The Colombian Association of Oncology and Hematology (ACHO) and Pfizer Inc.

Competitive Quality Improvement Grant Program

Improving the Equity and Quality of Cancer Care in Colombia

Request for Proposals (RFP)

February 29, 2024

Note this RFP is also available in Spanish for your convenience.

I. Introduction

The Colombian Association of Hematology and Oncology (ACHO) and Pfizer Global Medical Grants are collaborating to offer a Quality Improvement grant funding opportunity to advance scientific knowledge about equitable care for cancer patients. This quality improvement grant program will employ data-driven frameworks to define and address disparities in care delivery and outcomes for cancer patients in Colombia related to early diagnosis, timeliness for diagnosis and treatment, screening, barriers to care, fragmentation of care, characterize risk profiles and burden of disease at the regional level that can be modified and may generate change in clinical practice in Colombia (1,2,3,4,5,6,7)

The Colombian Association of Hematology and Oncology (ACHO) is the leading organization for the review and evaluation of applications. Grant funding will be provided directly by Pfizer. Collectively, an amount of $250,000 is available for research project funding under this RFP, with a maximum funding of up to $70,000 per project.

Once the call has been made, the platform will be open for the reception of proposals for a period of eight (8) weeks.

There will be one month for the evaluation by the ACHO committee, the organizations selected as winners will be notified and the grant will be delivered up to 5 months after the notification by the committee.

Applicant winners are expected to be announced to the scientific comunity in November 2024 during the 6th. National Congress of Research in Hematology and Oncology, these projects must have a previously defined schedule where the execution times of the project are specified in detail, including the probable start date and the estimated end date; In addition, a proposal for submission for publication should be included in the schedule.

About ACHO

The Colombian Association of Hematology and Oncology (ACHO) is a non-profit association, whose mission is to stimulate and support research and advance scientific knowledge in the field of Hematology and Oncology, promoting activities to improve the quality of prevention, diagnosis, rehabilitation and treatment of cancer in Colombia. The ACHO supports research through disease registries in both RENEHOC Hematology and RENESOC Oncology and education through different symposia, congresses and seminars so that both doctors and patients have the resources they need. For more information, please visit our page www.acho.com.co who will be the scientific collaborator of this grant mechanism.

About Pfizer's Global Medical Grants

The mission of Pfizer Global Medical Grants is to accelerate the translation of science into quality patient care through independent grants, partnerships, and collaborations. Pfizer Global Medical Grants supports the global healthcare community's independent initiatives (e.g., research, quality improvement or education) to improve patient outcomes in areas of unmet medical need that are aligned with Pfizer's medical and/or scientific strategies. For all independent grants, the grant requester (and ultimately the grantee) is responsible for the

design, implementation, sponsorship, and conduct of the independent initiative supported by the grant, including compliance with any regulatory requirements. For more information, please visit https://www.pfizer.com/about/programs-policies/grants.

II. Eligibility

Geographic Scope/Location of Project:

- Colombia

Applicant Eligibility Criteria

- The institution and the principal investigator (PI) must be based in Colombia.
- The Principal Investigator (PI) must be affiliated with the applicant institution.
- The PI must be licensed in a health profession (Doctor, Nurse, Pharmacist, Social Work, etc.) preferably with a postdoctoral degree (MSc, PhD or equivalent).
- It is required that the work/research team has at least one Oncologist, being able to count on other specialists related to the project area.
- Eligible institutions include academic cancer centers, health care delivery networks, large and small hospitals, community hospitals, outpatient care centers, and regional health care centers.
- Only institutions are eligible for grants, not individuals or medical group or physician-owned practices. (i.e., an independent group of physicians not affiliated with a hospital, academic institution, or professional society).
- Collaborations within institutions (e.g., between departments and/or inter-professional), as well as between different institutions / organizations / associations, are encouraged. Please note all partners must have a relevant role and the requesting organization must have a key role in the project.
- The applicant must be the Project Lead/Principal Investigator (PI) or an authorized designee of such individual (e.g., Project Lead/PI's grant/research coordinator).
- The Project Lead/PI must be an employee or contractor of the requesting organization.
- Requesting organization must be legally able to receive award funding directly from Pfizer Inc. We strongly recommend that applicants confirm this with their organization or institution prior to submitting an application. Grants awarded to organizations that are subsequently found to be unable to accept funding directly from Pfizer Inc. may be subject to rescission.

