# Pfizer Quality Improvement Request for Proposals

Competitive Grant Program – using Pfizer Internal Review Process

## *Improving Precision Oncology Care Through Molecular Diagnostic Integration and Data Quality Improvement*

### Overview

Pfizer is launching a competitive Quality Improvement (QI) grant program to support initiatives in Kazakhstan that measurably improve the data collection, linkage, standardization, and use of oncology data across the patient pathway. Projects should focus on integrating molecular diagnostic results (actionable biomarkers) with treatment processes and selected outcomes to enable more timely, consistent, and evidence-informed care delivery and health system planning. This program is intended to strengthen data quality and data-enabled care processes in selected advanced cancers where precision diagnostics are critical to clinical decision-making.

### Geographic Scope

Kazakhstan (national or regional projects; multi-site collaborations encouraged).

### Project Types and Areas of Interest

Applicants are encouraged to propose data-driven QI projects that strengthen the diagnostic-to-treatment pathway through improved data capture, integration, governance, and reporting. Eligible activities may include:

A) Improving data quality and linkage (core focus)

B) Diagnostic pathway and testing process improvement

C) Individual-level data integration for population-level insight (epidemiology and service planning)

Projects should focus on QI initiatives in adult advanced lung cancer (ALK+ mNSCLC), metastatic breast cancer (HR+ HER2-/ HER2+ & BRCA1/2-associated mBC), prostate cancer (mCRPC, mCRPC guided by HRR/DNA-repair testing), explicitly excluding clinical research or evaluation of therapeutic or diagnostic efficacy and focusing solely on care processes and data quality.

### Key Milestones

| Submission Deadline | Anticipated Grant Award Notification | Anticipated Project Start Date/Duration |
|---|---|---|
| 2 JUN 2026 | AUG 2026 | OCT 2026 |

### Funding Range and Project Length

Individual projects requesting up to 5,000,000 - 10,000,000 KZT will be considered.

The expected project duration is 1-2 years.

## Eligibility

### Geographic Scope/Location of Project:

- Kazakhstan (national or regional projects; multi-site collaborations encouraged).

### 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 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 International LLC. 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 International LLC may be subject to rescission.

## Requirements

### Primary Area of Interest:

- Oncology – Precision Oncology Data & Diagnostic Pathway Quality Improvement

### 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.*

- Projects should focus on integrating molecular diagnostic results (actionable biomarkers) with treatment processes and selected outcomes to enable more timely, consistent, and evidence-informed care delivery and health system planning. This program is intended to strengthen data quality and data-enabled care processes in selected advanced cancers where precision diagnostics are critical to clinical decision-making.
- Applicants are encouraged to propose data-driven QI projects that strengthen the diagnostic-to-treatment pathway through improved data capture, integration, governance, and reporting. Eligible activities may include:
    - **Improving data quality and linkage (core focus)**

      Establishing or enhancing structured datasets that link molecular diagnostics with treatment patterns, key care-process timelines, and selected indicators, supported by standardized SOPs, data dictionaries, and workflows to ensure complete, timely capture and electronic linkage of biomarker results to treatment records across sites.
    - **Diagnostic pathway and testing process improvement**

      Quality improvement interventions to enhance appropriate molecular testing rates, turnaround times, and documentation completeness, while strengthening coordination between oncology centers, pathology/molecular laboratories, and referral networks through standardized requisitions, reflex testing pathways, and tracking tools.

- **Individual-level data integration for population-level insight (epidemiology and service planning)**

  Improving completeness and consistency of epidemiologic data through integration of hospital, laboratory, and registry sources, supported by dashboards and routine reports to monitor care pathways, inform service planning, and identify system bottlenecks.

- Projects should focus on quality improvement initiatives in adult advanced lung cancer (ALK+ mNSCLC), metastatic breast cancer (HR+ HER2-/ HER2+ and BRCA1/2-associated mBC), and metastatic prostate cancer (mCRPC and mCSPC guided by HRR/DNA-repair testing), explicitly excluding clinical research or evaluation of therapeutic or diagnostic efficacy and focusing solely on care processes and data quality.
- It is our intent to support quality improvement initiatives that enhance molecular and clinical data quality and interoperability, streamline the diagnostic-to-treatment pathway by reducing delays and variability, and enable actionable, integrated reporting to inform continuous improvement and health system planning.
- Multi-disciplinary collaborations are encouraged when appropriate, but all partners must have a relevant role.

