

# Request for Proposal (RFP) - Hyperlipidemia & ASCVD

## Novartis Office of Grants & Education

### Request for Proposal (RFP) - Professional Medical Education

The Novartis Office of Grants & Education (NOGE) supports independent high-quality medical educational programs which provide fair-balanced, evidence-based, current scientific information to healthcare professionals in order to improve patient care. Activities should have an educational focus, be independent of commercial bias and be non-promotional in nature. NOGE will perform these duties in compliance with laws, regulations and guidelines as established by the ACCME, PhRMA Code, OIG, other regulatory agencies and in compliance with Novartis guidelines and policies.

#### Therapeutic Area

Hyperlipidemia & ASCVD

#### Key Dates

RFP Issued: June 1, 2024

**Applications Due to Novartis: September 2, 2024 by 5 PM EST**

Notification of Grant Decisions: End of September 2024

Educational Programming Starts: Q4 2024 – Q1 2025

#### Educational Need

Cardiovascular disease (CVD) is the number one cause of death globally: more people die annually from CVDs than from any other cause<sup>1</sup>

- Globally, there was an estimated 19 million deaths in 2020 that could be attributed to CVD.<sup>2</sup>
- According to the World Health Organization, the key to decreasing the global burden of CVD is access to CVD management interventions. One joint target of the WHO Member States from 2013 states: “At least 50% of eligible people should receive drug therapy and counselling (including glycemic control) to prevent heart attacks and strokes by 2025.”<sup>1</sup>
- CVD remains the leading cause of death in the United States<sup>3</sup>
  - In the US, the self-reported prevalence of CVD was 5.5% in adults aged 18 and older in 2018.<sup>4</sup>
  - The American Heart Association estimates that medical costs and productivity losses related to CVD will reach \$1.1 trillion annually in 2035.<sup>5</sup>
  - The lifetime risk of developing dyslipidemia is substantial: an estimated 50% risk for developing high LDL levels according to the Framingham Offspring Study.<sup>6</sup>
- Subsequent development of atherosclerotic cardiovascular disease remains the greatest concern.
  - The pathogenesis of ASCVD is complex involving LDL retention, plaque formation, and downstream clinical events.

To diminish the lifetime risk of CVD, the focus must include decreasing atherosclerosis and preventing

## cardiovascular events

- The importance of strategies to reduce a patient's risk of future cardiovascular disease progression, both primary and secondary prevention, is vital.<sup>8</sup>
- LDL-C lowering therapy remains a target for decreasing cardiovascular risk in the 2018 Cholesterol Clinical Practice Guideline and the 2019 CVD Primary Prevention Clinical Practice Guidelines.<sup>2</sup>
- Atherosclerosis develops slowly including from early adulthood before presenting clinically later in life. This links to the emphasis on maintaining optimal LDL-C levels to control the progression of atherosclerosis.<sup>9</sup>
- The 2024 Focused Update to the 2019 National Lipid Association (NLA) Scientific Statement on use of lipoprotein(a) in clinical practice recommends measuring Lp(a) levels at least once in every adult for cardiovascular risk stratification.<sup>10</sup>

## Project Description

NOGE has identified the need for innovative continuing medical education programs that strive to optimize patient outcomes through education on:

- 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 of 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.

NOGE is seeking to support innovative and engaging programs including, but not limited to, the following:

- Curriculum-based education including both live and web-based innovative formats
- Relevant national satellite symposia
- Case-based learning opportunities
- Moore's Levels 4 and 5 understanding

Note: Program placement is independent of Novartis. Program placement should reflect appropriate reach efforts.

## Geographic Scope

Primary geography of interest: United States (National, Regional, and/or Local)

Note: Applications for this RFP must be US-focused for the audience, expert faculty, educational needs, and standards of care. Proposals that include collaborations with third parties, including (but not limited to) community-based hospitals, medical societies, health education companies/centers, not-for-profit organizations, and academic institutions, are encouraged, as appropriate.

## Target Audience

Healthcare providers who are involved in the care of patients with hyperlipidemia: Cardiologists, Vascular Medicine/Surgery, Lipid Specialists, PCPs / Internists / Family Medicine, NP/PAs, RNs, Endocrinologists, Geriatricians, Diabetologists, Pharmacists, Managed Care Clinicians

Educational providers should include target number of participants. Further, please include details on proposed audience recruitment.

Please note: Novartis will not participate in the distribution of invitations to the CME/CE event.

#### Available Funding

Multiple single-support or multi-support initiatives may be funded; up to USD 750 000 total support is available for 2024.

#### Submission Requirements

If working with an Accredited Provider and/or Educational Partner, they should be listed in the Novartis grant application. Grant requests must be submitted by the Office of CME (if from an Academic Institution/Hospital) via the Novartis Grants Central Station website: [www.ngcs.novartis.com](http://www.ngcs.novartis.com) by **5 PM EST on September 2, 2024 to be considered**.

The grant application should include "RFP Response" within the Program Title [example: "RFP Response: Program Title"].

Proposals that include collaborations with third parties, including (but not limited to) community-based hospitals, medical societies, health education companies/centers, not-for-profit organizations, and academic institutions, are encouraged, as appropriate.

For grant request submission information, FAQs, and eligibility criteria, please visit: [Novartis external funding](#).

If you have any questions regarding this RFP, you should only contact NOGE at [grants.office@novartis.com](mailto:grants.office@novartis.com).

[Please title the subject of your email: "RFP Hyperlipidemia"].

#### References

1. World Health Organization. Cardiovascular Diseases (CVDs). [https://www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases-\(cvds\)](https://www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases-(cvds)). Accessed November 23, 2022.
2. Tsao, Connie W., et al. "Heart disease and stroke statistics—2022 update: A report from the American Heart Association." *Circulation* 145.8 (2022): e153-e639.
3. Centers for Disease Control and Prevention. Leading Causes of Death. <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>. Accessed November 23, 2022.
4. Centers for Disease Control and Prevention. Heart Disease Prevalence. <https://www.cdc.gov/nchs/has/topics/heart-disease-prevalence.htm>. Accessed November 23, 2022.
5. Dunbar, Sandra B., et al. "Projected costs of informal caregiving for cardiovascular disease: 2015 to 2035: A policy statement from the American Heart Association." *Circulation* 137.19 (2018): e558-e577.
6. Cobain, Mark R., et al. "Lifetime risk for developing dyslipidemia: the Framingham Offspring Study." *The American Journal of Medicine* 120.7 (2007): 623-630.
7. Boren, Jan, et al. "Low-density lipoproteins cause atherosclerotic cardiovascular disease: Pathophysiological, genetic, and therapeutic insights: A consensus statement from the European Atherosclerosis Society Consensus Panel." *European Heart Journal* 41.24 (2020): 2313-2330.
8. Grundy SM, Stone NJ, Bailey AL, et al. 2018

AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation*. 2019;139(25):e1082-e1143.

9. Ference B, Graham I, Tokgozoglul L, et al. Impact of Lipids on Cardiovascular Health. *J Am Coll Cardiol*. 2018 Sep, 72 (10) 1141–1156.
10. Koschinsky, Marlys L., et al. "A focused update to the 2019 NLA scientific statement on use of lipoprotein (a) in clinical practice." *Journal of Clinical Lipidology* (2024).

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