



Request for Proposal (RFP) for Independent Medical Education (IME)

Essential Thrombocythemia and Polycythemia Vera - Global

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| Therapeutic Area | Hematologic Malignancies |
| Sub-area of Interest | Essential Thrombocythemia and Polycythemia Vera |
| Intended Learners | Hematologists |
| Budget | \$300,000 |
| Geographic Coverage | Global |
| References | Supportive citations are provided beginning on page 3 |
| Submission Deadline | Thursday, June 12, 2025, 11:59 pm ET |
| Submission | www.msdgrant.com |
| Submission code | GlobalHemeETPV25 |



Background

Our values represent the core of our character and guide every decision and action we take, leading with patients first. We support quality independent medical education (IME) for healthcare professionals (HCPs) designed to improve patient health outcomes, across a variety of scientific areas. Global Medical Proficiency and External Affairs (GMPEA) aims to be the world class industry leader collaborating with professional organizations to support innovative IME, advancing knowledge, competence, and performance of HCPs to help improve patient care and health outcomes. Education which allows for reinforcement of the learning objectives is key to long-term performance optimization, as is the incorporation of tools and ongoing reminders for HCPs that help them apply their knowledge. The best way to improve patient care is through the application of relevant and appropriate medical education.

Essential thrombocythemia (ET) and polycythemia vera (PV) are both myeloproliferative neoplasms (MPNs) characterized by the overproduction of blood cells. Both ET and PV share common clinical features, including thrombotic complications and potential progression to more severe diseases such as myelofibrosis or acute myeloid leukemia. Given the overlap in clinical presentations, accurate differential diagnosis and risk stratification are essential for optimal management and therapeutic decisions. Shared decision making between HCPs and their patients may help patients better understand their disease and avert subsequent complications, improving their compliance with prescribed interventions and improving their quality of life.

Identified Educational Gap(s)

The GMPEA team at Our Company identified several practice gaps surrounding the disease burden of ET and PV through published literature and evaluation of medical education activities. These gaps can be effectively addressed through IME for HCPs working to advance patient health outcomes across a variety of disciplines. Our Company would like to support education to address the following educational gaps:

- *The need for physicians to confirm an accurate diagnosis of ET and PV with bone marrow biopsies to appropriately identify a patient's risk of developing venous and arterial thrombotic events*
- *The need for physicians to apply standardized prognostic scoring systems to assess prognostic immune-biomarkers*
- *The need for physicians to engage in shared decision making with patients, communicating their prognostic risk category, and disease specific symptoms*
- *The need for physicians to align with patients regarding treatment needs and goals*
- *The need for physicians to identify alternative treatment interventions when patients are intolerant to hydroxyurea or develop resistance*
- *The need for HCPs to consider MPNs amongst patients presenting with thrombotic events such as acute myocardial infarction or ischemic cerebrovascular events*

Our Company is looking to support education to narrow or close these gaps; however, depending on the needs identified by the providers, the education may not be able to address all these educational gaps in a single proposal.

Eligibility Criteria

- Professional associations and medical societies, healthcare institutions, medical education companies, and other organizations committed to improving the quality of healthcare delivered to individuals, through the education of HCPs, may apply for this grant.
- The applicant must be an accredited provider in good standing, as applicable, by the European Academy of Continuing Medical Education (EACME), Accreditation Council for Continuing Medical Education (ACCME), American Nursing Credentialing Center (ANCC), American Council for Pharmacy Education (ACPE), or have Joint Accreditation for interprofessional continuing education.
- The selected grant recipient will need to attest to the terms, conditions, and purposes of the independent educational grant as described in Our Company's Letter of Agreement, and comply with current ethical codes and regulations.

Prioritization of Grant Applications

Our Company will evaluate all complete grant applications, and will give priority to those most likely to independently validate the aforementioned educational and performance gaps specific to the needs of specific cohorts of learners. Proposals should be built around the educational or performance need (including an identification of current knowledge or practice of targeted learners contrasted with ideal knowledge and practice), supported with aligned learning objectives, constructed with appropriate instructional design and adult learning theory, and evaluated using Moore's scale of educational effectiveness. Our Company encourages application submission to additional commercial supporters with similar scientific interests.

Our Company appreciates the complexity of education required for HCPs to help improve patient health outcomes. In our experience, collaboration between medical education providers may yield better educational outcomes by enabling multi-modal education and developing tools and resources for a broader group of learners.

Terms and Conditions

The selected grant recipient shall be bound by the terms and conditions found in the Our Company's Letter of Agreement.

References

1. Cengiz B, Aytakin V, Bildirici U, et al. A rare cause of acute coronary syndromes in young adults --- myeloproliferative neoplasms: A case series. *Rev Port Cardiol.* 2019;38(9):613-617.
2. Data on file. Independent Medical Education, measures of educational effectiveness. Merck & Co., Inc.
3. Howe A, Lin LL, Uribe C, Zimmerman C. Unmet needs and treatment gaps among patients with polycythemia vera: a retrospective medical chart audit study. [Abstract]. Presented at 16th International Congress Myeloproliferative Neoplasms. 2024, Brooklyn, NY.

4. Mesa RA, Miller CB, Thyne M, et al. Differences in treatment goals and perception of symptom burden between patients with myeloproliferative neoplasms (MPNs) and hematologists/oncologists in the United States: findings from the MPN Landmark Survey. *Cancer*. 2017;449-458.
5. Moore DE, Green JS, Gallis HA. Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. *J Contin Educ Health Prof*. 2009;29(1):1-15.
6. Myeloproliferative Neoplasms. NCCN Guidelines for Patients. 2024. Available at: <https://www.nccn.org/patients/guidelines/content/PDF/mpn-patient.pdf>. Accessed: March 11, 2025.
7. Pemmaraju N, Wilson NR, Doan TC, et al. Myeloproliferative neoplasm questionnaire: assessing patient disease knowledge in the modern digital information era. *Leuk Lymphoma*. 2021;62(9):2253-2260.
8. Stefanou MI, Richter H, Hartig F, et al. Recurrent ischaemic cerebrovascular events as presenting manifestations of myeloproliferative neoplasms. *Eur J Neurol*. 2019;26:903-910.
9. Terreri A, Loscocco GG, Farrukh F, et al. A globally applicable "triple A" risk model for essential thrombocythemia based on age, absolute neutrophil count, and absolute lymphocyte count. *Am J Hematol*. 2023;98:1929-1837.
10. Yu J, Paranagama D, Hanna B, Tang J, Chojecki A. A retrospective chart review of 809 patients with physician-diagnosed essential thrombocythemia receiving cytoreductive therapy in US community oncology practices. *Acta Haematol*. 2023;146:26-36.