3. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD. 2022.
24. Kidney Research UK, *Kidney Health Inequities in the UK.* 2019.
25. Shen JI, Chen L, Vangala S, et al. *Kidney Med* 2020;2:105-115.
26. Rizzolo K, Cervantes L, Shen JI. *J Am Soc Nephrol.* 2022;33:1258-1261.
27. Rodriguez RA, Hotchkiss JR, O'Hare AM. *J Nephrol.* 2013;26:3-15.
28. Norris K, Nissenson AR. *J Am Soc Nephrol.* 2008;19:1261-1270.
29. Cervantes L, Robinson BM, Steiner JF, et al. *J Am Soc Nephrol.* 2022;33:1252-1254.
30. Combes G, Allen K, Sein K, et al. *Implement Sci.* 2015;10:148.
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33. Barrett TM, Green JA, Greer RC, et al. *Kidney Med*. 2021;3:905-915.

*Moore DE, et al. *J Contin Educ Health Prof.* 2009;29:1-15.

ENDOMETRIAL CANCER

Please refer to **Section III Grant Review Criteria** (above) for more details about how grant applications will be reviewed.

Timeline:	Grants may be submitted December 14, 2023 through September 6, 2024. We aim to communicate decisions within 3 months from grant submission date.
Healthcare Gap(s):	Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included: (1) Standard of care for the treatment of endometrial cancer as reflected in current and evidence-based updates to guidelines[1] (2) Rationale for use of immunotherapy in the treatment of patients with endometrial cancer[2-3] (3) Role of predictive biomarkers in guiding the treatment of patients with endometrial cancer[4-5] (4) Strategies for the application of shared decision-making in patient selection and understanding of appropriate treatment algorithms across all stages of endometrial cancer[6] (5) Importance of the multidisciplinary care team:[7] – Recognition, management, and mitigation of immune-related adverse events in patients receiving immunotherapy[8-10] – Patient education and patient-reported outcomes[11-12] (6) Healthcare disparities and inequities in the management of patients with endometrial cancer, including clinical trial diversity[13-17]
More Information:	Our intent is to fund educational initiatives for gynecologic oncologists, medical oncologists, advanced healthcare practitioners, nurses, pharmacists, pathologists, and other members of the multidisciplinary care team that use multi-channel platforms, address healthcare disparities and inequities, and reach a national, regional or local, audience. Educational initiatives at national or regional conferences will be considered. Preference is for educational initiatives that are accredited.
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities. Grant requests that include a plan to measure outcomes related to healthcare disparities/inequities and those that measure potential patient impact are funding priorities.
Budget Available:	The available budget for this CGA is $2.35M.
References:	1. NCCN Clinical Practice Guidelines In Oncology: Uterine Neoplasms. Version 1.2024 — September 20, 2023. 2. Di Dio C, Bogani G, Di Donato V. *Gynecol Oncol*. 2023;169:27-33. 3. Gómez-Raposo C, Salvador MM, Zamora CA, et al. *Crit Rev Oncol Hematol.* 2021;161:103306. 4. Dörk T, Hillemanns P, Tempfer C, et al. *Cancers (Basel).* 2020;12:2407. 5. Rubia EC, Martinez-Garcia E, Dittmar G, et al. *J Clin Med.* 2020;9:1900.

*Moore DE, et al. *J Contin Educ Health Prof.* 2009;29:1-15.

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[*]Moore DE, et al. *J Contin Educ Health Prof.* 2009;29:1-15.

OVARIAN CANCER

Please refer to **Section III Grant Review Criteria** (above) for more details about how grant applications will be reviewed.

