NOVARTIS

# Professional Medical Education Grants

Our mission is to support high quality educational programs for US HCPs that will improve patient care.

We will evaluate professional medical education grant requests that are independent of commercial bias and non-promotional in nature. Professional medical education grants can be requested to support a variety of different activities, including live events, web-based education, and enduring materials.

We will accept grant requests for professional medical education programs from the following types of organizations:

- Academic medical centers, medical universities
- Hospitals, community health centers
- Professional medical associations/societies
- Accredited continuing medical education providers
- Medical education companies

Preference will be given to non-profit organizations (societies or institutions), or requests that include collaborations with non-profit organizations.

We will also evaluate grant requests in support of research fellowships and awards from academic medical centers, medical universities and professional medical associations/societies. Individual recipients of these fellowships/awards should not have already been selected and Novartis can have no role in the selection of the recipient. Further Novartis funds cannot be used towards the physical award (eg plaque, trophy, etc).

Submission Requirements

In order to be considered, a complete grant application package must be submitted via the online portal at least 60 calendar days prior to the event date. If the completed grant application package is not received at least 60 days prior to the event date, the grant request may be denied.

Required documents for submitting a Professional Medical Education Grant request.

- Detailed budget
- Proposal document: needs assessment, agenda, learning objectives, target audience, outcomes measurement plan, etc.
- Current W9 (signed and dated)

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Following are examples of submissions that will not be accepted for a Professional Medical Education Grant request

- Requests received less than 60 days prior to the activity start date
- Requests that are not within the identified therapeutic areas of interest
- Grants to individuals
- Personal travel
- Expenses related to HCP attendance (other than faculty members) at major meetings
- Website development or mass media production not associated with an accredited provider

- Entertainment
- Capital campaigns, building funds or operating expenses
- Professional career development (e.g. office/practice management skills, presentation skills, etc.)
- Events that do not have an educational focus
- Requests for programs that have already started or are in progress
- Service contracts
- Textbooks or equipment-related requests
- Promotional exhibit and display fees
- Recognition awards
- Charitable contributions
- Requests for meals only
- Travel costs for any non-faculty participants
- Clinical grants, including Investigator Initiated Trials (IITs). Additional information can be found here.
- Activities held in lavish venues/resort locations are strongly discouraged

List of Disease Areas

Novartis will receive and review professional medical education grant requests for the disease areas listed below. Please note that these areas are subject to change and funding availability may vary.

**Non-Oncology**

- Cardiovascular - ASCVD
- Cardiovascular - Hyperlipidemia
- Chronic Spontaneous Urticaria (CSU) / Chronic Inducible Urticaria (CindU)
- Complement-Mediated Kidney Diseases (C3G, aHUS, IC-MPGN)
- Hidradenitis Suppurativa
- IgA Nephropathy
- Multiple Sclerosis

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**Oncology**

- Breast Cancer
- Hemolytic Anemias - PNH/wAIHA
- Lymphoid Malignancies
- Myeloid Malignancies
- Neuroendocrine Tumors (NET)
- Non-Small Cell Lung Cancer (NSCLC)
- Platelet Disorders
- Prostate Cancer

Details for Non-Oncology Therapeutic Areas of Interest

**Cardiovascular - Hyperlipidemia and ASCVD**

- Screening, Diagnosis—Increase knowledge on the role of elevated Lipoprotein(a) as a risk enhancer of cardiovascular disease (CVD) and the importance of Lp(a) testing as part of a comprehensive CVD management strategy.  Increase awareness of guideline-directed LDL-C screening post an ASCVD-related event (coronary or peripheral).
- Pathophysiology—Increase knowledge of the pathophysiology of long-term exposure to elevated LDL-C

levels and its impact as a causal risk factor for atherosclerotic cardiovascular disease (ASCVD).
- Treatment—Increase knowledge of safety and efficacy of current and emerging lipid lowering treatments.
- Guidelines, Goals and Evidence-Based Medicine—Increase knowledge the need for patients to reach recommended evidence-based LDL-C goals and the importance of patient adherence to treatment.
- Care Approach—Increase knowledge of the implementation of individualized patient-centered treatment plans for ASCVD patients with persistently elevated LDL-C levels.

