Bristol Myers Squibb
Independent Medical Education
Request for Educational Support (RFE)

Date	September 21, 2021
RFE Requestor Information	Name: Rachel Every E-mail: rachel.every@bms.com
RFE Code	RFE-21-ONC-104
Therapeutic Area	Immuno-Oncology (I-O) - Multiple Tumors
Area of Interest	Health Equity and Disparities in Immunotherapy Cancer Care
Educational Design	Bristol Myers Squibb is interested in supporting a comprehensive, innovative, and interactive initiative(s). • Live (or live virtual) community/regional meeting series • Web-based enduring activity leveraging the content from the live meetings • Educational resource tools to assist HCPs in supporting low literacy, diverse, and underserved patients Knowledge, confidence, and competence-based *objective* outcomes measured up to Moore's Level 4 are required; **Performance-based Level 5 outcomes are highly preferred.**
Intended Audience (may include, but not limited to)	Emergency medicine physicians, primary care physicians, oncologists, oncology allied healthcare professionals, social workers, case managers, nurse navigators, and other relevant healthcare interested in immuno-oncology, cancer treatment, access to care, and health disparities.
Budget/Budget Range	The anticipated program is expected to be achieved with a BMS budget of no more than $200,000 Single and multi-supported initiatives will be considered.
Accreditation	ACCME and others as appropriate to the audience(s)
Geographic Coverage	United States
Deadline for Submission (Date and Time)	November 5th, 2021 by 5pm EST

Background:

Over the last decade, advances in cancer prevention, early detection, and treatment have led to reduced overall cancer mortality in the United States. However, this improvement in mortality remains inequitably distributed when examined across demographic subgroups demonstrating the need to eliminate barriers to achieve health equity. Variations in cancer outcomes are associated with factors such as race/ethnicity, sexual orientation and gender identity, age, geography (ex. rural *v* urban), socioeconomic status (SES), and health literacy, among many others.[1] High-quality cancer care across the care continuum, from prevention, early detection, diagnosis, and treatment to survivorship and end-of-life care, can reduce and in some cases eliminate cancer disparities.[2] According to the CDC, health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances."

Significant barriers to cancer health equity remain such as discrepancies in the quality and delivery of cancer care, especially if novel and more efficacious treatments emerge but remain inequitably delivered.[1,2] Despite the advances in cancer treatments, minorities are less likely to receive the standard of care based on their cancer type and stage.[3] One investigation reported that fewer than 50% of California residents with cancer received National Comprehensive Care Network (NCCN) guideline-directed care, and this result was influenced by race and socioeconomic status (SES).[4] In another study, Blacks, Hispanics, and people of low SES with cancer were significantly less likely to receive NCCN guideline adherent care across multiple malignancies that have a high prevalence and mortality rate in these groups.[5] This represents a health inequity that needs to be addressed, as guideline-adherent care has been shown to improve survival in many types of cancer.[6]

Racial differences in presentation and symptomatology have been identified for some cancers, yet most clinical trial populations have low representation of minority groups.[7] The development of immune-related adverse events (irAEs) and its association to improved survival with treatment of immune checkpoint inhibitors (ICIs) has become evident in emerging data. While studies report an association between irAEs and therapeutic efficacy in ICI monotherapy regardless of race, there is contrasting data on whether the incidence of irAEs may differ based on race, demonstrating that further investigations are warranted on cohorts including other ethnicities. Ethnic minorities may experience inequity in healthcare as related to safety and be at higher risk of patient safety events such as adverse drug events. Identification of patients at increased risk of irAEs is needed as early recognition is key to limit treatment interruptions, maintain quality of life, and avoid or minimize the risk of rare fatal outcomes.[12]

The causes of cancer-related disparities are complex and overlap with the lack of health and social equity. Given the nature and complexity of these disparities, interventions are needed to reduce the incidence of cancer-related illnesses by improving access to primary prevention screenings, clinical trials, and resources for care. Clinical and interventional research is needed to define existing gaps in care between providers and patients, including differences in behavioral, environmental, genetics, and socioeconomic factors.[13-15] Education on current best practices to eliminate disparities in healthcare is needed for healthcare employees, especially providers and allied healthcare professionals, to address patient barriers to care. Community forums from thought leaders and expanding the community

reach through enduring activities will help in informing clinicians on key information and strategies to eliminate cancer health disparities for patients.

