Pfizer Quality Improvement Request for Proposals

Boosting Oncology Opportunities for Support programs and Treatment, (BOOST), An Oncology Quality Boosting Program – Metastatic Breast Cancer

Competitive Grant Program – using Expert Review Panel

Overview

This competitive grant program seeks proposals for the implementation of strategies that will improve the quality of life and/or treatment outcomes of patients with metastatic breast cancer (mBC). The goal is to support innovative proposals and welcome a diversity of projects.

Geographic Scope

The Netherlands

Project Types and Area of Interest

- Projects that leverage digital tools/data infrastructures that assist healthcare delivery organizations identify areas of improvement for treatment optimization.
- Projects that focus on patient education materials or resources to improve shared decision making.
- Projects aiming to improve care delivery and access to breast cancer related care in underserved communities.

Key Milestones

- Application submission deadline: **August 28, 2024**
- Anticipated decision notification date: **October 15, 2024**
- Anticipated approximate project start date: **December 2024**

Funding Range

The estimated total available budget related to this RFP is €150,000.

Individual projects requesting up to €50,000 will be considered.

I. Eligibility

Geographic Scope/Location of Project:

- The Netherlands

Applicant Eligibility Criteria

- Only organizations are eligible to receive grants, not individuals or medical practice groups.
  The following may apply: medical, nursing, allied health, and/or pharmacy professional schools; healthcare institutions (both large and small); professional associations; patient advocacy groups, NGOs and other entities with a mission related to healthcare improvement.
- 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 or an authorized designee of such individual.
- The Project Lead must be an employee or independent contractor of the requesting organization.
- Inclusion of metastatic breast cancer patients as members of the project team is encouraged.

II. Requirements

Date RFP Issued

- May 28, 2024

Clinical Area

- Oncology – metastatic breast cancer

Specific Area of Interest for this RFP:

It is our intent to support Quality Improvement initiatives focused on optimizing health care for individuals with metastatic Breast Cancer according to established clinical practice guidelines.

Proposals in the following topic areas are strongly encouraged:

1. Initiatives that leverage **digital tools/data infrastructures** that assist healthcare delivery organizations identify areas of improvement for treatment optimization.
2. Initiatives/projects that focus on patient education materials or resources to improve **shared decision making**.
3. Initiatives aiming to improve care delivery and access to breast cancer related care in **underserved communities**.

Proposals in the following topic areas will be considered out-of-scope for this RFP:

- Clinical research projects (i.e., those evaluating the efficacy of therapeutic or diagnostic agents)
- No overlap with existing projects or initiatives, for more information about ongoing digital support in BC please visit: https://www.borstkanker.nl/borstkanker-en-nu/goed-voorbereid/online-ondersteuning-bij-borstkanker

Target Audience

- Healthcare professionals involved in the care of mBC patients, patients, and caregivers.

Disease Burden Overview

- According to key figures from the Dutch Cancer Registry (IKNL), breast cancer is the most common type of cancer in women of which 1 in 7 women will develop breast cancer during her lifetime.[1] In 2022, about 5% of new breast cancers were diagnosed metastatic[2]; while nearly 30% of women first diagnosed with early-stage breast cancer will go on to develop metastatic breast cancer in their lifetime.[3] The survival is strongly determined by the stage at diagnosis. Of patients with a stage I tumor, 95 percent are still alive after 10 years, while patients with a stage IV tumor (metastatic breast cancer) have a 10-year survival of 8 percent.[1] Patients and their loved ones are profoundly impacted by the disease and despite the advancements and developments, there is a high unmet need for improving the quality of life and treatment outcomes of patients with metastatic breast cancer (mBC).

Recommendations

- Recommendations and current national efforts: IKNL, NFK and KWF have stipulated a national cancer manifest that prioritizes identified gaps in cancer care.[4] For breast cancer specifically, the BVN and the BOOG have designed the breast cancer research agenda.[5] These focus on improving cancer care on the defined care gaps, and this focus fits Pfizer's strategy to optimize breast cancer care. The scope of this RFP is based on the prioritized care gaps in the manifest for breast cancer.