Timeline:	Grants may be submitted December 14, 2023 through September 6, 2024. We aim to communicate decisions within 3 months from grant submission date.
Healthcare Gap(s):	Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, inclusion of other independently identified healthcare gaps is also encouraged: (1) Standard of care for the treatment of ovarian cancer as reflected in current and evidence-based updates to guidelines[1] (2) Rationale for use of PARP inhibitors in the first-line maintenance treatment setting for advanced ovarian cancer[2-4] (3) Role of predictive and prognostic biomarkers in guiding the treatment of patients with ovarian cancer[5] (4) Strategies for the application of shared decision-making in patient selection and understanding of appropriate treatment algorithms across all stages of ovarian cancer[6] (5) Importance of the multidisciplinary care team:[7] – Recognition, management, and mitigation of treatment-related adverse events associated with the use of PARP inhibitors[8] – Patient education and patient-reported outcomes[9-11] (6) Healthcare disparity and inequity in the management of patients with ovarian cancer, including clinical trial diversity[12-14]
More Information:	Our intent is to fund educational initiatives for gynecologic oncologists, medical oncologists, advanced healthcare practitioners, nurses, pharmacists, pathologists, and other members of the multidisciplinary care team that use multi-channel platforms, address healthcare disparities and inequities, and reach a national, regional or local audience. Educational initiatives at national or regional conferences will be considered. Preference is for educational initiatives that are accredited.
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities. Grant requests that include a plan to measure outcomes related to healthcare disparities/inequities and those that measure potential patient impact are funding priorities.
Budget Available:	The available budget for this CGA is $1.8M.
References:	1. NCCN Clinical Practice Guidelines in Oncology: Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer. Version 2.2023 — June 2, 2023. 2. Lin Q, Liu W, Xu S, et al. *BJOG.* 2021; 128:485-493. 3. Foo T, George A, Banrejee S. *Genes Chromosomes Cancer.* 2021;60:385-397. 4. Valabrega G, Scotto G, Tuninetti V, et al. *Int J Mol Sci.* 2021;22:4203. 5. Astallah GA, et al. *Diagnostics (Basel).*2021;11:465.

*Moore DE, et al. *J Contin Educ Health Prof.* 2009;29:1-15.

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10. Guelhan Inci M, Richter R, Heise K, et al. *Cancers*. 2021;13:631.
11. Sisodia RC, Dewdney SB, Fader AN, et al. *Gynecol Oncol*. 2020;158:194-200.
12. Karanth S, Fowler M, Mao X, et al. *JNCI Cancer Spectr.* 2019;3:pkz084.
13. Stenzel AE, Buas M, Moysich KB. *Cancer Epidemiol.* 2019;62:e101580.
14. Cronin KA, Howlader N, Stevens JL, et al. *Cancer Epidemiol Biomarkers Prev.* 2019;28:539-545.

*Moore DE, et al. *J Contin Educ Health Prof.* 2009;29:1-15.

MYELOFIBROSIS

Please refer to **Section III Grant Review Criteria** (above) for more details about how grant applications will be reviewed.

Timeline:	Grants may be submitted December 14, 2023 through September 6, 2024. We aim to communicate decisions within 3 months from grant submission date.
Healthcare Gap(s):	Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included: (1) Standard of care for the treatment of myelofibrosis as reflected in current and evidence-based updates to guidelines[1] (2) Rationale for the use of JAK inhibitors in the treatment of patients with myelofibrosis (3) Strategies for the application of shared decision-making in appropriate myelofibrosis patient selection and risk-adapted treatment algorithms for patients with myelofibrosis (4) Importance of the multidisciplinary care team in the therapeutic management of myelofibrosis:[2-5] • Burden of disease and management including cytopenia, splenomegaly, and constitutional symptoms • Recognition, management, and mitigation of treatment-related adverse events associated with the use of JAK inhibitors (5) Healthcare disparity and inequity in the management of patients with myelofibrosis, including clinical trial diversity[6]
More Information:	Our intent is to fund educational initiatives for hematologist oncologists, medical oncologists, advanced healthcare practitioners, pharmacists, and nurses that use multi-channel platforms, address healthcare disparities and inequities, and reach a national, regional, or local audience. Educational initiatives at national conferences and regional or local meetings will be considered. Preference is for educational initiatives that are accredited.
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities. Grant requests that include a plan to measure outcomes related to healthcare disparities/inequities and those that measure potential patient impact are funding priorities.
Budget Available:	The available budget for this CGA is $2.5M
References:	1. NCCN Clinical Practice Guidelines In Oncology: Myeloproliferative Neoplasms Version 3.2023 — October 25, 2023. 2. Tefferi A. *Am J Hematol*. 2021;96:145-162. 3. Marcellino B. Verstovsek S. Mascarenhas J. *Clin Lymphoma Myeloma Leuk.* 2020;20:415-421. 4. Waksal J, Harrison C, Mascarenhas J. *Leuk Lymphoma.* 2022;63:1020-1033. 5. Mesa R, Scherber R, Geyer H. *Leuk Lymphoma.* 2015;7:1989-1999.

