Pfizer Quality Improvement Request for Proposals

Competitive Grant Program – using Pfizer Internal Review Process

Optimizing Disease Management to Improve Alopecia Areata Quality of Care

Overview

This program aims to improve care for severe alopecia areata (AA) patients by optimizing diagnosis, treatment initiation, and maintenance treatment management. It supports projects addressing real-world clinical needs by quality improvement or quality control methods, such as digital platforms, shared decision-making (SDM), and patient education. Projects should enhance care consistency across multiple regions in China, generating best practices and real-world evidence on standardized treatment benefits.

Geographic Scope

Mainland China

Project Types and Area of Interest

Potential applicants are encouraged to focus on optimizing the implementation of disease management for severe alopecia areata (AA), following needs assessments. This may include:

- Improving the timely initiation of systemic therapy, maintenance treatment, and effective follow-up management, ensuring the clinical decisions follow key clinical processes.
- Generating replicable implementation models for key clinical decision points via innovative platforms and tools.
- Prioritizing quality improvement or quality control methods, such as integrate digital tools, shared decision-making (SDM), patient education to improve care and outcomes.

Key Milestones

Submission Deadline	Anticipated Grant Award Notification	Anticipated Project Start Date/Duration
30 Apr, 2026	30 Jun, 2026	8 Oct, 2026

Funding Range and Project Length

- Individual projects requesting up to $100,000 will be considered. The estimated total available budget related to this RFP is $200,000, which may fund 2 or 3 projects.
- Maximum project length is 18 months.

I. Eligibility

Geographic Scope/Location of Project:

- Mainland China

Applicant Eligibility Criteria

- The following may apply: medical, dental, nursing, allied health, and/or pharmacy professional schools; healthcare institutions (both large and small); professional organizations; government agencies; and other entities with a mission related to healthcare improvement.
- Only organizations are eligible to receive grants, not individuals or medical practice groups (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 that 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 designer 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 Investment Co., Ltd. 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 Investment Co., Ltd. may be subject to rescission.

II. Requirements

Primary Area of Interest:

- Severe Alopecia Areata (adults and adolescents)

General Area of Interest for this RFP:

It is not our intent to support clinical research projects. Projects evaluating the efficacy of therapeutic or diagnostic agents will not be considered.

- It is our intent to support projects that address real clinical needs and close care gaps. We seek projects that optimize the care pathway for adolescents and adults with severe alopecia areata (AA), with emphasis on standardized severity assessment, timely initiation of systemic therapy, appropriate use of innovative treatments, and maintenance management. The goal is to improve the quality of AA care across provinces and cities in China, generate replicable best practices, and produce real-world evidence particularly characterizing the benefits of treatment in severe AA.
- Focus on disease management of patients with severe AA, optimizing key clinical processes to improve implementation quality in clinical practice: standardized diagnosis and severity assessment; timely initiation of systemic therapy (including time-to-initiation, the impact of innovative agents on outcomes); maintenance treatment and management (≥6 months, i.e., durability of response); patient adherence and follow-up management (including shared decision-making (SDM), assessments at months 3/6/9, and patient education and management), in order to address the core needs of patients with severe AA.
- Projects must include systemic and sustained initiatives that directly impact patient care, use implementation science methodology to achieve measurable outcomes, and validate the model's replicability. Healthcare-associated direct & indirect cost is also considerable.

  Priority will be given to projects that use diverse and high-impact solutions (e.g., quality improvement or quality control) at the provincial or city level with a multi-center design, including but not limited to: innovative digital platforms and tools based on disease management (e.g., specialty clinics, electronic

medical record (EMR), shared decision-making (SDM), patient education and management); optimization of the implementation and use of diagnostic and maintenance treatment algorithms; educational or training initiatives targeting multidisciplinary and multiple regions.

- Adherence to local regulations and healthcare quality management plan regarding AA diagnosis, treatment and management.