Educational Needs:

Medically accurate, fair-balanced learning programs are required to maximize transparency and minimize stakeholder bias in the provision of medical education. Applying evidence-based scientific knowledge significantly contributes to professional competencies of HCPs and improves patient outcomes.

The following educational needs should be addressed through this educational program:

- Identify health disparities and the need for patient support to achieve equitable care in the cancer care continuum
- Discuss expert recommendations on quality improvement checks that clinicians can implement in their health systems to recognize and eliminate cancer health disparities based on specific drivers of inequity (racial, socioeconomic, geographic, etc)
- Describe how to recognize and tailor management of irAEs in patient groups affected by inequalities and poor healthcare access
- Implement strategies to mitigate health disparities in all patients receiving I-O and experiencing irAEs

References:

1. Patel, Manali I et al. "Cancer Disparities and Health Equity: A Policy Statement From the American Society of Clinical Oncology." *Journal of clinical oncology : official journal of the American Society of Clinical Oncology* vol. 38,29 (2020): 3439-3448. doi:10.1200/JCO.20.00642
2. Freedman RA, He Y, Winer EP, et al: Trends in racial and age disparities in definitive local therapy of early-stage breast cancer. J Clin Oncol J Clin Oncol 27:713-719, 2009
3. Sengupta, Rajarshi, and Karen Honey. "*AACR Cancer Disparities Progress Report 2020*: Achieving the Bold Vision of Health Equity for Racial and Ethnic Minorities and Other Underserved Populations." *Cancer epidemiology, biomarkers & prevention : a publication of the American Association for Cancer Research, cosponsored by the American Society of Preventive Oncology* vol. 29,10 (2020): 1843. doi:10.1158/1055-9965.EPI-20-0269
4. Clair K, Chang J, Ziogas A, et al. Disparities by race, socioeconomic status, and insurance type in the receipt of NCCN guideline concordant care for selected cancer types in California. Presented at: ASCO20 Virtual Scientific Program. *J Clin Oncol*. 2020;38(Suppl):Abstract 7031.
5. Singh GK, Jemal A. Socioeconomic and Racial/Ethnic Disparities in Cancer Mortality, Incidence, and Survival in the United States, 1950-2014: Over Six Decades of Changing Patterns and Widening Inequalities. *J Environ Public Health.* 2017;2017:2819372.
6. Clair K, Chang J, Ziogas A, et al. Disparities by race, socioeconomic status, and insurance type in the receipt of NCCN guideline concordant care for selected cancer types in California. Presented at: ASCO20 Virtual Scientific Program. *J Clin Oncol*. 2020;38(Suppl):Abstract 7031.
7. Hu, Xin et al. "Characterization of Clinical Symptoms by Race Among Women With Early-Stage, Hormone Receptor-Positive Breast Cancer Before Starting Chemotherapy." *JAMA network open* vol. 4,6 e2112076. 1 Jun. 2021, doi:10.1001/jamanetworkopen.2021.12076