## Target Audience

- Healthcare professionals and teams involved in oncology diagnostics and treatment pathways (e.g., oncologists, pathologists, molecular diagnostics laboratories, data managers, registry staff, and multidisciplinary care teams) who will use, generate, or act on the improved data and processes.

## Disease Burden Overview

- Lung cancer (LC) remains a major public health challenge in Kazakhstan, ranking first in incidence and mortality among men. According to GLOBOCAN, 2022, LC accounted for 4,429 new cases and 17.8% of all cancer-related deaths (n = 3,688), with substantially higher incidence in men than women (41.4 vs. 4.5 per 100,000)[1]. National data from the Electronic Cancer Registry of the Republic of Kazakhstan (ECR RK) reported 3,925 new cases and 2,120 deaths in 2022, suggesting possible underestimation compared with WHO figures[2]. Although EGFR, ALK, and PD-L1 testing is implemented under the comprehensive Cancer Control Plan, molecular data are not systematically linked to the cancer registry, limiting population-level analyses.
- Breast cancer (BC) is the most common cancer and leading cause of cancer mortality among women in Kazakhstan. In 2022, 4,570 new cases and 1,574 deaths were estimated (GLOBOCAN)[1]. National data from the Electronic Cancer Registry (ECR RK) reported 5,171 new cases and 1,060 deaths in 2022 from BC[2]. The 5-year survival rate remains relatively low at 71.6%, with significant regional disparities[3]. State-funded molecular diagnostics include ER/PR, HER2, Ki-67, and PD-L1 (for TNBC); however, BRCA1/2 testing is not covered, despite its clinical relevance.
- Prostate cancer (PC) represents a growing burden, with 1,359 new cases and 639 deaths estimated in 2022 (Globocan)[1]. Age-standardized incidence and mortality rates were 15.5 and 7.5 per 100,000, respectively[1]. According to Electronic Cancer Registry (ECR RK) there were 1465 new cases of PC and 325 deaths in 2022[2]. BRCA1/2 and HRR testing are currently unavailable, limiting access to precision oncology for PC patients.

## Recommendations and Target Metrics

- To ensure measurable impact and accountability, the project recommends implementing a defined set of standardized, outcome and process-oriented metrics within the national cancer registry. These metrics will enable monitoring of early diagnosis, access to essential molecular diagnostics, timeliness of treatment, survival outcomes, and data quality, in alignment with WHO cancer control priorities and ESMO principles of precision oncology and equity of access[4-8].
- Applicants are encouraged to establish clear baselines and time-bound improvement targets across the following metric domains:
  - **Testing process metrics:** proportion eligible patients with documented molecular testing; time from diagnosis to test order; time from sample receipt to result; proportion of results returned before treatment decision[4,5,7,8].

- **Data completeness/linkage:** % patients with molecular result linked to treatment start; completeness of key fields (biomarker result, date, method, lab, line of therapy, key timestamps) [5,6,7,8].
- **Pathway reliability:** reduced missingness, reduced duplication, improved concordance across systems[6,7].
- **Sustainability:** adoption of SOPs, governance, training, and routine reporting cadence beyond grant period[5,7,8].

## Gaps Between Actual and Target, Possible Reasons for Gaps

- Current registry data indicates substantial gaps between observed performance and desired targets. Discrepancies between national registry figures and WHO/GLOBOCAN estimates suggest potential underreporting or incomplete case capture[1-2]. A significant proportion of cancers, particularly breast and lung cancer, continue to be diagnosed at advanced stages, indicating missed opportunities for early detection[1,2,3,9].
- Coverage and documentation of molecular diagnostics remain inconsistent across regions and cancer types. While testing for key biomarkers is available under national programs, molecular results are not systematically integrated into the cancer registry, resulting in incomplete visibility of diagnostic pathways and limited ability to assess biomarker-driven treatment decisions. Survival outcomes remain suboptimal, with notable regional disparities, reflecting differences in access to diagnostics, treatment, and care coordination[9,10,11].
- From a system perspective, delays in data entry, incomplete linkage between information systems[10-11], and reliance on manual calculations further widen the gap between actual and target performance.