Target Audience

- Dermatologists and other relevant HCPs that diagnose and treat patients with Alopecia Areata (AA)

Disease Burden Overview

- Alopecia areata (AA) is a common autoimmune disorder characterized by hair loss, with a lifetime prevalence ranging from 0.7% to 3.8% globally[1]. In 2021, the number of patients with alopecia areata in China was estimated to be approximately 3.49 million[2]. The disease significantly impacts patients' psychological well-being and quality of life, with the incidence of anxiety and depression reaching 51.8% and 30.2%, respectively[3]. Additionally, 32.1% of patients with severe alopecia areata experience sleep disturbances[4], while the annual direct medical cost per patient is approximately 15,451.1 RMB, with an average of 127.9 hours spent on medical visits each year[3].
- Despite the approval of innovative therapies and their recommendation in clinical guidelines, significant gaps remain in clinical diagnosis and treatment management. Studies indicate that the diagnostic criteria for AA are inconsistent, and there is variability in the use of severity assessment scales[5]. Nearly half of the patients (47.2%) did not receive any treatment at the time of diagnosis, and more than two-thirds (71.8%) discontinued treatment within one year[6], highlighting inadequate follow-up and management. Currently, corticosteroids remain the most used first-line treatment[7], but 53% of patients are dissatisfied with the treatment outcomes[8]. Therefore, improving treatment quality and bridging clinical gaps are crucial for better management of alopecia areata.

Recommendations and Target Metrics

- Chinese Guidelines for the Diagnosis and Treatment of Alopecia Areata (2019) [J]. Chinese Journal of Clinical Dermatology, 2020, 49(2): 69-72 [9].
- European expert consensus statement on the systemic treatment of alopecia areata 2024[10].
- Korean Consensus Criteria for the Severity Classification of Alopecia Areata 2024[11].
- British Association of Dermatologists living guideline for managing people with alopecia areata 2024[12].
- The Alopecia Areata Severity and Morbidity Index (ASAMI) Study Results From a Global Expert Consensus Exercise on Determinants of Alopecia Areata Severity 2024[13].
- Systemic Treatment of Moderate to Severe Alopecia Areata in Adults: Updated Australian Expert Consensus Statement 2025[14].

Gaps Between Actual and Target, Possible Reasons for Gaps

- Gap in Standardization of Diagnosis and Severity Assessment. Although the diagnostic criteria for alopecia areata (AA) are well-established, many healthcare institutions fail to implement unified assessment standards and tools in clinical practice, resulting in inconsistent severity evaluations. The reasons are variations in physician expertise and the lack of standardized assessment tools and protocols.
- Gap in Timely Initiation of Treatment Compared to Standard of Care (SoC). Despite guidelines recommending the timely initiation of systemic therapy, many patients do not receive appropriate treatment in a timely manner, with delays observed particularly in systemic therapies. The reasons are treatment decisions being constrained by limited resources, physician experience, and awareness of innovative therapies, as well as patients' lack of understanding of treatment options or concerns about side effects.
- Gap in Patient Adherence and Long-Term Management. There is a significant gap in long-term treatment management and patient adherence, particularly in treatment continuity and follow-up

management. Many patients experience treatment interruptions or non-compliance with established treatment protocols. The reasons are insufficient physician-patient communication, lack of follow-up systems, and inadequate ongoing patient education.

Barriers

In the process of standardizing the diagnosis and treatment of alopecia areata (AA), several barriers exist, including:

- The insufficient establishment of specialized clinics, which limits patients' access to targeted care, especially in the timely initiation of systemic therapies and the management of severe cases.
- Many healthcare institutions lack structured electronic medical record (EMR) systems, affecting the consistency of diagnosis and treatment, and hindering treatment decisions and long-term tracking.
- The absence of effective physician-patient communication tools leads to insufficient patient understanding of treatment plans, thereby impacting treatment adherence and the continuity of therapy.
- There is also a lack of effective patient follow-up systems in many areas, preventing timely adjustments to patients' conditions and affecting long-term treatment outcomes.
- Inadequate patient education results in poor patient understanding of disease management and long-term treatment, which further affects adherence and maintenance treatment management.
- The unequal distribution of medical resources, particularly in remote regions, limits the timely treatment and maintenance treatment management of patients with severe alopecia areata.