8. Pervali M, Gomes-Lima C, Tefera E, et al. Racial disparities in immune-related adverse events (irAE) of immune checkpoint inhibitors (ICPi) and association with survival based on clinical and biochemical responses. *J Clin Oncol*. 2020: 38 (suppl; abstr 7025). doi:10.1200/JCO.2020.38.15_suppl.7025
9. Bhandari S, Kumar R, Nice L, et al. Racial differences in development of immune-related adverse events. *Journal of Clinical Oncol. 2020* 38:15_suppl, e15148-e15148
10. Morimoto, Kenji et al. "Immune-Related Adverse Events Are Associated With Clinical Benefit in Patients With Non-Small-Cell Lung Cancer Treated With Immunotherapy Plus Chemotherapy: A Retrospective Study." *Frontiers in oncology* vol. 11 630136. 23 Mar. 2021, doi:10.3389/fonc.2021.630136
11. Chauhan, Ashfaq et al. "The safety of health care for ethnic minority patients: a systematic review." *International journal for equity in health* vol. 19,1 118. 8 Jul. 2020, doi:10.1186/s12939-020-01223-2
12. Brahmer JR, Lacchetti C, Schneider BJ, et al. Management of Immune-Related Adverse Events in Patients Treated with Immune Checkpoint Inhibitor Therapy: American Society of Clinical Oncology Clinical Practice Guideline. J Clin Oncol. 2018;36(17):1714-1768.
13. Krieger N. Defining and investigating social disparities in cancer: critical issues. *Cancer Causes & Control*. 2005;16(1):5-14. doi:10.1007/s10552-004-1251-5
14. Quiñones AR, Talavera GA, Castañeda SF, Saha S. Interventions that Reach into Communities—Promising Directions for Reducing Racial and Ethnic Disparities in Healthcare. *Journal of Racial and Ethnic Health Disparities*. 2014;2(3):336-340. doi:10.1007/s40615-014-0078-3
15. Williams DR, Costa MV, Odunlami AO, Mohammed SA. Moving Upstream: How Interventions that Address the Social Determinants of Health can Improve Health and Reduce Disparities. *Journal of Public Health Management and Practice*. 2008;14(Supplement). doi:10.1097/01.phh.0000338382.36695.42

Specific Area of Interest:

BMS is interested in funding an innovative, interactive, educational activity that addresses the above educational needs and professional practice gaps.

The content and/or the format of the CME/CE activity and its related materials must be current and designed in such a way that it addresses the educational needs of the intended audiences as described in this RFE.

Grant Proposals should include, but not be limited to, the following information:

- **Executive Summary: The Executive Summary should consist of 1-2 pages and highlight the key areas as described below.**

- **Needs Assessment/Gaps/Barriers:** Needs assessment should be referenced and demonstrate an understanding of the specific gaps and barriers of the target audiences. The needs assessment must be independently developed and validated by the educational provider.

- **Target Audience and Audience Generation:** Target audience for educational program must be identified within the proposal. In addition, please describe methods for reaching target audience(s) and any unique recruitment methods that will be utilized. The anticipated or estimated participant reach should also be included, with a breakdown for each modality included in the proposal, as applicable (e.g., number of participants for the live activity, the live webcast, and enduring activity).

- **Learning Objectives:** The learning objectives must be written in terms of what the learner will achieve as a result of attending. The objectives must be clearly defined, measurable, and attainable and address the identified gaps and barriers.

- **Program Evaluation and Outcomes Reporting:** Description of the approach to evaluate the quality of the educational program. Describe methods used for determining the impact of the educational program on closing identified healthcare gaps.

    - Please refer to "Guidance for Outcomes Report" (on the BMS grants website) for a detailed explanation of preferred outcomes reporting methods and timelines.
    - Remember that knowledge, performance and competency-based outcome measures according to Moore's Level 4 is required. Level 5 outcomes are highly favored and recommended when possible.

- **Educational Design and Methods:** Describe the approach used to address knowledge, competence, and performance gaps that underlie identified healthcare gaps. The proposal should include strategies that ensure reinforcement of learning through use of multiple educational interventions and include practice resources and tools, as applicable.

- **Communication and Publication Plan:** Provide a description of how the provider will communicate the progress and outcomes of the educational program to the supporter. It is highly recommended to describe how the results of the activity will be presented, published, or disseminated.

- **Innovation:** Describe how this project is innovative and engages the learners to improve knowledge, competence and/or performance. Further describe how this project might build on existing work, pilot projects or ongoing projects developed either by your institution or other institutions related to this topic.

- **Budget:** Detailed budget with rationale of expenses, including breakdown of costs, content cost per activity, out-of-pocket cost per activity, and management cost per activity.

Note: The accredited provider and, if applicable, the medical education partner or other third party executing the activities, are expected to comply with current ethical codes and regulations. They must have a conflict-of-interest policy in place to identify and resolve all conflicts of interest from all contributors and staff involved in developing the content of the activity prior to delivery of the program, and must have a separate company

providing/accrediting independent medical education if they are also performing promotional activities.

If your organization wishes to submit an educational grant request, please use the online application available on the Bristol Myers Squibb Independent Medical Education website.
http://www.bms.com/responsibility/grantsandgiving