

## Quality Improvement Initiative in Immuno-Oncology (QI3)

### Applicant Guide

Immunotherapy is a relatively new class of anti-cancer therapy that has revolutionized the oncology field.

In 2011, <5% of metastatic cancer patients were treated with immuno-oncology (I-O) agents, notably immune checkpoint inhibitors (ICIs).<sup>1</sup> In 2018, the estimated percentage of patients with cancer eligible for ICIs increased to 44% (US estimates), and will likely continue to rise since ICIs are increasingly studied in earlier stage disease.<sup>1</sup>

Activation of the immune system by ICIs has resulted in remarkable clinical efficacy in some patients and has prompted changes to patient care, particularly to address ICI's unique efficacy and safety profile.<sup>2</sup> System-wide changes are further needed to optimize patient management while on therapy but also beyond, into the survivorship phase. Some improvements to health care systems may include establishing new care pathways with sub-specialists to manage immune-mediated adverse reactions, updating patient education materials, or modifying survival plans in consideration of the durable responses observed in some patients treated with ICIs.

The **BMS Quality Improvement Initiative in Immuno-oncology (QI3)** aims to support hospitals and health care providers adapt to the increasing use of I-O agents by making **center-specific changes** to improve the care of patients on ICIs.

<p><b>Objective</b></p>	<p>The purpose of the BMS Quality Improvement Initiative in Immuno-oncology (QI3) is to support hospitals and health care providers in adapting to the increasing use of I-O agents through the support of <b>quality improvement (QI) projects</b>. The Initiative specifically supports projects with a focus on the operational aspect of quality improvement that have the potential to <u>directly impact the quality of cancer care for patients receiving ICIs</u>.</p> <p>The QI projects should be sustainable and could have broader impact across hospital centers or the healthcare community.</p>
<p><b>Important dates</b></p>	<ul style="list-style-type: none"> <li>• Request for Proposal (RFP) launch: <b>June-2021</b></li> <li>• Application deadline: <b>30-Sep-2021</b></li> <li>• Anticipated notice of decision: <b>30-Oct-2021</b></li> <li>• Funding will be distributed following a fully executed agreement signed by <b>01-Dec-2021</b></li> <li>• Anticipated project start date: <b>Jan-2022</b></li> </ul>

<sup>1</sup> Haslam A and Prasad V. Estimation of the Percentage of US Patients With Cancer Who Are Eligible for and Respond to Checkpoint Inhibitor Immunotherapy Drugs. JAMA Network Open 2019;2(5):e192535.

<sup>2</sup> Robert C. A decade of immune-checkpoint inhibitors in cancer therapy. Nature Communications 2020;11:3801.

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<p><b>Eligibility</b></p>	<p>The BMS QI3 is open to all health care organizations. Healthcare professionals employed by or holding a position in a hospital, and actively involved in the delivery of health care to cancer patients treated with ICIs are eligible to apply on behalf of their Institutions.</p> <p>The list of eligible professionals includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Physicians</li> <li>• Nurses and all nursing-affiliated personnel</li> <li>• Allied health professionals (ex. pharmacists, physiotherapist, nutritionist, etc)</li> <li>• Other hospital-based professionals that participate in or who have an interest in improving the delivery of care to cancer patients treated with ICIs</li> </ul> <p>A QI3 proposal shall be a new quality improvement project or a new aspect of an existing project.</p> <ul style="list-style-type: none"> <li>• Funds will not be awarded for projects currently funded by BMS or via other funding sources (ex. other pharma, private foundations, hospital quality initiatives, etc).</li> <li>• Applicants may have received funding from other sources to increase the budget available to their project, as long as the applicant <u>agrees to the conditions of funding</u> and the QI3 funds are used to support <u>a new aspect of the larger project</u>.</li> </ul> <p>Research proposals will not be eligible for funding.</p>
<p><b>Funds available</b></p>	<p>Individual projects requesting up to \$50,000 will be considered. The number of projects funded will depend on the number, quality and budget requested for the applications received.</p>
<p><b>How to submit</b></p>	<p>Applicants should download and complete the QI3 Application Form available and return the completed form to <a href="mailto:QI3@bms.com">QI3@bms.com</a> by September 30th, 2021.</p> <p>Applications received after the deadline will not be reviewed.</p>
<p><b>Conditions of funding</b></p>	<ul style="list-style-type: none"> <li>• Funds for winning projects will be provided to the <b>Applicants' Institution</b> (not-for-profit institutions only). The Institution will be required to enter into a standard written agreement with BMS.</li> <li>• An initial payment will be provided at the time of contract execution, followed by one or more interim payments triggered by achievement of progress milestones (if applicable), and a final payment upon receipt of the project report.</li> <li>• BMS reserves the right to use some sections of the project summary provided in the application (Project Title, Applicant Name and Organization, Unmet medical need, Proposed Intervention) for visibility purposes (ex. public post on the BMS website).</li> <li>• Upon completion of the project, all applicants of winning projects are required to complete a short final project report to BMS. This final report may be used by BMS for visibility purposes (ex. public post on the BMS website) to help the broader healthcare community through knowledge transfer and dissemination.</li> <li>• All presented material (oral presentations, posters, publications) must acknowledge BMS as a source of funding.</li> </ul>