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MULTIPLE MYELOMA

Please refer to **Section III Grant Review Criteria** (above) for more details about how grant applications will be reviewed.

Timeline:	Grants may be submitted December 14, 2023 through September 6, 2024. We aim to communicate decisions within 3 months from grant submission date.
Healthcare Gap(s):	Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included: (1) Standard of care for the diagnosis and treatment of relapsed/refractory multiple myeloma as reflected in current evidence-based guidelines[1] (2) Therapeutic targets and management of patients with relapsed/refractory multiple myeloma including:[1,2-6] • Optimization of therapeutic approaches based on diagnostic evaluation, patient characteristics, disease-related factors, and prior/current treatment regimens • Importance of the multidisciplinary care team: – Recognition, management, and mitigation of adverse events – Patient education, shared decision-making, and patient-reported outcomes (3) Healthcare disparity and inequity in the management of patients with multiple myeloma, including clinical trial diversity[7]
More Information:	Our intent is to fund educational initiatives for hematologist oncologists, medical oncologists, advanced healthcare practitioners, pharmacists, and nurses that use multi-channel platforms, address healthcare disparities and inequities, and reach a national, regional, or local audience. Educational initiatives at national conferences and regional or local meetings will be considered. Preference is for educational initiatives that are accredited.
Educational Outcomes:	Grant requests that are designed to measure improvements/changes in HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities. Grant requests that include a plan to measure outcomes related to healthcare disparities/inequities and those that measure potential patient impact are funding priorities.
Budget Available:	The available budget for this CGA is $0.25M
References:	1. National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology: Multiple Myeloma. Version 2.2024 — November 1, 2023. 2. Ni B, Hou J. *Hematology*. 2022;1:343-352. 3. Chim CS, Kumar SK, Orlowski RZ, et al. *Leukemia.* 2018;32:252-262. Chim CS, Kumar SK, Orlowski RZ, et al. *Leukemia.* 2019;33:1058-1059. 4. Moreau P, Kumar SK, San Miguel J. *Lancet Oncol.* 2021;3:105-118. 5. Castella M, Fernández de Larrea C, Martín-Antonio B. *Int J Mol Sci.* 2018;19:3613. 6. Selby P, Popescu R, Lawler M, et al. *Am Soc Clin Oncol Edu Book.* 2019;39:332-340.

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COPD

Please refer to **Section III Grant Review Criteria** (above) for more details about how grant applications will be reviewed.

Timeline:	Grants may be submitted December 14, 2023 through September 6, 2024. We aim to communicate decisions within 3 months from grant submission date.
Healthcare Gap(s):	Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included: (1) Employing best practice approaches for diagnosis and timely initiation of guideline recommended treatment for patients with COPD,[1-4] including vaccine recommendations in addressing vaccine preventable illnesses in patients with COPD[1] (2) Employing patient centered strategies to personalize treatment/management plans for COPD, including:[1-5] – Patient/HCP shared decision making – Strategies to improve patient adherence and vaccine hesitancy – Patient phenotyping (treatable traits) (3) Identifying and addressing burden of disease and unmet needs in COPD management (e.g., under-diagnosis and under-assessment of symptoms, delays in initiating therapy, failure to escalate therapy after symptomatic events)[1] (4) Understanding the pathophysiology of COPD[1,6-8]
More Information:	Our intent is to fund innovative educational initiatives for pulmonologists, primary care providers, family medicine practitioners, nurse practitioners, and physician assistants that use multi-channel platforms, address healthcare disparities and inequities, and reach a national or regional audience. Educational initiatives delivered at national conferences will be considered. Preference is for educational initiatives that are accredited.
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.
Budget Available:	The available budget for this CGA is $0.7M.
References:	1. Global Initiative for Chronic Obstructive Lung Disease (GOLD) Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease. 2024. https://goldcopd.org/2024-gold-report/ 2. Rodrigo GJ, Price D, Anzueto A, et al. *Int J Chron Obstruct Pulmon Dis.* 2017;12: 907-922. 3. Tashkin DP, Strange C. *Int J Chron Obstruct Pulmon Dis.* 2018;13:2587-2601. 4. Lipworth B, Kuo CR, Jabbal S. *Int J Chron Obstruct Pulmon Dis.* 2018;13:3003-3009. 5. Anzueto A, Miravitlles M. *Am J Med.* 2018;131:15-22. 6. Zeiger RS, Tran TN, Butler RK, et al. *J Allergy Clin Immunol Pract*. 2018;6:944-954.

