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

Advanced/Metastatic Non-Small Cell Lung Cancer

Therapeutic Area	Advanced/Metastatic Non-Small Cell Lung Cancer (NSCLC)
Sub-area of Interest	Knowledge, Competency
Intended Learners	Multidisciplinary Team and Community Oncologists
Budget	$300,000
Geographic Coverage	United States
References	Supportive citations are provided beginning on page 4
Submission Deadline	Monday, April 28, 2025,11:59 pm Eastern
Submission	www.msdgrant.com
Submission code	AMNSCLC2025

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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 commonly diagnosed cancer in the United States and is the leading cause of cancer-related deaths.[1] Due to its heterogenous presentation, therapeutic interventions are based on histologic and biomarker characteristics as well as disease stage, performance status and comorbidities.[2] Non-small cell lung cancer (NSCLC) constitutes approximately 80%-85% of lung cancer cases and is the leading cause of cancer-related mortality globally.[3] Most patients are initially diagnosed with advanced/metastatic disease.[1] Rural populations in the U.S. face significant disparities 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.[4,5] Treatment advancements have helped improve overall survival rates for patients with advanced/metastatic NSCLC compared to patients who historically received chemotherapy alone.[1,6]

Identified Educational Gap(s)

The GMPEA team at Our Company identified several practice gaps surrounding advanced/metastatic NSCLC through educational needs assessments. 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 the following practice gaps:

- *The need for oncology clinicians to routinely apply appropriate molecular testing for actionable genomic alterations in advanced/metastatic NSCLC*[7]
- *The need for oncology clinicians to correctly identify an optimal therapeutic regimen for use in newly diagnosed patients with advanced/metastatic NSCLC lacking actionable genetic alterations*[7]
- *The need for increased oncology clinician confidence to select appropriate immunotherapy based-regimens in newly diagnosed patients with advanced/metastatic NSCLC based on the latest efficacy and safety data using a multidisciplinary, multimodal, and patient-centric approach*[7]
- *The need for oncology clinicians to increase the frequency at which they plan to counsel patients with advanced/metastatic NSCLC on the potential risks, benefits, and goals of immunotherapy treatment*[7]

- *The need for oncology clinicians to apply guideline-concordant care to patients with advanced/metastatic NSCLC who are receiving immunotherapy and enhance their awareness of potential immune-related adverse events and their management*[7]

Our Company is looking to support independent medical education to narrow or close these gaps;[8] 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.
- 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. Cancer stat facts: lung and bronchus cancer. National Cancer Institute (NCI) Surveillance, Epidemiology, and End Results Program (SEER). Available at: https://seer.cancer.gov/statfacts/html/lungb.html. Accessed February 3, 2025.
2. NCCN Guidelines Non-Small Cell Lung Cancer, Version 3.2025. National Comprehensive Cancer Network. Available at: https://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf. Accessed February 3, 2025.
3. Key statistics for lung cancer. American Cancer Society. Available at: https://www.cancer.org/cancer/types/lung-cancer/about/key-statistics.html. Accessed February 3, 2025.
4. Lewis-Thames MW, Langston ME, Khan S, et al. Racial and ethnic differences in rural-urban trends in 5-year survival of patients with lung, prostate, breast, and colorectal cancers: 1975-2011 Surveillance, Epidemiology, and End Results (SEER). JAMA Network Open. 2022;5(5).
5. Bhatia S, Landier W, Paskett ED, et al. Rural-urban disparities in cancer outcomes: opportunities for future research. J Natl Cancer Inst. 2022;114(7).
6. Yankelovitz DF, Libby DM, Smith J, Pasmantier M, Yip R, Henschke C. 20-Year Lung Cancer Survival Rates in the International Early Lung Cancer Action Program (IELCAP). Abstract S4-SSCH02-3. Presented November, 2022 at the Radiological Society of North America. https://press.rsna.org/pressrelease/2022_resources/2380/abstract.
7. Data on file. Independent Medical Education, measures of educational effectiveness. Merck & Co., Inc.
8. 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.