



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

Improving Rates and Performance of Lung Cancer Screening

Therapeutic Area	Thoracic Malignancies
Sub-area of Interest	Lung Cancer
Intended Learners	Pulmonologists, Primary Care Physicians, Nurse Practitioners, Physician Assistants
Budget	\$500,000
Geographic Coverage	United States
References	Supportive citations are provided beginning on page 4.
Submission Deadline	Saturday, February 28, 2026, 11:59 pm ET
Submission	<a href="http://www.msdroject.com">www.msdroject.com</a>
Submission code	Screen26

## 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.

Lung cancer is the third most diagnosed cancer in the United States (U.S.) and is the leading cause of cancer-related deaths, yet it is most often diagnosed in the advanced stages after metastases to other organs. Screening for lung cancer in at-risk persons and potential identification of lung cancer at an early stage affords the potential for increased options to help improve patient care. Rural populations in the U.S. face significant challenges in lung cancer incidence and mortality, attributed to factors such as limited access to healthcare, low clinical trial recruitment, and a shortage of oncology specialists.

Healthy People 2030 set a lung cancer screening target to 7.5% of adults aged 55 to 80 years amongst individuals who have never had lung cancer, have smoked at least 30 pack-years, and if not currently smoking, have quit no more than 15 years ago. Perfect adherence to lung cancer screening recommendations could yield an estimated 0.5 million life-years gained in the U.S. population.

## Identified Quality of Care Gap(s)

The GMPEA team at Our Company identified several healthcare quality and performance gaps surrounding lung cancer screening in at-risk individuals through quality measures and published literature. Our Company is seeking to support IME grants that leverage quality improvement (QI) best practices to address one or more of the following performance gaps:

- *Addressing the need for primary care clinicians to consistently identify and initiate screening discussions with patients who meet updated 2021 United States Preventive Services Task Force (USPSTF) lung cancer screening eligibility criteria*
- *Addressing the need for primary care clinicians to increase guideline-based referrals, and use standardized result-communication and referral practices to ensure eligible patients are consistently identified and appropriately tested for lung cancer*
- *Addressing the need for primary care clinicians and clinical staff to integrate lung cancer screening shared-decision-making (SDM) tools into routine care*

- *Addressing the need for primary care clinicians and pulmonary specialists to use standardized communication tools to deliver clear, consistent results counseling (including explanation of Lung-Reporting and Data System (Lung-RADS) categories and nodule findings)*
- *Addressing the need for primary care clinicians and pulmonary specialists to implement structured follow-up protocols so that patients reliably complete recommended follow-up low-dose computed tomography (LDCTs)*

Our Company is looking to support education to narrow or close these gaps through QI projects that integrate into routine practice and can sustain beyond the project timeline; 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**

- **U.S. based** 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 by the 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, or other such equivalent.
- 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

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