I. Background

The mission of Pfizer Independent Grants for Learning & Change (IGL&C) is to partner with the global healthcare community to improve patient outcomes in areas of mutual interest through support of measurable learning and change strategies. “Independent” means that the projects funded by Pfizer are the full responsibility of the recipient organization. Pfizer has no influence over any aspect of the projects and only asks for reports about the results and the impact of the projects in order to share them publicly.

Through this CGA we encourage organizations to submit grant requests that, if funded, will support education in a specific disease state, therapeutic area, or broader area of educational need.

When a CGA is issued, it is posted on the IGL&C website (www.cybergrants.com/pfizer/knowledge) in the Grants Process section and is sent via e-mail to all registered users in our grants system. Some CGAs may also be posted on the websites of other relevant organizations.

II. Eligibility

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<tr>
<th>Geographic Scope:</th>
<th>United States Only</th>
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<tr>
<td>Applicant Eligibility Criteria:</td>
<td>The following may apply: medical, dental, nursing, allied health, and/or pharmacy professional schools; healthcare institutions (both large and small); professional associations and medical societies; medical education companies; and other entities with a mission related to healthcare professional education and/or healthcare improvement. More information on organizations eligible to apply directly for a grant can be found at <a href="http://www.pfizer.com/files/IGLC_OrganizationEligibility_effJuly2015.pdf">http://www.pfizer.com/files/IGLC_OrganizationEligibility_effJuly2015.pdf</a>. Collaborations within institutions (e.g., between departments and/or inter-professional), as well as between different institutions/organizations/associations, are encouraged. All partners must have a relevant role, and the requesting organization must have a leadership role.</td>
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III. Requirements

<table>
<thead>
<tr>
<th>Date CGA Issued:</th>
<th>September 9, 2016</th>
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<tbody>
<tr>
<td>Clinical Area:</td>
<td>Risk Communication</td>
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**Specific Area of Interest for this CGA:**

There are a number of resources and recommendations for how healthcare providers can better communicate with patients about the benefits, harms, and risks associated with the treatment options available to them.¹ These resources include literature reviews, specific guidance, and web-based tools for how to more effectively interact with patients about the benefits, harms, and risks associated with their medical care. They cover recommendations for how to address literacy, health literacy, numeracy, cognitive biases, framing, effects, information overload, and cognitive workload. Sometimes these recommendations are linked to shared decision-making efforts because that process inherently requires patients to understand their disease and treatment choices in order to be effective partners in selecting a treatment.² However, due to a lack of healthcare provider knowledge and awareness, many of these best practices for risk communication are not being implemented to their fullest extent.

It is our intent to support continuing professional development programs (CME/CE) that increase health care providers’ awareness and understanding of available risk communication resources and recommendations. Rather than generate new resources, we are interested in filling the knowledge gaps in risk communication through increased education about currently available tools for communicating with patients regarding the risks and benefits of their treatment options.

Educational programs may include topics such as (but not limited to):

- Numeracy skills and risk literacy skills
- Visualization and the use of visual aids in specific populations
- Difficulty in grasping multiple combinations of various possible events
- Anchoring to a specific starting point, vivid memory, or socially-dominant event
- Extrapolation of population-level information to specific patient circumstances
- Avoidance of difficult decisions, difficult tradeoffs, patient activation, and/or patient engagement
- Resolution of conflicting viewpoints and/or values related to a patient’s health decisions
- How patients and clinicians cope with broader media representations of treatment benefits, risks, and uncertainties and how these influence their choices (and how to better address them in patient-clinician interactions)

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- Informed consent shortfalls
- Psychosocial and emotional factors that influence risk communication and understanding
- Varying levels of trust in the benefit-risk information provided and trust in those providing such information—as well as trust in the health care system

Risk communication educational programs are welcome in any therapeutic area. Priority will be given to programs in therapeutic areas that have not been explored previously or where a specific knowledge gap is documented and justified.