**Chronic Spontaneous Urticaria (CSU) / Chronic Inducible Urticaria (CindU)**

- CSU Pathogenesis – Increase knowledge on the role of complement pathway in the pathogenesis of CSU.
- Screening, Diagnosis, Escalation of Care – Identify prognostic biomarkers for diagnosis of CSU, escalation of care to specialty clinicians, and disease monitoring in diverse patient populations.
- Current and Emerging Treatment – Differentiate between the current and emerging treatments for CSU.
- Guidelines Goals, and Evidence-Based Medicine – Review the current US and International guidelines on CSU and apply evidence-based strategies to treat patients with CSU.
- Disease Burden and Quality of Life – Increase the knowledge of the impact of CSU on quality of life for patients.

**Complement-Mediated Kidney Diseases (C3G, aHUS, IC-MPGN)**

- Pathogenesis, Disease Progression and Classification—Understand dysregulation of the alternative complement pathway in CMKDs and its forms and classifications, including post-transplant recurrence.
- Screening, Diagnosis, Referral to Specialty Care—Develop strategies to screen patients and improve timely, accurate differential diagnosis in clinical practice, including classification of renal biopsy based on histological assessment.
- Current and Emerging Treatment—Describe the safety and efficacy of targeted therapies under investigation and construct personalized treatment plans for patients diagnosed with CMKD.
- Disease Burden and Quality of Life—Reduce disease burden and optimize outcomes and quality of life of patients with CMKD.

**IgA Nephropathy**

- Pathophysiology and disease progression—Assess the pathophysiology of the disease progression of IgAN and outline the multi-hit hypothesis.
- Prognostic factors and treatment goals—Design a treatment strategy based on the goal of reducing proteinuria in patients with IgAN to delay disease progression and improve prognosis.
- Role of complement/alternative pathway, endothelin pathway, and emerging therapeutic targets—Summarize novel mechanisms of action and the role of the complement, endothelin, and APRIL/BAFF in IgA nephropathy.
- Guidelines and evidence-based treatment sequencing—Apply recent efficacy and safety clinical trial data on new and emerging treatments for IgAN and clinical guidelines to guide individualized treatment plans for patients with IgAN.
- Patient centricity in disease management—Design patient-centric strategies to empower and help patients better understand IgAN and overcome barriers to disease management.

**Hidradenitis Suppurativa**

- HS Pathophysiology and Progression—Describe the pathophysiological mechanisms underlying the clinical manifestations, disease spectrum, and progression of HS
- Screening, Diagnosis, Treatment Goals—Identify the best practices in diagnosing HS and develop

personalized treatment goals, including sustained symptom relief and inflammation reduction
- Clinical Trial Data on Current and Emerging Treatment—Differentiate between the current and emerging biologic treatments with the most up to date, evidence-based efficacy and safety data for early treatment of patients with HS
- Disease Burden, Quality of Life and Comorbidities—Outline the impact of HS on quality of life for patients, common comorbidities, and economic burden of health care cost.

**Multiple Sclerosis**

- Understand current and emerging efficacy and safety data, unique MOA, and differentiation between BTK inhibitors for management of MS.
- Discuss the importance of high-efficacy Disease Modifying Therapies (DMTs) on MS disease progression.
- Understand the appropriate use of biomarkers to assess MS activity and treatment response.
- Review the mechanisms of action of current and emerging immunotherapies, their relevance to treatment decisions, and the relative risks and benefits of the options.
- Identify patients in underserved populations; determine appropriate treatment; assess available data on approved disease-modifying therapies for treatment.
- Understand the importance of Patient-reported Outcomes and outcomes that matter to patients [ex. impact on Activities Daily Living (ADL), cognitive impairment, fatigue] and recommend optimal screening, monitoring, and adherence to treatment strategies.
- Identify symptoms of disease progression that most impact QoL and provide strategies for management; and how Patient-reported Outcomes can be applied as viable markers in clinical trials (biomarkers for progression).
- Identify more reliable and representative clinical trial outcome measures for MS disease activity and progression.
- Increase awareness of MS treatment guidelines/best practices.
- Recognize the importance of the management of the silent symptoms of MS, including on the impact to mental health.