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	7. Agusti A, Bel E, Thomas M, et al. *Eur Respir J.* 2016;47(2):410-9. 8. Meteran H, Sivapalan P, Jensen J-US. *Diagnostics.* 2021;11(9),1668.

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VACCINE PREVENTABLE DISEASES (Adult Immunization, Hepatitis, Meningococcal Disease, Respiratory Syncytial Virus Disease, Shingles)

Please refer to **Section III Grant Review Criteria** (above) for more details about how grant applications will be reviewed.

Timeline:	Grant requests may be submitted December 14, 2023 through September 6, 2024. We aim to communicate decisions within 3 months from grant application submission date.
Adult Immunization Healthcare Gaps:	Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included: (1) Application of behavioral insights and behavioral economic principles to improve vaccine confidence[1-2] (2) Strategies to address disparities in adult immunization related to social determinants of health[3] (3) Challenges and solutions to implementation of immunization across the lifespan[4] (4) Vaccination as a contribution to a multidisciplinary approach to healthy aging[5-7] (5) Strategies to improve vaccine uptake in adults[8-9]
Adult Immunization More Information:	Our intent is to fund innovative educational initiatives for infectious diseases physicians, primary care physicians (family medicine, internal medicine, gerontologists), nurses, nurse practitioners, physician assistants, and pharmacists that use multi-channel platforms (live, on-demand, podcast, app-based, etc.), address healthcare disparities and inequities, and reach a national or regional audience. Educational initiatives delivered at national and regional conferences will be considered. Preference is for educational initiatives that are accredited.
Adult Immunization Budget Available:	The available budget for this CGA is $0.85M.
Hepatitis Healthcare Gaps:	(1) Lack of awareness of hepatitis A and B transmission, risk factors, clinical features, epidemiology and burden of disease[10,11] (2) Lack of awareness of recent updates to ACIP hepatitis A and B vaccination recommendations[10,11] (3) Strategies to address racial and ethnic disparities in hepatitis A and B disease and vaccination[10,11] (4) Strategies for implementing hepatitis vaccination in practice, including understanding vaccine recommendations[10-11]
Hepatitis More Information:	Our intent is to fund innovative educational initiatives for infectious diseases physicians, primary care physicians (family medicine, internal medicine), nurses, nurse practitioners, physician assistants, and pharmacists that use multi-channel platforms (live, on-demand, podcast, app-based, etc.), address healthcare disparities and inequities, and reach a national or regional audience. Educational initiatives delivered at national and regional conferences will be considered. Preference is for educational initiatives that are accredited.