## Barriers

- A key challenge is limited interoperability between existing information systems, including the cancer registry, laboratory systems, and hospital information systems. Molecular diagnostic, treatment, and outcome data are often stored separately, limiting patient-level linkage and comprehensive pathway analysis[9,10,11].
- Variation in clinical and administrative workflows across regions and facilities may affect data completeness and timeliness[10,11].
- Training and capacity gaps among clinicians, registry staff, and health administrators may limit effective use of analytics tools[9,10].
- Governance and access-control issues, including unclear roles and permissions, may constrain data sharing. A clear governance framework with role-based access and accountability mechanisms will be established[9,11].
- Finally, data protection and confidentiality requirements: Handling of patient-level clinical and molecular data raises important data protection and privacy concerns, particularly when integrating multiple data sources and enabling broader access to analytics outputs[9].

## Current National Efforts to Reduce Gaps

- In recent years, Kazakhstan has made important progress in establishing a national cancer registry[10] and expanding access to molecular and genetic testing[9]. However, the availability, utilization, and documentation of molecular diagnostics (e.g., ALK testing in lung cancer, BRCA1/2 testing in breast cancer) remain variable across regions and healthcare settings. Data related to diagnostics, treatment initiation, and outcomes are often stored in separate systems (oncology centers, laboratories, hospital information systems), resulting in fragmented data flows and incomplete linkage at the individual record level[9,10,11].
- In particular, the lack of integrated molecular, treatment, and outcome data within the cancer registry limits system-level assessment of care pathways for advanced cancers where precision diagnostics are essential[9,10].
- Improved integration of **molecular diagnostics, treatment process data, and epidemiological outcomes** within the national cancer registry is therefore needed to strengthen data completeness, enhance quality monitoring, and support evidence-informed decision-making at regional and national levels[9,11]. Applicants are encouraged to reference available national or regional data sources to further describe local disease burden and justify identified quality improvement gaps.
- Applicants should describe any relevant existing initiatives (registry reporting, digitization efforts, quality programs) and explain how the proposed project complements - not duplicates - ongoing efforts.

## 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.

- The recommended funding range per project is up to 5,000,000–10,000,000 KZT, subject to project duration. 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: **Oncology – General/Non-specific/Other – QI**
  - Select the following Competitive Grant Program Name: **2026 ONC KZ Improving Precision Oncology 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 designated Grant Officer, Neha Singhal (GlobalMedicalGrants@pfizer.com) listed in the application portal, with the subject line

"Improving Precision Oncology Care Through Molecular Diagnostic Integration and Data Quality Improvement – 21APR2026".

## 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 International LLC and, if approved the payment will be issued by a Pfizer US 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[12,13]. 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)[14].

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[15]. 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[16]. The risk of participation in QI is the same as the risk of receiving standard clinical care[17] 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[15]. 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[17].

## References


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2. Kaidarova D.R., Shatkovskaya O.V., Ongarbaev B.T., et al. Indicators of the oncological service of the Republic of Kazakhstan, 2023 (Statistical and analytical materials) / ed. D.R. Kaydarova. – Almaty, 2024. – 410 p. (in Russ.). https://doi.org/ DOI: 10.52532/20-09-2024-1-410.
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14. Centers for Medicare & Medicaid Services, Page Last Modified: 09/10/2024.
15. Jackson C, Research Quality Manager, Office of Research and Scholarship University of Maryland, Baltimore School of Nursing.

16. Columbia University Institutional Review Board Guidance for the Classification of Quality Improvement Activities Versus Research with human Subjects, 2023.
17. Newhouse et al., J Nurs Adm, 2006.bibliography 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 the 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 assure 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 Kazakstanian Tenge (KZT).
- 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
- Include any additional documents you would like to receive in the application (e.g., Letter of Support from the organization), if applicable.