Gaps Between Actual and Target, Possible Reasons for Gaps

The care gaps are as following, specified per area of interest:

1. Projects that leverage **digital tools/data infrastructures** that assist healthcare delivery organizations identify areas of improvement for treatment optimization:
    - There are variances between hospitals,[6] in treatment options, treatment combinations, and prescribing behaviour.[7] For example, not every hospital has diagnostic tools, nor specialized clinical geneticists available for genetic testing.
    - There is limited knowledge regarding the late effects of treatments (e.g. fatigue, neuropathy, effects on other organs).[5]
    - There is limited knowledge about the optimal treatment sequence, duration and intensity of treatments for patients with mBC.[5] For example, whether or not CDK4/6i should be used in 1st or 2nd line of treatment for certain high risk patient groups.

There are several causes that are preventing more progress on these abovementioned gaps. First, the abundance of digital tools and/or local data structures and systems creates a complex environment to operate in. Secondly, the ability to collect big data attributes to difficulties in analyzing all data since there is no unified protocol to do so.

All in all, these demonstrate that not every patient is receiving the same care in every hospital in the Netherlands. Therefore, there is a need to close gaps in health inequity (access), this can be addressed by leveraging digital tools/data infrastructures.

2. Projects that focus on patient education materials or resources to improve **shared decision making:**
    - Currently 35% of people with or after cancer indicate that the long-term consequences have not been discussed by their healthcare provider(s).[4] There is limited communication about the effects of treatments, adverse events, and late effects.[5]
    - The information provision is currently not equally satisfactory for every patient. 5% of patients consider it not satisfactory and 28% of patients consider the information somewhat satisfactory in the cancer report of IKNL.[8]
    - 15% of (former) patients have discussed important factors in their lives and the consequences of treatment on those.[9]
    - About 50% of HCPs claim to partake in shared decision making, while 37% of patients experience this as well.[10]
    - Roughly 30% of Dutch citizens have difficulties understanding complex health concepts due to their limited health literacy.[11]

There are some causes that are preventing more progress on these abovementioned gaps. First, there is limited time for HCPs to fully discuss with their patients. Secondly, there are difficulties in explaining complex scientific concepts to patients including those with low health literacy. Patients have different needs and desires regarding information provision. For example, preference for digital channels versus in person discussions.
So, these arguments demonstrate that the information provision for (former) patients with cancer is not yet on par. This affects the rate at which shared decision making is implemented since not every patient is equally informed about treatment effects, adverse events, and late effects for example. Therefore, there is a need to provide information for patients in a tailored manner, this can be implemented by focusing on tailored patient education materials or resources.

3. Initiatives aiming to improve care delivery, access to breast cancer related care in **underserved communities:**
    - Breast cancer is discovered later in women with a non-western background, since these women are less likely to participate in the breast cancer population screening. So, breast cancer is mostly discovered in a later stage in these women.[12]
    - In clinical research, certain population groups are underrepresented, such as non-western people and elderly.[13-15] Therefore, treatments are less optimally designed for those specific population groups and thus less effective.
    - There is limited evidence which specific precision medicine is most effective for a specific patient. Precision medicine are valuable treatments and thus not available for all patients with cancer.[16]
    - Lack of knowledge or limited health literacy causes patients to be less informed about genetic testing for example.[8]
    - Evidence shows that about 36% of patients with low health literacy is not informed about the disease's incurability.[17]

Progress on these care gaps is currently hindered by the fact that there is limited access to healthcare for patients due to low health literacy and language barriers.
Thus, these arguments illustrate that there is inequity regarding access to breast cancer care, specifically in underserved communities. Therefore, there is a need to close the gap in access to breast cancer care for these patients which can be addressed by improving care delivery in underserved communities.