Current National Efforts to Reduce Gaps

- Strengthening Specialized Clinics and Dermatology Development. China has launched the Hair Health Standardized Diagnosis and Treatment Center project to support hospital infrastructure and improve diagnostic capabilities. It conducts nationwide multi-center studies, promoting the integration of big data research, specialized disease management, and chronic disease management to advance standardized hair disease treatment.
- Promoting Electronic Medical Record (EMR) Systems and Digital Healthcare. The National Health Commission has emphasized the use of EMR systems and digital healthcare initiatives, driving the standardization of diagnosis and treatment processes in medical institutions, ensuring data consistency, and enabling timely tracking of treatment plans.
- Building Telemedicine and Physician-Patient Communication Platforms. Many regions in China have implemented telemedicine platforms, offering online consultations and communication tools to improve patient understanding of treatment plans, thereby enhancing treatment adherence and disease management outcomes.
- Promoting Patient Follow-Up Management Systems. A joint initiative by the National Health Commission and five other departments promotes the widespread use of intelligent follow-up systems. China has begun implementing systematic patient follow-up management, enabling continuous health monitoring, treatment adjustments, and ensuring the sustainability of treatment.
- Optimizing Healthcare Resource Allocation, Especially in Primary Care. The National Health Commission's "Health Poverty Alleviation" policy aims to improve the infrastructure of primary healthcare institutions and encourages medical experts to conduct outreach and remote consultations in remote areas, addressing the imbalance in healthcare resources.

Expected Approximate Monetary Range of Grant Applications

IMPORTANT: 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.

- Individual projects requesting up to $100,000 will be considered. The estimated total available budget related to this RFP is $200,000.

- Award amounts include direct costs, institutional overhead costs (capped at 28% per Pfizer policy), and indirect costs.

Key Dates:

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

*Please note the deadline is 23:59 Eastern Standard Time (e.g., New York, GMT -5)

How to Submit:

IMPORTANT: 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.
  - Note: there are individual portals for each grant application type. Please be sure to use the URL above.
  - First-time users should click "Create your password".
- Click the "**Start A New Quality Improvement Grant Application**" button.
- Requirements for submission:
  - Complete all required sections of the online application.
  - **IMPORTANT:** Upload proposal (see Appendix) in the Proposal/Protocol field.
- In the application:
  - For the question "**Competitive Grant?**" select "**Yes**"
  - Select the following Primary Area of Interest: **Dermatology - Alopecia Areata - QI**
  - Select the following Competitive Grant Program Name: **2026 I&I CN Optimizing Disease Management to Improve AA Quality of Care QI**

Questions:

- If you encounter any technical difficulties with the website, please click here or the "Technical Questions" link at the bottom of the page in cybergrants.
- Please click here to view "Frequently Asked Questions" regarding the Competitive Grant Program.
- If you have questions regarding this RFP, please direct them in writing to the Grant Officer, Juan Liu (GMGChina@pfizer.com), with the subject line "2026 I&I CN Optimizing Disease Management to Improve AA Quality of Care QI - Jan 15, 2026"

Review and Approval Process

- Grant requests received in response to a general RFP are reviewed by Pfizer to make final grant decisions.

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.

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 Investment Co., Ltd. and, if approved the payment will be issued by a Pfizer China based legal entity.

About Pfizer Grants

Pfizer 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 competitive grant program involves a publicly posted general Request for Proposal (RFP) that provides detail regarding a general area of interest, sets timelines for review and approval, and uses an internal Pfizer review process to make final grant decisions. Organizations are invited to submit an application addressing the research gaps 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.

About Pfizer QI Grants

Quality improvement (QI) projects are systematic, data-guided, sustainable activities designed to bring about immediate, positive changes in the delivery of healthcare in particular setting[15,16]. Quality improvement seeks to standardize structure and processes to reduce variation, achieve predictable results, and improve outcomes for patients, healthcare systems, and organizations. Structure includes things like technology, culture, leadership, and physical capital. Process includes knowledge capital (e.g., standard operating procedures) or human capital (e.g., education and training)[17].

QI projects systematically apply what is already known into the local practice, intended to quickly improve patient care within a specific setting. The goal of QI projects is to close a gap in performance at a specific health care system. The "performance" is a standard in health care that is not efficiently/appropriately/consistently being done[18]. For these reasons, QI focuses on translating existing knowledge into programs or practices to immediately improve the quality of services to individuals and populations within a local institution or setting[19]. The risk of participation in QI is the same as the risk of receiving standard clinical care [20] since the standard of care remains the same for all patients.