Details for Oncology Therapeutic Areas of Interest

**Breast Cancer**

- Advanced Breast Cancer (ABC):
  - Discuss OS as a gold-standard endpoint in Oncology
  - Recall the differences in trial populations and criteria for different CDK4/6 inhibitor trials
  - Compare current & emerging efficacy and safety data with CDK4/6 inhibitors
  - Discuss evolving treatment landscape, sequencing strategies, mechanisms of resistance & response to novel therapies
  - Recognize prognostic and predictive factors of new BC subset classifications, including intrinsic subtypes
- Early Breast Cancer (eBC):
  - Educate on the unmet needs in the treatment of eBC including risk of recurrence
  - Consider clinical vs. genomic risk evaluations in prognosis and treatment decisions
  - Discuss the appropriate selection of patients for treatment with CDK4/6 inhibitors
  - Educate on the importance of adherence and persistence in optimizing patient outcomes
- eBC and ABC:
  - Recognize evolving guidelines, levels of evidence and recommendation categories for BC therapies
  - Discuss the appropriate detection, monitoring & management of Adverse Events for BC therapies

- Discuss the role of liquid biopsy to detect Minimal Residual Disease
- Understanding sequencing in the eBC -> mBC setting following CDK4/6i use
- Consider the importance of patient QOL when making BC treatment decisions
- Address barriers to optimal BC care for diverse and minority populations
- Educate on the importance of adherence and persistence in optimizing patient outcomes

**Hemolytic Anemias**

- PNH:
  - Awareness on the unmet needs in PNH patients
  - Understand how current and emerging treatments differ with their efficacy and safety data
  - Understand the definitions and guidelines with lines of therapy use
  - Understand the importance of hemoglobin normalization in PNH patients, and its impact on fatigue and QoL
  - Explain the new pathways and unique MOAs of treatments
  - Understand the importance of patients adhering to treatment to ensure optimal PNH management
  - Educate on vaccination requirements and mitigation strategy for encapsulate bacteria
  - Recognizing the signs and symptoms of BTH for immediate intervention
- wAIHA:
  - Understand the unmet needs in the academic and community setting and the current and emerging treatment landscape in line of therapies
  - Explain the new pathways and unique MOAs of emerging treatments
  - Understand innovative treatment goals for the management of patients (i.e. sustained response off treatment (SROT), Treatment Free Remission (TFR)).
  - Understand long term management strategies to endure optimal patient outcomes and adherence
  - Understand the definitions and clear guidance on lines of therapy

**Lymphoid Malignancies**

- Educate the medical community on the efficacy, safety, and medical value of approved and investigational T-Cell therapies in the treatment of B-Cell malignancies, with a focus on FL and pALL
- Educate community HCPs on differentiation of T-Cell therapies and its place in therapy, appropriate patient selection/eligibility, and optimal management of patients undergoing CAR-T therapy
- Educate community HCPs on the value of CAR-T therapy and the importance of timely referral and broad access to treatment for patients in need
- Education on how to set up CAR-T therapy programs and options for outpatient infusion
- Educate about adverse event management strategies associated with T-Cell therapies to ensure optimal patient outcomes
- Educate payers on the overall value of T-Cell therapies, their place in therapy, and risk/benefit profile

**Myeloid Malignancies**

- Educate on the current and emerging treatment landscape in 1L and 2L settings, therapy selection and sequencing of treatments, and challenges, for patients with treatment intolerance and resistance
- Educate on the unique MOA of CML treatments
- Educate on the tolerability challenges with current and emerging treatments and Quality of Life in CML patients
- Educate on the clinical benefits of molecular monitoring/mutation testing, treatment milestones per NCCN guidelines and deep molecular response (DMR)/ Treatment free remission (TFR) for patients with CML
- Educate on how to manage adverse events, dose optimization and adherence to treatments to ensure

optimal patient outcomes

**Neuroendocrine Tumors (NETs)**

- Recognize the challenges with the accurate diagnosis and management of NETs/Gastroenteropancreatic neuroendocrine tumors (GEP-NETs)
- Educate on the relevance of precision medicine in the accurate diagnosis and management of NETs/GEP-NETs
- Understand the impact of NETs/GEP-NETs on patient quality of life (QOL)
- Understand evolving data regarding diagnosis and imaging modalities for NETs/GEP-NETs
- Recognize the importance of early intervention upon clinical or radiological progression of NETs/GEP-NETs
- Explain the importance of appropriate treatment sequencing and selection for NETs/GEP-NETs
- Discuss the current and emerging treatment landscape for NETs/GEP-NETs
- Consider the appropriate patient type and tumor origin/characteristics when determining individual treatment selections
- Consider the use of guidelines for the diagnosis and treatment of NETs/GEP-NETs
- Apply a multidisciplinary approach to the management of NETs/GEP-NETs

