

Bristol Myers Squibb – Request for Proposal - RFP-22-HCM-100

Hypertrophic cardiomyopathy (HCM) resources and education for healthcare providers to provide to patients and their caregivers

DATE:	May 2022
FROM:	Erin Jensen, Director of Corporate Giving, Bristol-Myers Squibb
RFP Topic	Bristol Myers Squibb Request for Proposals: Hypertrophic cardiomyopathy (HCM) resources and education for healthcare providers to provide to patients and their caregivers & family members
DUE DATE:	Response due on or before June 23, 2022; 5:00 PM ET
Intended Audience	Cardiologists, Interventional Cardiologists, Electrophysiologists, and Cardiac Surgeons as well as nurses and pharmacists. Tools & resources developed for their patients/patient caregivers & family members
Geographic Region and Therapeutic Area	U.S.-based audience & US- registered not for profit organizations; Proposals must focus on Cardiovascular- HCM
Length Proposed Project	12 to 24 months

Statement of Unmet Need/ Rationale for RFP

A significant unmet need exists for HCPs to educate patients and their family members and caregivers about HCM. Educational gaps may include areas such as symptoms and diagnosis, disease information, and disease management to improve patients’ quality of life. Addressing these areas of unmet need could potentially help to improve outcomes for those who are impacted by HCM; and to reduce cases of misdiagnosis, and decreased morbidity and co-morbidities associated with HCM.

Hypertrophic Cardiomyopathy (HCM) is a disorder of the cardiac muscle that is conservatively estimated to affect as many as 20 million people worldwide. In the United States, the incidence is projected to be around 750,000 Americans, with an overwhelming majority of undiagnosed (approximately 600,000 patients). HCM is associated with serious adverse complications such as heart failure, arrhythmias, and stroke.³ Additionally, the mortality rate in patients with HCM has been shown to be approximately 3 times higher than the US general population at similar ages. While not common, the most feared complication is sudden cardiac death (SCD), which is estimated to affect approximately 0.5-1% of people diagnosed with HCM.

HCM is a chronic, progressive disease of the cardiomyocyte that is characterized by unexplained left ventricle wall thickening. Cardiac myocyte abnormality in HCM is largely driven by sarcomeric dysfunction which leads to excessive myosin-actin cross-bridging. HCM can be a genetic disease with the most common mutation occurring in the sarcomere proteins.

HCM has two main presentations of the disease: obstructive HCM and nonobstructive HCM. Current estimates are as high as up to 70% for obstructive

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HCM and up to 30% for nonobstructive HCM, but estimates can vary. In patients with obstructive HCM, septal wall hypertrophy leads to left ventricular outflow tract obstruction (LVOTO) and can be accompanied by systolic anterior motion (SAM). SAM of the mitral valve leaflets can also contribute to LVOTO. In nonobstructive HCM, hypertrophy of the cardiac muscle occurs without blood flow restriction due to obstruction.

Recognition of HCM is challenging due to the heterogeneity of the disease and the commonality of the symptoms with relation to other cardiovascular diseases as well as non-cardiovascular diseases such as asthma or anxiety. Most common symptoms of HCM include dyspnea (especially on exertion), fatigue, chest pain, palpitations, lightheadedness/dizziness, and syncope. Current guidelines recommend that diagnosis of HCM include a clinical evaluation with symptomatology and family history, physical examination, EKG, and established with cardiac imaging. Genetic screening of family members can also help with the identification of people at risk of HCM. Many patients go undiagnosed for years and are not aware that their symptoms could be related to HCM. It is important for both clinicians and patients, and patients’ family members and caregivers to recognize symptoms of HCM. Unmet need among patients: 1) Co-morbidities that come with HCM—so lifestyle management, 2) Heredity component—so getting to patient’s relatives, or asking patient family history of HCM to help inform diagnosis, 3) Disease information, and network to connect with other patients/caregivers effected by HCM.