III. Requirements

Date RFP Issued

- February 29, 2024

Clinical Area

- Oncology

Specific Area of Interest for this RFP:

This RFP is open to researchers from Colombian institutions. Collaboration between health-care institutions, universities, governmental and non-governmental organizations is encouraged to foster the interactive exchange of knowledge and experience and to utilize the combined strengths of members. In addition, collaboration with patient groups, international centers, centers specializing in health policy and economics is also encouraged. Within the research group team, it is preferable that they have specialists in the area of clinical oncology.

The project must have a clear justification and frame of reference that supports the development of the project. Areas of interest include, but are not limited to:

- Understand disparities and promote health care solutions according to the health affiliation regime for treatment, screening, diagnosis, access, and delivery of treatment or supportive care, including psychosocial and palliative care, for patients with the following prioritized cancers (cervix, prostate, breast, colon-rectum, that include a single pathology or a combination of several. (8,9,10)
- Assessment of cancer burden of disease, care delivery, or barriers to access to underserved or vulnerable communities or populations.
- Establish optimal oncology management strategies for patients, based on clinical characteristics, tumor, genetic risk, addressing disparities with respect to age, socioeconomic background, or environment.
- Implement primary care strategies for prevention, early diagnosis, early referral and implementation of current screening strategies at the regional level, as well as the application of cancer care routes.

- Implement and evaluate schemes/flows/work plans that promote interdisciplinary or transdisciplinary management with a focus on optimal clinical outcomes.
- Implement education plans for health professionals aimed at improving knowledge gaps that favor the diagnosis and initial approach of cancer patients.
- Implementation of strategies to measure patient-reportedoutcomes associated with cancer intervention, including adaptation of scales in diverse populations.

The following strategies will have an added value in the evaluation within the project:

Projects that include patient education tools.

- Action plans to encourage shared decision-making between patients and their healthcare teams.
- Multidisciplinary models of care (e.g., nurse navigator, palliative care).
- Improved access to precision medicine and/or alternative diagnostic tools (e.g., liquid biopsy).
- Approaches to optimize care throughout the cancer patient experience, including optimal access to clinical trials and evidence-based treatments.
- Disparities in care among population groups and their clinical implications.
- Cultural barriers to access in the focus of care.
- Early diagnosis approach and implementation of screening programs.
- Perception of change and knowledge of health reform at the population level.

During the review, the intended outcome of the project will be carefully considered and if appropriate, based on the proposed objectives, projects with the highest likelihood of having a direct impact on patient care will be given high priority for grant approval.

It is not our intention to support clinical research projects. Projects evaluating the efficacy of therapeutic or diagnostic agents will not be considered. It is not in our interest to support continuing medical education projects.

ACHO and Pfizer have developed this RFP with a formalized review procedure for accepting applications and selecting the most scientifically worthy quality improvement proposals. Pfizer and ACHO will initially review the proposals to determine if the applicants meet the eligibility criteria and if the proposed projects are within the scope of the RFP.

The ACHO will convene a Scientific Review Board (CRC) composed of subject matter experts who will conduct an independent and confidential review of the applications.

Proposals can be submitted in English or/and in native language (Spanish).

Disease Burden Overview

The burden of cancer in Colombia is a public health problem. According to the National Cancer Institute and Globocan, the five most common types of cancer in Colombia are: prostate, breast, colorectal, cervix and stomach. (11,12)

In 2020, according to figures from Globocan, it is estimated that around 117,600 new cases of cancer were diagnosed, with adjusted rates of 52.6 new cases of prostate per 100,000 person-years, 50.7 for breast cancer, 16.4 for colon and rectal cancer, 13.7 new cases of cervical cancer, and 12.9 new cases of stomach cancer and 10.1 new lung cancer. (12).

In terms of mortality, the five main causes of mortality are breast cancer, followed by prostate, stomach, lung and colorectal cancer. (13)

The high-cost account reports information on new cases of cancer according to the reports of the Health Promoting Companies who are currently in charge of the administration and management of health risk in Colombia, based on documentary records provided in the medical records of the health care institutions. In the period from January 2, 2021, to January 1, 2022, 46,870 new cases were reported to this entity. In this source of information, the cases that were most frequently reported in women were breast cancer (29%), cervical cancer (9.4%), and colon and rectal cancer (7.6%); for men, they were prostate cancer (21.6%), colon and rectal cancer (9.5%) and stomach cancer (7.4%).