In contrast, research projects use a systematic approach to discover something that is unknown. Research projects add new knowledge to what was previously unknown in literature through testing of a hypothesis or a scientific question [18]. Research aims to generate knowledge with broad applications, often through controlled studies. The subjects may or may not benefit directly from the knowledge gained. Research studies aim to

evaluate an innovation, study something new, or analyze a process not yet rigorously studied [20].

References

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2. Li Xiangqian, et al. Burden of alopecia areata in China, 1990–2021: Global Burden of Disease Study 2021. Chinese Medical Journal 138(3):p 318-324.
3. Xiangqian Li, et al. Patient-reported quality of life, psychosocial and economic burden of alopecia areata in China: a multicenter cross-sectional study. 2025 AAD. Poster ID: 62009.
4. Bewley A, et al. Patient-Reported Burden of Severe Alopecia Areata: First Results from the Multinational Alopecia Areata Unmet Need Survey. Clin Cosmet Investig Dermatol. 2024 Mar 29;17:751-761.
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14. Kushnir-Grinbaum D, et al. Systemic Treatment of Moderate to Severe Alopecia Areata in Adults: Updated Australian Expert Consensus Statement 2025. Australas J Dermatol. 2025 Nov;66(7):e444-e460.
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16. Lynn J, et al., Ann Intern Med, 2007.
17. Centers for Medicare & Medicaid Services, Page Last Modified: 09/10/2024.
18. Jackson C, Research Quality Manager, Office of Research and Scholarship University of Maryland, Baltimore School of Nursing.
19. Columbia University Institutional Review Board Guidance for the Classification of Quality Improvement Activities Versus Research with human Subjects, 2023.
20. Newhouse et al., J Nurs Adm, 2006.ibliography of relevant references.

Appendix

IMPORTANT: RFP Submission Requirements

Applications will be accepted via the online portal listed in the How to Submit section. Project Proposals/Protocols should be single-spaced using Calibri 12-point font and 1-inch margins. Note there is a 15-page limit exclusive of references. When uploading your Full Proposal please ensure it addresses the following sections:

Goals and Objectives

- Briefly state the overall goal of the project. Also describe how this goal aligns with the focus of the RFP and the goals of the applicant organization(s).
- List the overall objectives you plan to meet with your project both in terms of learning and expected outcomes. Objectives should describe the target population as well as the outcomes you expect to achieve as a result of conducting the project.

Assessment of Need for the Project

- Please include a quantitative baseline data summary, initial metrics (e.g., quality measures), or a project starting point (please cite data on gap analyses or relevant patient-level data that informs the stated objectives) in your target area. Describe the source and method used to collect data. Describe how the data was analyzed to determine that a gap existed. If a full analysis has not yet been conducted, please include a description of your plan to obtain this information.

Target Audience

- Describe the primary audience(s) targeted for this project. Also indicate whom you believe will directly benefit from the project outcomes. Describe the overall population size as well as the size of your sample population.

Project Design and Methods

- Describe the planned project and the way it addresses the established need.
- If your methods include educational activities, please describe succinctly the topic(s) and format of those activities.

Innovation

- Explain what measures you have taken to ensure that this project idea is original and does not duplicate other projects or materials already developed.
- Describe how this project builds upon existing work, pilot projects, or ongoing projects developed either by your institution or other institutions related to this project.

Evaluation and Outcomes

- In terms of the metrics used for the needs assessment, describe how you will determine if the practice gap was addressed for the target group. Describe how you expect to collect and analyze the data.
- Quantify the amount of change expected from this project in terms of your target audience.
- Describe how the project outcomes will be broadly disseminated.

Anticipated Project Timeline

- Provide an anticipated timeline for your project including project start/end dates.

Additional Information

- If there is any additional information you feel Pfizer should be aware of concerning the importance of this project, please summarize here.

Organization Detail

- Describe the attributes of the institutions / organizations / associations that will support and facilitate the execution of the project and the leadership of the proposed project. Articulate the specific role of each partner in the proposed project.

Budget Detail

- The budget amount requested must be in Chinese YUAN (CNY).
- 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 these 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 ER&G 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.

Required Documents

- Project Plan or Proposal