Preference will be given to those proposals that address ALL of the following:

1	Overview of requesting organization	Please provide information about the organization that is requesting support, including its mission, confirmation of its status as a non-profit entity, a list of key officers and staff who will direct the program; and descriptions of other participating organizations and partners.
2	Goals and Implementation Plan	Provide a clear description of the program goals, implementation plan, target audience, and a timeline with details for each of the proposed activities.
4	Budget	In addition to providing the organization’s most recent year’s Tax Form 990, please provide a detailed budget for each of the proposed activities. Please include justification for the requested amount and follow all of the guidelines in the online submission process, point out areas where you have identified opportunities for cost savings; and provide as much detail as possible on the intended expenditures. Multiple awards anticipated with the average estimated funding per award at \$200,000 USD.

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<p>5</p>	<p>Tactics</p>	<p>Specify how the program will identify and develop potential solutions for each stakeholder (patient, physicians/healthcare providers, caregivers, office staff, advocacy, medical societies) including the strategies listed below:</p> <ol style="list-style-type: none"> 1. Describe how you will <ol style="list-style-type: none"> a. create patient materials to help patients as well as their caregivers understand HCM including imaging results (ECHO) b. Create and provide resources, education and tools about HCM for HCPs to provide to their patients and caregivers. <p>Please indicate whether or not you have executed similar types of activities before; if yes, please include a description (a link to the program, if available/applicable), and describe the program results. Comment on the lessons you learned from that program and how they influenced the creation of the new proposed program.</p>
<p>6</p>	<p>Audience, Reach and Impact</p>	<p>With regard to the proposed program’s intended audience, please specify the number of people that you plan to reach. Explain how the program plans to address the unmet need for patients and their caregivers & family members.</p> <p>The following may apply: Federally registered not for profit (501c3) organizations, including Medical and professional societies based in the US.</p>
<p>7</p>	<p>Collaboration</p>	<p>Proposals that include partnerships with other organizations are preferred. Describe how your organization will collaborate with other organizations, such as patient advocate groups, to address stated areas of unmet need and reach the intended audience. Please provide the names of the organizations that you intend to collaborate with for the proposed activity(s), and explain how you will work with them.</p>
<p>8</p>	<p>Evaluation</p>	<p>Specify how you will define and measure success for each of the proposed activities; indicate how the program will be measured and evaluated, and how the results will be reported. Please be specific about what and how outcomes will be shared.</p>
<p>9</p>	<p>Reporting</p>	<p>Please specify the descriptive and evaluative reporting of program results that you will provide. Reports are required every 6 months and a final report is due at the conclusion of the funded activities.</p>
<p>10</p>	<p>Sustainability & Replicability</p>	<p>Describe specific plans to broadly disseminate the proposed program’s results and ensure sustainability beyond BMS’ funding period. How might the program be replicated or expanded into other regions?</p>

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How to submit	Please go to https://www.bms.com/about-us/responsibility/corporate-giving.html IMPORTANT: Be advised that complete applications must be submitted on or before June 23; 5 PM EST.
Questions	All questions must go directly to Erin Jensen, BMS Corporate Giving Department– erin.jensen@bms.com Please do not reach out to your Medical or Advocacy contacts at BMS to discuss this RFP. Include in your subject line - 22-HCM-100.

References:

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14. Gersh BJ, Maron BJ, Bonow RO, et al. 2011 ACCF/AHA Guideline for the Diagnosis and Treatment of Hypertrophic Cardiomyopathy: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. Developed in collaboration with the American Association for Thoracic Surgery, American Society of Echocardiography, American Society of Nuclear Cardiology, Heart Failure Society of America, Heart Rhythm Society, Society for Cardiovascular Angiography and Interventions, and Society of Thoracic Surgeons. *J Am Coll Cardiol.* 2011;58(25):e212-e260.
15. Cervero RM, Gaines JK. The impact of CME on physician performance and patient health outcomes: An updated synthesis of systematic reviews. *Journal of Continuing Education in the Health Professions.* 2015;35(2):131-138.