Recommendations and Target Metrics

The following points invite consideration, characterization, documentation and description of the direct and measurable impact that the project expects to obtain.

1. Measures of social inequality in health in terms of health care figures (access and coverage) and health outcomes (burden and risk) for breast, prostate, colorectal, and stomach cancer.

Social inequality in health refers to the difference in the level of health between population groups, resulting from the unfavorable social, political and economic conditions to which they are exposed. Latin America is characterized by being one of the most socially unequal regions in the world, which is why the governments of these countries have focused their efforts on reducing the existing socioeconomic gaps. (14,15)

The Gini index is an indicator that measures income inequality among members of a society. In 2022, the Gini index in Colombia was 0.4609, indicating a high level of inequality, in 2021, the Gini index in Colombia was 0.523, according to World Bank figures Colombia is the fifth country with the highest inequality in the Latin American region. (16)

The National Atlas of Equity in Sustainable Health (ANESS) explores intermunicipal inequalities in health in Colombia based on the convergence of three conceptual axes: 1) a basic framework of population health indicators, both in the dimension of health care and in the dimension of health outcomes; 2) the life-course perspective, operationalized in four critical stages: early onset of life; adolescence and youth; adulthood and older adulthood; and, 3) the social gradient determined by the distribution of sustainable development, defined by a summary index that captures its three dimensions (social, economic and environmental), (17,18). In Colombia, ANESS has measured inequality in terms of health care figures related to access and coverage in cancer through the assessment of cervical cancer diagnosis by cervical pap smear, and health outcomes in terms of burden and risk through cervical cancer mortality.

These inequalities in health care can also be explored in terms of the link to a specific health regime (contributory, subsidized, special) and barriers to access to health care at the regional level, including access barriers dependent on cultural, ethnic or gender conditions.

2. Health Promotion and Impact of Intersectoral Policies That Contribute to Healthy Environments for the Prevention and Early Diagnosis of Cancer at the Regional Level

The links between people and their environment form the basis of a socio-ecological approach to health (19,20). Key settings to be addressed in activities to promote health and improve quality of life include, but are not limited to, schools, universities, housing, workplaces, markets and other common spaces in urban and rural territories and communities (21) Intervention in these environments, taking into account the diverse and multicultural aspects of communities, it makes it possible to reach the population groups living in the most vulnerable conditions. However, a more systematic approach is needed to ensure that the health effects of environment-oriented interventions are measured, and continuity is ensured. In this regard, the Pan American Health Organization has proposed three strategies:

1) Establish/strengthen national networks, alliances and initiatives geared towards healthy environments, with aparticular focus on institutions (e.g., schools, universities, and workplaces). (20)

2) Strengthen the health information system at the country level to monitor the activities and results of programmes aimed at healthy environments in order to enable monitoring and follow-up, and incorporate, if possible, databases that include variables related to health promotion. (20)

3) Strengthen capacities and partnerships at the national, subnational, and local levels to implement cross-sectoral policies that contribute to the sustainability of healthy environment initiatives, and to document their effectiveness. (21)

3. Fragmentation in health care and its impact in terms of overall and disease- or progression-free survival, years of life potentially lost, and other cost-effective outcomes in breast, colorectal, prostate, lung, cervical, and gastric cancers

About 50% of the cancer care offered, includingchemotherapy, radiotherapy or oncological surgery, is concentrated in Bogotá, Antioquia and Valle del Cauca. The departments of Putumayo and several areas of the Colombian Amazon have a significant lack of oncological services. 87.9% of

the supply of oncology services in Colombia is in the private sector. The relationship between the groups of services is asymmetrical, with few providers offering the basic services of cancer treatment together, which reflects the fragmentation in provision (22). Recent studies have evaluated how fragmentation in cancer care can lead to an increase in the costs of breast cancer and stomach cancer for every percentage point increase in the number of IPS in the first year of survival, as well as a loss of continuity of treatment. decreasing the efficiency and quality of care. This problem increases the risk of dying by 45% in patients with colon cancer, and by 33% in those with breast cancer. (23)

4. Human Talent in Oncology and Impact on Health Care Figures and Health Outcomes for Breast, Prostate, Colorectal, Lung, and Stomach Cancer