Expected Approximate Monetary Range of Grant Applications:

- Individual projects requesting up to €50,000 will be considered. The estimated total available budget related to this RFP is €150,000.
- 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 approval notification.

Key Dates:

- RFP Release Date: **May 28, 2024**
- Full Proposal Due Date: **August 28, 2024**
- Review of Full Proposals by Expert Review Panel: **September-October 2024**
- Anticipated Full Proposal Notification Date: **October 15, 2024**

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 NL BOOST-mBC**
  - Select the following Primary Area of Interest: **Oncology - Breast**
- 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 regarding this RFP, please direct them in writing to the Grant Officer, Jacqueline Waldrop (Jacqueline.Waldrop@Pfizer.com), with the subject line "2024 ONC NL BOOST-mBC."

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.
- Pfizer has drafted the terms of these agreements to be balanced and reasonable and to further the goals of both parties. Negotiating grant agreements requires significant resources, so please ensure that your institution (including your legal department) is able and willing to abide by these terms before proceeding with submission of your application as they will need to be accepted in their entirety.
- Payment will only be made to requesting Institution.

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.

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. BVN (2024). https://www.borstkanker.nl/medische-informatie/wat-borstkanker/cijfers-over-borstkanker
2. IKNL (2024). https://iknl.nl/kankersoorten/borstkanker/registratie/incidentie
3. Breastcancer.org (2024). https://www.breastcancer.org/types/metastatic
4. De Nederlandse Kanker Agenda (2024) Nederlands Kanker Collectief (NKC) (2024). De Nederlandse kanker Agenda
5. BVN (2024). BVN stelt lijst samen met 7 onderwerpen voor onderzoek
6. NFK (2022). Overzicht van de onderzoeken die praktijkvariatie aantoonden
7. NFK (2020). NFK slaat alarm: bij veel kankersoorten grote praktijkvariatie tussen ziekenhuizen
8. Kankerzorg in beeld (2019) Integraal Kankercentrum Nederland (IKNL) kankerzorg-in-beeld-over-leven-met-en-na-kanker-(2019).pdf (iknl.nl).
9. Noteboom, E. A., Perfors, I. A., May, A. M., Stegmann, M. E., Duijts, S. F., Visserman, E. A., Engelen, V., Richel, C., van der Wall, E., de Wit, N., & Helsper, C. W. (2021). GP involvement after a cancer diagnosis; patients' call to improve decision support. BJGP open, 5(1), bjgpopen20X101124. https://doi.org/10.3399/bjgpopen20X101124.
10. Weel-Koenders, A. (2021) Zonder waarde geen zorg!
11. Heijmans, Brabers, & Rademakers, Hoe gezondheidsvaardig is Nederland? Factsheet gezondheidsvaardigheden - Cijfers 2019, (2019)
12. Mammarosa (2020). Beleidsplan Mammarosa 20-25
13. Bumanlag, I. M., Jaoude, J. A., Rooney, M. K., Taniguchi, C. M., & Ludmir, E. B. (2022). Exclusion of Older Adults from Cancer Clinical Trials: Review of the Literature and Future Recommendations. Seminars in Radiation Oncology, 32(2), 125–134.
14. Guerrero, S., López-Cortés, A., et al. (2018). Analysis of Racial/Ethnic Representation in Select Basic and Applied Cancer Research Studies. Scientific Reports, 8(1), 1–8.
15. Siesling, S. (2023). De man is de norm, dus mist de vrouw zorg: Sabine Siesling, hoogleraar aan de universiteit, wil veranderen. Twentsche Courant Tubantia.
16. Zorginstituut Nederland. (2021). Advies Moleculaire diagnostiek in de oncologie
17. van Vliet, L. M., Noordman, J., et al. (2021). Health literacy, information provision and satisfaction in advanced cancer consultations: two observational studies using level of education as a proxy. BMJ supportive & palliative care, bmjspcare-2020-002859. Advance online publication. https://doi.org/10.1136/bmjspcare-2020-002859.

