Pfizer Quality Improvement Request for Proposals

Competitive Grant Program – using Pfizer Internal Review Process

OPTIMA-HEMA Project: Optimizing the Management and Application of Novel Immunotherapies in Hematologic Malignancies

Overview

This competitive program seeks proposals for quality-improvement initiatives aimed at advancing the quality of health care and clinical practice in the use of novel immunotherapies including Bispecific Antibodies (BsAbs) and Antibody-Drug Conjugates (ADCs) for patients with multiple myeloma (MM) or B-cell acute lymphoblastic leukemia (B-ALL). Funded projects will be required to describe the efficacy of the proposed clinical initiative using outcome measures that demonstrate improvements in the clinical management of immunotherapies for patients with MM or B-ALL, as well as improvements in patients' health status and quality of life.

Geographic Scope

Mainland China

Project Types and Area of Interest

To improve patient outcomes and care efficiency in **relapsed/refractory multiple myeloma (RRMM)** and **B-cell acute lymphoblastic leukemia (B-ALL)** by supporting **system-level interventions** that enable effective delivery of bispecific antibodies and related immunotherapies across real-world care settings.

This RFP seeks **evidence-based, implementation-focused projects** that address critical gaps in care delivery, with an emphasis on **scalable models that improve coordination, reduce complications, and standardize clinical practice** across the treatment settings.

Key Milestones

Submission Deadline	Anticipated Grant Award Notification	Anticipated Project Start Date/Duration
15 JUL 2026	SEP 2026	NOV 2026

Funding Range and Project Length

The total available budget related to this RFP is $128,000. Individual projects requesting up to $40,000 will be considered. We anticipate awarding 4 projects.

Maximum project length is 2 years.

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 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 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:

- Oncology – Hematology - Multiple Myeloma; Acute Lymphoblastic Leukemia

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.

- This RFP seeks evidence-based, implementation-focused projects that address critical gaps in care delivery, with an emphasis on scalable models that improve coordination, reduce complications, and standardize clinical practice across the treatment settings.
- **Priority Areas**
  1. Integrated Care Delivery
     - Optimize **end-to-end care pathways** for patients receiving immunotherapies.
     - Improve **transitions of care** (e.g., inpatient to outpatient).
     - Reduce hospital length of stay, readmissions, and return visits.
  2. Adverse Event Management Systems
     - Implement standardized protocols and clinical pathways for early detection and management of treatment-related adverse events (AE)
     - Focus on high-impact complications, including:
       - Infections
       - Cytokine release syndrome (CRS), and immune effector cell-associated neurotoxicity syndrome (ICANS).
       - Veno-occlusive disease/sinusoidal obstruction syndrome (VOD/SOS).

3. Networked Models of Care
    - Establish **collaborative frameworks** between tertiary centers and community providers.
    - Enable appropriate patient selection, referral, and co-management.
    - Expand access to specialized expertise in routine practice.
4. Diagnostic and Treatment Optimization
    - Improve patient identification and risk stratification.
    - Increase alignment with clinical guidelines and expert consensus.
    - Support consistent, evidence-based **treatment decision-making.**

- **Funding Priorities**
    - Preference will be given to projects that:
        - Deliver sustainable improvements in patient care and outcomes
        - Address **real-world implementation barriers** in immunotherapy management
        - Demonstrate practical applicability beyond a single institution