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Hepatitis Budget Available:	The available budget for this CGA is $0.4M.
Meningococcal Disease Healthcare Gaps:	(1) Lack of understanding of risk for invasive meningococcal disease and disease severity[12-13] (2) Strategies for implementing meningococcal vaccination in practice, including understanding vaccine recommendations[14-16] (3) Strategies to improve meningococcal vaccine series completion to prevent invasive meningococcal disease[17] (4) Strategies to improve vaccine uptake in older adolescents, including addressing healthcare disparities and inequities[17-19] (5) Implementation of shared clinical decision-making for vaccinations [types and rationale of ACIP vaccine recommendations, definition of shared clinical decision making, bioethical concepts, barriers (e.g., time for discussion, use of decision aids, vaccine hesitancy or apathy, limited health literacy) and solutions (e.g., integration into clinical workflow, electronic medical records) to implementation][19-21]
Meningococcal Disease More Information:	Our intent is to fund innovative educational initiatives for infectious diseases physicians, primary care physicians (family medicine, internal medicine, pediatrics), nurses, nurse practitioners, physician assistants, and pharmacists that use multi-channel platforms (live, on-demand, podcast, app-based, etc.), address healthcare disparities and inequities, and reach a national or regional audience. Preference is for educational initiatives that are accredited.
Meningococcal Disease Budget Available:	The available budget for this CGA is $0.6M.
Respiratory Syncytial Virus (RSV) Disease Healthcare Gaps:	(1) Low awareness of RSV disease in adults among primary care practitioners and pharmacists – symptoms, diagnosis, U.S. epidemiology, risk factors, disease burden (including hospitalization, co-morbidities, etc.), and prevention strategies[22-24] (2) Lack of understanding of adults who may be at higher risk of severe RSV disease (e.g., chronic lung disease, chronic cardiovascular disease, immune compromised, hematologic or neurologic disorders, diabetes, kidney and liver disorders, those residing in long-term care facilities)[25] (3) Lack of awareness of RSV vaccine efficacy against severe lower respiratory tract disease and in those adults with certain underlying conditions that place them at higher risk for severe RSV disease[26] (4) Implementation of shared clinical decision-making for vaccinations, including lack of understanding of types and rationale of ACIP vaccine recommendations, the impact of this recommendation on disparities, and how best to implement and integrate RSV vaccines in adults given this recommendation[26]
RSV More Information:	Our intent is to fund innovative educational initiatives for infectious diseases physicians, pulmonologists, primary care physicians (family medicine, internal medicine, geriatrics), nurses, nurse practitioners, physician assistants, and pharmacists that use multi-channel platforms (live, on-demand, podcast, app-based, etc.), address healthcare disparities and inequities, and reach a national or regional audience. Educational initiatives delivered at national and regional conferences will be considered. Preference is for educational initiatives that are

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	accredited.
RSV Budget Available:	The available budget for this CGA is $3M.
Shingles Healthcare Gaps	(1) Lack of understanding of the primary risk factors for shingles, focusing on the age-related decline in immunity and immunocompromised conditions[27-28] (2) Lack of awareness of shingles disease burden, diagnosis, treatment, and prevention, including current shingles vaccination recommendations[29] (3) Strategies to improve uptake of vaccination and series completion for shingles, including disparities and access[8,30] (4) Strategies to improve healthcare professional-patient dialogue around recommendations for shingles vaccination and practice policies[8,20]
Shingles More Information:	Our intent is to fund innovative educational initiatives for infectious diseases physicians, primary care physicians (family medicine, internal medicine, geriatrics), nurses, nurse practitioners, physician assistants, and pharmacists that use multi-channel platforms (live, on-demand, podcast, app-based, etc.), address healthcare disparities and inequities, and reach a national audience. Educational initiatives delivered at national conferences will be funding priorities. Preference is for educational initiatives that are accredited.
Shingles Budget Available:	The available budget for this CGA is $0.9M.
Educational Outcomes:	Grant requests that are designed to measure improvements/changes in HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities. Grant requests that include a plan to measure outcomes related to healthcare disparities/inequities and those that measure potential patient impact are funding priorities.
References:	1. Buttenheim AM and Asch DA. *JAMA Pediatr.* 2016;170:635-636. 2. Brewer NT, Chapman GB, Rothman AJ, et al. *Psychol Sci in the Public Interest*. 2017;18:149-207. 3. Lu PJ, O'Halloran A, Williams WW, Lindley MC, et al. *Am J Prev Med*. 2015;49:S412-S425 4. Philip RK, Attwell K, Breuer T, et al. *Expert Rev Vaccines*. 2018;17:851-864. 5. International Federation on Aging. Adult Vaccination: A Key Component of Healthy Aging. 2013. 6. Doherty TM, Connolly MP, Del Giudice G, et al. *Eur Geriatr Med.* 2018;9:289-300. 7. Laupeze B, Del Giudice G, Doherty M, et al. *npj Vaccines.* 2021;6:93. 8. US Department of Health & Human Services (HHS) National Vaccine Program Office National Adult Immunization Plan (NAIP). 2016. 9. Centers for Disease Control and Prevention. Strategies for Increasing Adult Vaccination Rates. 2021. 10. Nelson NP, Weng MK, et al. *MMWR Recomm Rep* 2020;69(No. RR-5):1–38. 11. Schillie S, Vellozzi C, et al. *MMWR Recomm Rep* 2018;67(No. RR-1):1–31. 12. Mbaeyi SA, Joseph SJ, Blain A, et al. *Pediatrics*. 2019;143:e20182130. 13. Grogan J and Roos K. *Curr Infect Dis Rep* 2017;19,30.

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