A lack of well-trained clinical oncologists can lead to significant disparities in cancer health. The magnitude of this problem around the world is poorly described in the literature. Published data show that a clinical oncologist worldwide would provide care for more than 1000 incident cancers. International standards regarding the medical oncologist workforce are variable; Consequently, while the Royal College of Physicians reports a full time per medical oncologist equivalent for every 200 new cancer cases, in New Zealand 1 per 210 cases is reported, in Australia one for every 270 cases. Internationally, a publication based on secondary sources found that 24% of 93 countries reported a rate of less than 150 new cancer cases per medical oncologist, 42% reported more than 500 cases. In Latin America, the rates of new cancer cases per oncologist fluctuate from 108 cases per oncologist in Uruguay to 667 cases per oncologist in Chile; however, all data from the region in the review derive fromexpert opinion; In Colombia, in 2016, the National Health Registry of Service Providers (REPS) reports 211 outpatient clinical oncology services, 85 hemato-oncology and 175 chemotherapy outpatient services, indicating that the number of specialists in clinical oncology (solid tumors) is lower than the number of officially registered services for the medical specialty. A country's state of economic and social development correlates closely with the burden of cancer and the scarcity of human resources. (24,25,26)

Gaps Between Actual and Target, Possible Reasons for Gaps

A gap in clinical practice is considered to be the difference between current practice and the optimal standard of care. Gaps are associated with a combination of:

1) Clinical factors (e.g., knowledge, skills, attitudes or preferences).
2) Patient factors (e.g., access to care, clinical or demographic characteristics, comorbid conditions, preferences, quality of life (QOL), work or family circumstances).
3) Physician-patient communication (e.g., clinical trial recruitment, genetic counseling, access to genetic testing).
4) Organization of the health system, including care processes (integrated practice-based care), differences between public and private facilities, general resources, availability of all necessary aspects of care, including access to genetic testing.

Gaps in clinical practice may be related to the capacity or competencies of health professionals themselves, the skills or competencies of the systems in which they work to promote or enable

appropriate management, or other factors related to the external environment or patient population.

This RFP seeks to provide funding to projects that ultimately aim to help healthcare providers provide the best treatment to each patient at the optimal time.

Barriers

The Colombian health system (Sistema General de Seguridad Social) has improved health coverage since 1990, reaching 97% today, but this increase in coverage has also increased the visibility of effective access problems, which stands at 74%. (27) The disparity between coverage and effective access to health care could be explained by the type of insurance (contributory vs. subsidized), the availability of providers, which has great variability between regions, and personal characteristics such as place of residence, age of ethnic group, among others.

Specifically in cancer, knowledge about the disease, fragmentation of care, and quality of providers could be of great relevance. (28)

Although the great advances that have been made in the early diagnosis and treatment of cancer globally, there is still a lack of improvement in cancer-related survival in the country, (29) a possible explanation for this could lie in the relatively late detection of cancers and the presence of barriersto timely and continuous care in cancer. Identifyingthe mechanisms behind these barriers, and more importantly, developing strategies to overcome these barriers has the potential to become transformative interventions for improving cancer care and associated outcomes.

These barriers can be categorized into health system barriers, economic barriers, socio-cultural barriers.

Current National Efforts to Reduce Gaps

Colombia has made important governmental efforts to generate a regulatory environment that improves cancer care, with 3 important milestones to mention, the first is the T760 ruling of 2008 of the Constitutional Court that recognized the main challenges in the implementation of the general social security system, which led to the development of a series of regulations that included the "Sandra Ceballos" law and decree 1388 of 2010 that established a scenario Specific regulations for the management of cancer in adults and children, respectively, generated, among others, the appearance of the High Cost Account, a tool for reporting datafrom insurers on cancer patients and the National Cancer Observatory.

In addition to the above, the country has a ten-year cancer plan that sets out a roadmap for cancer care and finally a shock plan for cancer care was recently established that seeks to reduce mortality associated with the most frequent tumors in the country.

However, the articulation of these strategies at the level of service delivery or the impact on overcoming barriers is not clearly documented.