Target Audience

- Hematology oncologists, Medical oncologists

Disease Burden Overview

- Disease Burden Overview of MM:
    - Multiple myeloma (MM) is a malignant hematological disorder characterized by the proliferation of clonal plasma cells in the bone marrow, resulting in a broad spectrum of clinical complications, including renal failure, bone lesions, and anemia[1]. The age-standardized incidence, mortality, and prevalence rates per 100,000 population of multiple myeloma in China were 0.8, 0.6, and 2.2, respectively[2]. The highest disease burden was observed in provinces with the highest per capita GDP[2].
    - Regarding the increasing trend of disease burden from 1990 to 2021, a more rapid increase in incidence was observed among younger populations in China[2]. From 1990 to 2021, the age-standardized incidence and mortality increased by 3.1 % and 2.2 %, respectively, while prevalence increased disproportionately by 5.8%, reflecting improved treatment efficacy and extended patient survival[2].
    - In 2019, MM was responsible for an estimated 347.45 thousand disability-adjusted life years (DALYs) in China, corresponding to an age-standardized DALY rate of 17.05 (95% UI, 12.31–20.77) per 100,000 in 2019[3]. The age-specific DALY rates per 100,000 increased to more than 10.00 in the 40 to 44 years age group reaching a peak (93.82) in the 70 to 74 years age group[3]. From 1990 to 2019, the DALYs of MM increased 134% and the burden of MM showed a heterogeneous pattern in China, which highlighted the need of tailored disease prevention and control strategies in both national and provincial levels[3].
    - Given the natural history of multiple myeloma, disease relapse is common and most patients require multiple lines of therapy[5]. In the current NCCN Guidelines, there are 3 bispecific antibodies (elranatamab, talquetamab and teclistamab) and 2 CAR T-cell therapies (idecabtagene vicleucel and ciltacabtagene autoleucel) approved by the FDA and included as preferred options for relapsed/refractory MM after at least 4 prior therapies including an anti-CD38 monoclonal antibody, a PI, and an IMiD[4]. However, multiple real-world studies have demonstrated that outcomes in routine clinical practice remain inferior to those reported in clinical trials[6]. In particular, patients with triple-class-refractory relapsed or refractory MM continue to experience poor prognosis, with a median overall survival of less than one year under current standard-of-care treatment paradigms, highlighting a persistent and substantial unmet medical need[6].
- Disease Burden Overview of ALL:
    - Acute lymphoblastic leukemia (ALL) is an aggressive malignancy of lymphoid progenitor cells. The overall incidence of ALL in China is approximately 0.8–1.0 per 100,000 population, with B-cell

precursor ALL accounting for nearly 75% of cases[11]. Although ALL is more frequently diagnosed in children, the majority of ALL-related mortality occurs in adults, reflecting inferior outcomes with conventional therapies in this population[11].

- In adults, complete remission rates exceed 90% in standard-risk disease and approximately 70–80% in high-risk patients; however, 30–60% of patients who achieve remission eventually relapse, most commonly within the first 18–24 months from diagnosis[9]. Outcomes after relapse remain poor, with a median overall survival of approximately 4–8 months and a 5-year overall survival rate of ⩽10% in the pre-immunotherapy era[10].
- The therapeutic landscape of adult ALL is rapidly evolving with the introduction of tyrosine kinase inhibitors and immune-based approaches, including antibody–drug conjugates, bispecific T-cell engagers, and CAR-T cell therapies[10]. These strategies have substantially improved response rates, increased the feasibility of allogeneic stem-cell transplantation, and, in selected cohorts treated at specialized centers, have translated into long-term survival rates approaching 50–60%[8,10]. Nevertheless, population-based data from China indicate that the 5-year overall survival for adult ALL remains approximately 30%, underscoring the persistent unmet medical need[11].

Recommendations and Target Metrics

- MM: Guideline from the Chinese Society of Clinical Oncology (CSCO) recommends bispecific antibodies as Class I treatment for patients with RRMM after failure of 3 prior therapies[12]. The management of AEs such as CRS, ICANS, and infections can refer to Chinese expert consensus on prevention and treatment of immunotherapeutic and molecular targeted agents-related infections in patients with hematological malignancies (2025)[13] and The Chinese clinical expert consensus for the BCMA bispecific T cell engager in the treatment of multiple myeloma (2025)[14].
- ALL: Guidelines from the Chinese Medical Association (CMA) and Chinese Society of Clinical Oncology (CSCO) recommend first-level treatment with inotuzumab ozogamicin for R/R B-ALL patients[12,15]. Besides, is recommended in selected frontline or early-line settings[12]. For the management of VOD in B-ALL patients treated with ADC, EBMT also has corresponding diagnostic and severity criteria and expert perspectives to refer to, with clear strategies for risk identification, prevention, and treatment measures[16].
- However, adherence of clinical practice to published guidelines is low, and there are also significant differences in the level and standardization of immuno-targeted therapy management between different hospitals/institutions.
- Therefore, the recommended target metrics including but not limited to:
  - Barriers to implementing novel immunotherapies in different medical centers.
  - Improving quality of care of MM/B-ALL patients receiving BsAbs/ADC treatment such as decreased unplanned visits, decreased length of stay, patient adherence to outpatient management toolkit, etc.
  - Improving AE management quality: risk stratification and prophylaxis adherence, diagnosis accuracy, treatment discontinuation due to AE, etc.
  - Improving system support and HCP novel immunotherapies management ability/confidence such as for community hospitals/institutions: provider confidence index, tele-MDT engagement rate, turnaround time for the academic centers to respond to a community center consult request, etc.