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<p><b>Use of funds</b></p>	<ul style="list-style-type: none"> <li>• QI3 funding must be used exclusively for the achievement of the approved QI3 project.</li> <li>• Applicants of winning projects <u>may not use the funding</u> to: (i) pay travel, lodging, registration fees, or personal expenses; (ii) supplement or replace missing hospital operational resources or human resources; (iii) supplement or replace institutional /clinical operating budgets or (iv) purchase capital equipment such as computers, iPhones, tablets, appliances, machinery, camera equipment, sensors, etc (v) support research projects (clinical research or basic science projects).</li> <li>• Institutional overhead costs should be included in the total budget.</li> </ul>														
<p><b>Review process</b></p>	<p>Submissions will be independently evaluated and scored by members of a BMS Review Committee based on the criteria listed below. This will be followed by a group review discussion if needed.</p> <p>All applicants will receive a summary of the panel’s scoring and comments. A notice of decision is anticipated to be sent by email by October 30<sup>th</sup>, 2021.</p> <p>Please note that research proposals will not be scored. Only Quality Improvement projects will be retained and evaluated.</p> <table border="1" data-bbox="402 976 1445 1890"> <thead> <tr> <th>CRITERIA</th> <th>SCORE</th> </tr> </thead> <tbody> <tr> <td> <b>RELEVANCE</b> <ul style="list-style-type: none"> <li>• The project addresses an unmet medical need</li> <li>• The project directly impacts cancer patients receiving ICIs</li> <li>• The project does not duplicate other projects/materials already developed or available</li> <li>• The project targets rapid cancer care quality improvement</li> </ul> </td> <td>/25</td> </tr> <tr> <td> <b>FEASIBILITY</b> <ul style="list-style-type: none"> <li>• The project is realistic within the proposed health care environment, with realistic timelines</li> <li>• The team has the necessary expertise for the success of the project</li> <li>• Identified risks can be mitigated</li> <li>• The proposed budget is realistic in order to meet the successful completion of the project</li> <li>• The project has received support from relevant Departmental Leadership</li> </ul> </td> <td>/25</td> </tr> <tr> <td> <b>EVALUATION OF IMPACT</b> <ul style="list-style-type: none"> <li>• There is a plan for evaluating the impact of the project</li> </ul> </td> <td>/10</td> </tr> <tr> <td> <b>SUSTAINABILITY</b> <ul style="list-style-type: none"> <li>• The sustainability plan is realistic within the healthcare context</li> <li>• There is a plan to financially sustain this solution in the short and long-term (if applicable)</li> <li>• Consideration has been given to other domains of sustainability beyond financial (ex. people, health policy, socioeconomic/culture, environmental)</li> </ul> </td> <td>/20</td> </tr> <tr> <td> <b>TRANSFERABILITY</b> <ul style="list-style-type: none"> <li>• The experience gained, or knowledge obtained from the deployment of this project has the potential for spread initiative to other disease sites, healthcare teams, or hospitals</li> <li>• There is a plan for knowledge transfer</li> </ul> </td> <td>/20</td> </tr> <tr> <td><b>TOTAL SCORE</b></td> <td><b>/100</b></td> </tr> </tbody> </table>	CRITERIA	SCORE	<b>RELEVANCE</b> <ul style="list-style-type: none"> <li>• The project addresses an unmet medical need</li> <li>• The project directly impacts cancer patients receiving ICIs</li> <li>• The project does not duplicate other projects/materials already developed or available</li> <li>• The project targets rapid cancer care quality improvement</li> </ul>	/25	<b>FEASIBILITY</b> <ul style="list-style-type: none"> <li>• The project is realistic within the proposed health care environment, with realistic timelines</li> <li>• The team has the necessary expertise for the success of the project</li> <li>• Identified risks can be mitigated</li> <li>• The proposed budget is realistic in order to meet the successful completion of the project</li> <li>• The project has received support from relevant Departmental Leadership</li> </ul>	/25	<b>EVALUATION OF IMPACT</b> <ul style="list-style-type: none"> <li>• There is a plan for evaluating the impact of the project</li> </ul>	/10	<b>SUSTAINABILITY</b> <ul style="list-style-type: none"> <li>• The sustainability plan is realistic within the healthcare context</li> <li>• There is a plan to financially sustain this solution in the short and long-term (if applicable)</li> <li>• Consideration has been given to other domains of sustainability beyond financial (ex. people, health policy, socioeconomic/culture, environmental)</li> </ul>	/20	<b>TRANSFERABILITY</b> <ul style="list-style-type: none"> <li>• The experience gained, or knowledge obtained from the deployment of this project has the potential for spread initiative to other disease sites, healthcare teams, or hospitals</li> <li>• There is a plan for knowledge transfer</li> </ul>	/20	<b>TOTAL SCORE</b>	<b>/100</b>
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<b>Contact</b>	For additional inquiries, please contact:  Caroline Rousseau, PhD Scientific Advisor, Immuno-Oncology <a href="mailto:QI3@BMS.com">QI3@BMS.com</a>
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