Expected Approximate Monetary Range of Grant Applications:

- The total funding for each proposal will not exceed **$70,000**, payable in **local currency** at the official exchange rate on the day of payment.
- The maximum indirect rate (overhead) is **28%** and must be included in the total amount of the grant application. It does not include administration costs.
- The amount requested cannot exceed the budget limit set forth in the RFP and the budget submitted must be within fair market value.
- Financing of capital goods is not permitted.
- Travel expenses directly related to the implementation of the project, or the presentation of the results may be included in the budget.
- The maximum recognition rate by the project administration for the institution in charge should not exceed 10% of the grant.
- The amount of the grant Pfizer will be prepared to fund for any project will depend upon the expert review panel's evaluation of the proposal and costs involved and will be stated clearly in the grant agreement.

Key Dates:

- RFP Release Date: **February 29, 2024**
- Application Deadline: **April 25, 2024**

  Please note that the deadline is 23:59 Colombia time.
- Review of Full Proposals by ERP: **May 2024**
- Anticipated Full Proposal Notification Date: **June 2024**
- The project must include the expected start and end dates of the project.
- Grants will be distributed following a fully executed agreement and submission of Final Protocol, documentation of IRB/IEC approval, regulatory approval (if applicable), exemption or waiver.

How to Submit:

Note: Please read this section carefully since applications submitted not following these instructions will not be accepted and will be cancelled.

- Please go to www.cybergrants.com/pfizer/QI and sign in. First-time users should click "Create your password". *[Note: there are individual portals for each grant application type. Please be sure to use the URL above.]*

- Click the "Start a New Quality Improvement Application" button.
- In the application:
    - For the question “Competitive Grant?” select Yes
    - Select the following Competitive Grant Program Name: **2024 ONC CO ACHO Improving the equity and quality of cancer care in Colombia QI**
    - Select the following Primary Area of Interest: Oncology - General
- Requirements for submission:

  Complete all required sections of the online application and upload your project proposal (see **Appendix**) in the Full Proposal Submission field.
- If you encounter any technical difficulties with the website, please click the “Technical Questions” link at the bottom of the page.

IMPORTANT: Be advised applications submitted after the due date will not be reviewed.

Questions:

- If you have questions about this RFP, please direct them in writing to asistentegerencia@acho.com.co or Pfizer Grants Officer, Miguel Briceño at MiguelAngel.Briceno@Pfizer.com with the subject line “**2024 ONC CO ACHO Improving the equity and quality of cancer care in Colombia QI**”.
- Click here for frequently asked questions about the Competitive Grant Program

Grant Agreements:

- If your grant is approved, your institution will be required to enter into a written grant agreement with Pfizer. Please click here to view the core terms of the agreement.
- Under Pfizer's competitive grant program, modifications to grant agreements will not be reviewed unless a genuine conflict exists as between applicable law and the terms of the relevant grant agreement. Applicant is encouraged to share the core terms with counsel for approval prior to submitting an application.
- Except where prohibited by applicable law and, in any case, subject to review by Pfizer Legal, payment of grant funding may only be paid to the grantee organization.
- This RFP is supported by Pfizer Inc. and, if approved, payment will be sent from the United States.

Review and Approval Process

- A specific grant program RFP uses an expert review panel (ERP) to make final grant decisions.

- The panels are comprised of professionals from the medical community with advanced degrees and expertise in particular clinical areas, or specific needs of a geographic region/learner group, or expertise in research, continuing professional development or quality improvement.
- Applications shall be peer reviewed based on the following criteria:
  1) Strength of proposal, feasibility, and likelihood of identifying new inequities or root causes of disparities/inequities in care delivery and patient care outcomes, limiting biases as much as possible.
  2) Involvement of community systems and organizations addressing justice in health care.
  3) Suitability, feasibility and adequacy of the proposed study design.
  4) Availability of environmental and institutional resources to support the proposed project.
  5) Previous research experience and achievements of the applicant.

Mechanism by which Applicants will be Notified:

- All applicants will be notified via email by the dates noted above.
- Applicants may be asked for additional clarification during the review period.