Gaps Between Actual and Target, Possible Reasons for Gaps

- Despite the broader adoption of novel immunotherapies and the resulting improvement in outcomes for patients with B-ALL in China, long-term survival remains inferior to that reported by leading academic centers. A proportion of patients still do not receive timely or appropriate novel immunotherapies, and substantial heterogeneity exists across medical centers with respect to treatment experience and management capabilities. Some regional institutions continue to have limited or no practical experience with these agents.
- In MM, the clinical implementation of BCMA bispecific antibodies is relatively recent. Although these agents have received a Class I recommendation in national guidelines for patients with triple-class refractory

relapsed or refractory MM (TCR MM), management experience remains limited in many centers, with marked variability in the level and standardization of care. Ensuring that eligible patients have access to appropriate therapies, together with consistent and standardized management, is therefore essential.

- Current clinical practice highlights that improving patient access to immunotherapies and strengthening standardized management are critical to optimizing outcomes. However, many medical centers lack unified protocols for the prevention, recognition, and management of adverse events associated with novel immunotherapies. In particular, non-tertiary centers often report insufficient experience, confidence, and system support, which may limit appropriate use of these therapies. There is thus an urgent need to enhance institutional capabilities and improve adherence to established guidelines and expert consensus.
- Based on the identified gaps, key areas for improvement include：
  - Enhanced healthcare professional adherence to standardized immuno therapy management pathways.
  - Robust system-level support for medical centers of varying complexity when addressing challenges related to immunotherapies.
  - Improved patient experience and quality of care, including optimized inpatient and outpatient treatment pathways for patients receiving immunotherapies.

Barriers

- Based on current clinical practice and relevant needs assessments, key barriers to the optimal implementation of immunotherapies in MM and B-ALL can be identified across several dimensions:
  - Adherence to standardized immuno therapy management varies substantially across medical centers, and systematic institutional support is often lacking. As a result, patients may not consistently receive uniform, high-quality care irrespective of the treating institution.
  - There is insufficient experience in the prevention, recognition, and management of key adverse events associated with bispecific antibodies and antibody–drug conjugates, accompanied by a lack of locally implemented and standardized management protocols.
  - Effective and well-defined clinical practice procedures for the outpatient management of bispecific antibodies remain underdeveloped, limiting broader and more efficient adoption of these therapies beyond specialized centers.

Current National Efforts to Reduce Gaps

- CSCO and CMA have developed relevant expert consensus on drug management.[12-15]
- Some hospitals/institutions have also started following the consensus for AE management.

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 total available budget related to this RFP is $128,000. Individual projects requesting up to $40,000 will be considered. We anticipate awarding 4 projects.
- 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 - Hematologic - QI**
  - Select the following Competitive Grant Program Name: **2026 ONC CN Multiple Myeloma and Acute Lymphoblastic Leukemia 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 ONC CN Multiple Myeloma and Acute Lymphoblastic Leukemia QI –20 May 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.

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[17,18]. 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)[19].

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[20]. 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 [21]. The risk of participating in QI is the same as the risk of receiving standard clinical care[22] 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[20]. 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 [22].

References

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21. Columbia University Institutional Review Board Guidance for the Classification of Quality Improvement Activities Versus Research with human Subjects, 2023.
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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 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 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.

Required Documents

- Project Plan or Proposal