**Non-Small Cell Lung Cancer (NSCLC)**

- Educate on optimal testing methodologies (tissue and liquid biopsy) to identify actionable oncogenic drivers in metastatic NSCLC (including METex14 and KRAS G12C mutations)
- Consider the clinical importance of precision medicine through up-front diagnostic testing and targeted therapies in the first-line setting for NSCLC
- Appraise the importance of METex14 and KRAS G12C mutations as oncogenic drivers associated with poor prognosis in NSCLC
- Educate on adverse effect management for various targeted therapies
- Address care disparities and need for early identification of NSCLC in diverse populations

**Platelet Disorders**

- Understand the unmet needs in the academic and community setting and the current and emerging treatment landscape in line of therapies
- Understand innovative treatment goals for the management of patients (i.e. sustained response off treatment (SROT), Treatment Free Remission (TFR)).
- Explain the new pathways and unique MOAs of emerging treatments
- Understand long term management strategies to endure optimal patient outcomes and adherence
- Understand the definitions and clear guidance on lines of therapy

**Prostate Cancer**

- Discuss the role of prostate-specific membrane antigen (PSMA) as a diagnostic and prognostic Biomarker for Prostate Cancer
- Discuss the role of precision medicine for Prostate Cancer imaging and therapy and consider the integration of an oncology Precision Medicine medical model into care plans
- Discuss the utility and appropriate use of novel imaging modalities including interpretation of the imaging results for advanced Prostate Cancer
- Understand the mechanism of action (MOA) of radioligand therapy (RLT) for Prostate Cancer.
- Differentiate current and evolving PC treatments based on evidence based-medicine, guidelines, and emerging data

- Understand the safety and efficacy data of current and novel Prostate Cancer treatments based on evidence based-medicine, guidelines, and emerging data
- Explain the importance of appropriate treatment sequencing and selection for treatment of different Prostate Cancers based on emerging data
- Consider patient types that are most appropriate for current and emerging PC treatments based on emerging data
- Utilize a multi-disciplinary team and collaborative approach for the diagnosis and treatment of Prostate Cancer
- Consider the patient's perspective and quality of life when formulating a treatment plan for Prostate Cancer
- Recognize barriers to optimal care for diverse and minority populations due to lack of awareness of Prostate Cancer disease incidence, burden and diversity in clinical trials.
- Improve knowledge for sequencing advanced prostate cancer therapies
- Provide knowledge on how to establish Prostate Cancer radiopharmaceutical treatment centers.

Fellowships

Novartis considers funding for established fellowship programs with non-profit organizations including medical societies, academic institutions and organizations that align with the Novartis mission of addressing identified education gaps in particular therapeutic areas of interest currently listed online.

**Requirements for seeking fellowship funding**

Fellowships must have established both eligibility and selection criteria for fellows and an independent committee for fellowship selection. Fellows cannot have been selected at the time support is sought.
To seek funding support, the following documents must be submitted:

- Organizational W-9
- Budget
- Program objectives or specified research priorities
- Program agenda or timeline
- Needs assessment
- Letter of request and outcomes measurement/evaluation plan

The fellowship term may be for up to 1 year. Organizations can apply for the additional years if needed.
Novartis funding cannot go towards any overhead including admin expenses, insurance, lodging, etc.

**Funding requests that will not be supported**

- Requests received less than 60 days prior to the activity start date
- Requests that are not within the identified therapeutic areas of interest
- Requests for textbooks or equipment-related requests only
- Recognition awards
- Requests for meals only
- Requests for travel or conference registration fees only

Requests for Proposals (RFPs)

- Request for Proposal (RFP)-IgA Nephropathy
- Request for Proposal (RFP) - Hyperlipidemia & ASCVD

Submission Portal

Submit your education grant request

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