References

1. National Atlas of Sustainable Health Equity: Colombia. Washington, D.C.: Pan American Health Organization and Ministry of Health and Social Protection of Colombia, 2022. License: CC BY-NC-SA 3.0 IGO. https://doi.org/10.37774/9789275325223.
2. "GINI Index for Colombia." The World Bank. Accessed 2020. https://datos.bancomundial.org/indicator/SI.POV.GINI?end=2020&locations=CO&start=1992&view=chart.
3. Murcia, E., Aguilera, J., Wiesner, C., Pardo, C., Murcia, E., & Aguilera, J. "Oncology Services in Colombia." *Colombia Medica* 49, no. 1 (2018): 89-96.
4. Rozo Agudelo, N. "Economic Outcomes on Fragmentation in the Care of Patients with Breast and Stomach Cancer in the Contributory Regime in Colombia." Doctoral dissertation, Universidad Nacional de Colombia.
5. "National Policy on Human Talent in Health." Ministry of Health and Social Protection. https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/TH/politica-nacional-talento-humano-salud.pdf.
6. Mathew, A. "Global Survey of Clinical Oncology Workforce." *J Glob Oncol* 4 (2018): 1-12. doi: 10.1200/JGO.17.00188.
7. Murillo, R., Pinto-Martínez, N., Serrano, N., Uribe, C., Navarro, E., Duq ue, J., ... Martínez-Ramos, N. "Use of complementary and alternative medicine by cancer patients in Colombia." *BMC Complement Med Ther* 23 , no. 1 (2023): 321. doi: 10.1186/s12906-023-04144-z.
8. *The Global Cancer Observatory - All Rights Reserved - March, 2021.*
9. "Guidelines for the Strengthening of Cancer Prevention and Early Detection in Colombia." Ministry of Health and Social Protection. https://www.minsalud.gov.co/Paginas/directrices-para-el-fortalecimiento-de-la-prevencion-y-deteccion-temprana-del-cancer-en-Colombia.aspx.
10. O'Malley, A. S., R.Rentia-Weitzman, R., Huerta, E. E., Mandelblatt, J.; Latin American Cancer Research Coalition. "Patient and provider priorities for cancer prevention and control: a qualitative study in Mid-Atlantic Latinos." *Ethn Dis* 12, no. 3 (2002): 383-91.
11. Pardo, C., et al. "Colombia Médica - Vol. 49 No. 1 2018 (Jan-Mar)."
12. *Globocan.* https://gco.iarc.fr.
13. Colombian Fund for High-Cost Diseases. "Situation in the adult population served in the SGSSS of Colombia

2022, Bogotá D.C.2023."
14. National Atlas of Sustainable Health Equity: Colombia. Washington, D.C.: Pan American Health Organization and Ministry of Health and Social Protection of Colombia, 2022. License: CC BY-NC-SA 3.0 IGO. https://doi.org/10.37774/9789275325223.
15. United Nations General Assembly. "Transforming our World: the 2030 Agenda for Sustainable Development." New York: United Nations, 2015. (Resolution A/RES/70/1). https://undocs.org/es/A/RES/70/1.
16. "GINI Index for XJ." The World Bank. Accessed 2022. https://datos.bancomundial.org/indicator/SI.POV.GINI?end=2022&locations=XJ&start=1980&view=map.
17. Ministry of Health and Social Protection. *Health Situation Analysis. Colombia*, 2017.
18. United Nations General Assembly. *A/RES/70/1. Transforming our World: the 2030 Agenda for Sustainable Development.* New York: United Nations; 25 September 2015.
19. World Health Organization. "Ottawa Charter for Health Promotion." First International Conference on Health Promotion. Geneva: WHO, 1986. http://www1.paho.org/spanish/hpp/ottawachartersp.pdf?ua=1.
20. *Strategy and action plan on health promotion in the context of the Sustainable Development Goals 2019-2030.* 2022. https://iris.paho.org/handle/10665.2/55950.
21. World Health Organization. "Sundsvall Statement on Supportive Environments for Health." Third International Conference on Health Promotion; June 9-15, 1991; Sundsvall, Sweden. Geneva: WHO, 1991. https://www.who.int/publications/i/item/WHO-HED-92.1.
22. Murcia, E., et al. "Colombia Médica - Vol. 49 Nº1 2018 (Jan-Mar)."
23. https://repositorio.unal.edu.co/handle/unal/81823.
24. Murillo, R., Ojeda, K., Solano, J., Herrera, M. V., Sanchez, O. "The Colombian Medical Oncologists Workforce." *J Glob Oncol* 5 (2019): 1-4. doi: 10.1200/JGO.19.00221.
25. Mathew, A. "Global Survey of Clinical Oncology Workforce." *J Glob Oncol* 4 (2018): 1-12. doi: 10.1200/JGO.17.00188.
26. Aguilera-López, J., Murcia-Monroy, E. M. *Bulletin of Oncology Services in Colombia.* Bogotá, Colombia, National Cancer Institute, 2016.
27. *GBD 2019 Universal Health Coverage Collaborators.* "Measuring universal health coverage based on an index of effective coverage of health services in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019." *Lancet* 396 (2020): 1250–84.
28. Gamboa, O., et al. "Fragmentation of care and its association with survival and costs for patients with breast cancer in Colombia." *JCO Global Oncol* 9:e2200393.
29. Allemani, C., Matsusa, T., Di Carlo, V., et al. "Global surveillance of trends and cancer survival 2000 – 14 (CONCORD 3) an analysis of individual records for 37513025 patients diagnosed with one of 18 cancers from 322 population-based registries in 71 countries." *Lancet* 391 (2018): 1023-1075