About Pfizer Global Medical Grants

Pfizer Global Medical Grants (GMG) 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.

Pfizer's GMG competitive grant program involves a publicly posted Request for Proposal (RFP) that provides detail regarding a specific area of interest, sets timelines for review and approval, and uses an expert review panel (ERP) to make final grant decisions. Organizations are invited to submit an application addressing the specific gaps in practice as outlined in the specific RFP.

For all quality improvement grants, the grant requester (and ultimately the grantee) is responsible for the design, implementation, and conduct of the independent initiative supported by the grant. Pfizer must not be involved in any aspect of project development, nor the conduct or monitoring of the quality improvement program.

Appendix

Specific RFP Submission Requirements

The local approved QI template will be used. This template complies with local legislation, Gedragscode Geneesmiddelen Reclame (CGR, Code of Conduct https://www.cgr.nl/en-GB/Gedragscode-Geneesmiddelenreclame).

Project titel:	
Project leider (naam en functie):	
Derde partij / Instelling:	
Datum initiele plan:	
Datum huidige versie:	

Het zorgverbeterplan:

Het zorgverbeterplan bevat een projectomschrijving die minimaal voldoet aan onderstaande criteria:

- Innovatief en/of kwaliteitsverbeterend, het is bijvoorbeeld een pilot en (nog) geen reguliere zorg
- Zorg aan patiënt wordt verbeterd,
- Er is geen regulier budget, ook niet via zorgverzekeraar.

Een aanvraag is compleet met:

1. Een korte lekensamenvatting (max. 500 woorden) als voorpagina
2. Officieel verzoek dat voldoet aan bovenstaande criteria, getekend door de instelling. Bij voorkeur op briefpapier van de instelling.
3. Het gevraagde budget is inzichtelijk
4. Het project bevat milestones
5. Het gevraagde budget is verdeeld over de milestones
6. Een Engelse vertaling

Let op, een aanvraag is geen garantie of toezegging voor sponsoring. Een interne commissie van Pfizer beoordeelt of de aanvraag voldoet aan de regels van onder andere Code Geneesmiddelen Reclame en anticorruptie regelgeving (UK anti bribery & Foreign Corrupt Practices Act (FCPA)). Alleen een volledige aanvraag wordt voorgelegd aan het review panel. Voordat er intern een formeel akkoord is gegeven, kan er naar de aanvrager toe nog geen toezegging van welke aard dan ook worden gedaan!

Project rationale	
Doelgroep	
Project team	

Wie zitten in het project team? Van welke organisatie? Wat is hun functie en hun ervaring?	
Project activiteiten	
Verplichtingen door wet en regelgeving zoals CGR (gastvrijheid), anti-corruptie, medicijnveiligheid en melden van bijwerkingen, bescherming persoonsgegevens	
Totale budget	
Budget verdeeld over activiteiten	
Andere financiele bronnen	
Milestones in tijdframe	
Milestones gekoppeld aan sponsoring	
Implementatie van de uitkomst	

Bijlagen (bijv. getekende aanvraag op instellingspapier)	

Voor Pfizer intern:

Project eigenaar bij Pfizer (naam en fuctie)	
Project betrokkenen	

Waarom is dit project Innovatief en/of kwaliteitsverbeterend?	
Welke zorg aan de patiënt wordt verbeterd?	
Implementatie van de uitkomst	

Bewijs van succesvol project		
Timing van evaluatie momenten		
Timing betalingen (let op: de laatste betaling kan pas plaats vinden na de eind evaluatie!)		
Voor goedkeuring, hou er dan rekening mee dat je onderstaande nodig hebt: ☐ Officieel getekend verzoek van aanvrager ☐ Aanvraag voldoet aan de criteria van procedure MAPP Educational Grants ☐ Betalingsgegevens aanvrager ☐ BTW-nummer ☐ Nummer inschrijving Kamer van Koophandel ☐ Uittreksel KvK, niet ouder dan 1 jaar (opvragen bij de aanvrager)		