Appendix A

General RFP Submission Requirements

Project proposals/protocols should be single-spaced using the 12-point Calibri font and 1-inch margins. Please note that there is a limit of 12 pages without including references. Include the following:

Goals and Objectives	• Please indicate the primary objective of the study and the study population (if applicable). Provide adetailed definition that is directly related to the main objective.
Project Need Assessment	• This should reflect the rationale for your study. Please provide a brief description of the medical-scientific issue and the rationale for how this study addresses the issue.
Target Audience	• Describe the main target audience for this project. For studies focused on a specific patient population, please specify age, gender, and other relevant demographic information. • Please also indicate who you think will benefit directly from the results of the project. Describe the total size of the population as well as the size of the sample population.
Project Design and Methods	• Concisely describe the research design and methods for achieving the stated goals. Include all relevant inclusion/exclusion criteria, analysis plans, and statistical plans. • Projects must be endorsed by the research committee.
Innovation	• Explain what steps you've taken to make sure this project idea is original and doesn't duplicate other projects. Describe how this project builds on existing work, pilot projects, or ongoing projects developed by your institution or other institutions related to this project.

Evaluation and results	• Specify the type and frequency of safety, efficacy and/or outcome measures. Please describe how disparities within datasets will be defined and identified. Please also indicate the method(s) used to evaluate the measures. • Provide a publication plan describing the intended submission of abstracts to (a) conference(s) or the intended submission of (a) publication(s) to peer-reviewed journals. All publications must follow ICH guidelines.
Patient Advocacy Plan	Describe how a patient advocate was involved in the development of the grant application, explain the role a patient advocate will play during the conduct of the research project, and how the project will benefit from an Attorney's involvement. • The Patient Advocate Plan must be written in a way that is understood by people who do not have a scientific or medical background. • Projects where databases are analyzed or where the anonymization of patient data is clearly stated is not considered to require a patient advocate.
Anticipated Project Timeline	• Provide an advance timeline for your project, including project start and end dates.
Additional information	• If there is any additional information that you think Pfizer should be aware of about the importance of this project, please summarize it here. • Early-career applicants: Letter(s) of support from mentor(s) and collaborators describing how the award will advance the applicant's career. • The applicant is strongly encouraged to upload a letter of support from a patient advocate. • Projects where databases are analyzed or where the anonymization of patient data is clearly stated is not considered to require a patient advocate.

Detail of the organization	• This information is used to assess the ability of available organizational resources to perform the proposed effort. Identify the facilities to be used [laboratory, animal, clinical, and "other"]. If applicable, please indicate their capacities, relevant capacities, relative proximity and degree of availability of the project.
Budget Detail	• The budget amount requested must be in **local currency**. • While estimating your budget please keep the following items in mind: • General organizational running costs such as legal fees, insurance, heating, and lighting etc. should be included in an Institutional Overhead (if required). These costs are not specific to a grant request and therefore, should not appear as line items in budgets. However, costs that are specific to the study (e.g., some countries require insurance to be taken out on a per-study basis for clinical research) would be acceptable to be included as line items. • The inclusion of overhead costs cannot cause the amount requested to exceed the budget limit set forth in the RFP. • Pfizer does not provide funding for capital purchases (infrastructure expenses such as equipment, purchases of software or software licenses, technology or bricks and mortar). Equipment hire/leasing is acceptable and may be included in project budget. • It should be noted that grants awarded through GMG cannot be used to purchase Pfizer therapeutic agents (prescription or non-prescription). • Pfizer maintains a company-wide, maximum allowed overhead rate of 28% for independent studies and projects. Please click here for details.
References	• Bibliography of relevant references.