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<tr>
<th>Expected Approximate Monetary Range of Grant Applications:</th>
<th>Individual projects requesting up to $250,000 will be considered. The total available budget related to this CGA is $250,000.</th>
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<tr>
<td></td>
<td>The grant amount Pfizer will be prepared to fund will depend upon the evaluation of the proposal and costs involved and will be stated clearly in the approval notification.</td>
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<th>Key Dates:</th>
<th>CGA release date: September 9, 2016</th>
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<tr>
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<td>Grant application due date: October 21, 2016</td>
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<td>Please note the deadline is midnight Eastern Time (New York, GMT -5).</td>
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<td>Anticipated Grant Award Notification Date: December 2, 2016</td>
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<td>Grants distributed following execution of fully signed Letter of Agreement</td>
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<td>Period of Performance: January 2017 to January 2019</td>
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<th>How to Submit:</th>
<th>Please go to the specific application log-in page and sign in. First-time users should click “REGISTER NOW”.</th>
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<td>Select the following Educational Area: CGA- Risk Communication</td>
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<td></td>
<td>Requirements for submission: Complete all required sections of the online application and upload the completed CGA template (see Appendix). If you encounter any technical difficulties with the grant management system, please click the “Need Support?” link at the bottom of the page.</td>
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<td></td>
<td>IMPORTANT: Be advised applications submitted through the wrong application type and/or submitted after the due date will not be reviewed by the committee.</td>
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<td>Questions:</td>
<td>If you have questions regarding this CGA, please direct them in writing to, Derek Warnick at (<a href="mailto:derek.warnick@pfizer.com">derek.warnick@pfizer.com</a>), with the subject line “Risk Communication CGA 2016”</td>
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<td>Mechanism by which Applicants will be Notified:</td>
<td>All applicants will be notified via email by the dates noted above. Applicants may be asked for additional clarification or to make a summary presentation during the review period.</td>
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**IV. Terms and Conditions**

1. This CGA does not commit Pfizer or its partners to award a grant or a grant of any particular size if one is awarded, nor to pay any costs incurred in the preparation of a response to this request.

2. Pfizer reserves the right to accept or reject any or all applications received as a result of this request, or to cancel this CGA in part or in its entirety, if it determines it is in the best interest of Pfizer to do so.

3. For compliance reasons and in fairness to all applicants, all communications about the CGA must come exclusively to Pfizer IGL&C. Failure to comply will disqualify applicants.

4. Consistent with its commitment to openness and transparency, Pfizer reports education grants provided to medical, scientific, and patient organizations in the United States. Pfizer reserves the right to announce the details of successful grant application(s) by whatever means insures transparency, such as on the Pfizer website, in presentations, and/or in other public media.

5. Pfizer reserves the right to share with organizations that may be interested in contacting you for further information (e.g., possible collaborations) the title of your proposed project and the name, address, telephone number, and e-mail address of the applicant from the requesting organization.

6. To comply with 42 U.S.C. § 1320a-7h and 42 C.F.R. §§ 403.900-.914 (the Sunshine Act), Provider (sponsor) must provide to Pfizer specific information for the U.S.-licensed physicians and U.S. teaching hospitals (“Covered Recipients,” as defined by applicable law) to whom Provider (sponsor) furnished payments or other transfers of value from the original independent grant awarded by Pfizer. Those payments or transfers-of-value include compensation, reimbursement for expenses, and meals provided to faculty (planners, speakers, investigators, project leads, etc.) and “items of value” (items that possess a discernable value on the open market, such as textbooks) provided to faculty and participants, if those faculty and/or participants meet the definition of Covered Recipient. Provider (sponsor) must submit the required information during the reconciliation process or earlier, upon Pfizer’s request, so Pfizer can meet Sunshine Act reporting commitments. Be advised that Pfizer will not make any payments to any individuals; grant funding shall be paid directly to Provider (sponsor).

Frequently Asked Questions related to IGLC’s Sunshine Act Reporting Requirements are available on our website (http://www.pfizer.com/files/IGLCsunshineFAQ_updatedJan2016.pdf).

7. No portion of a Pfizer independent grant may be used for food and/or beverages for learners and/or participants in any capacity. Provider (sponsor) will be required to certify during the reconciliation process and/or the periodic collection of Sunshine reporting that funds were not used for food and/or beverages for learners and/or participants.

8. In the performance of all activities related to an independent grant, the Provider (sponsor) and all participants must comply with all applicable Global Trade Control Laws. “Global Trade Control Laws” include, but are not limited to, U.S. Export Administration Regulations; the International Traffic in Arms Regulations; EU export...
controls on dual-use goods and technology; Financial Sanctions Laws and Restrictive Measures imposed within the framework of the CFSP - Treaty on European Union; and the economic sanctions rules and regulations administered by the U.S. Treasury Department's Office of Foreign Assets Control.

Appendix: CGA Grant Submission Template

Grant Applications should be single-spaced using Calibri 12-point font and 1-inch margins. Note there is a 15-page limit exclusive of references. Please include the following:

A. Title
B. Organizational Detail: Describe the attributes of the institutions/organizations that will support and facilitate the execution of the project, the leadership of the proposed project, and the specific role of each partner in the proposed project.
C. Goal: Briefly state the overall goal of the project.
D. Objectives: List the objectives you plan to meet with your project, in terms of learning and expected outcomes.
E. Assessment of Need: Include a quantitative baseline data summary, initial metrics, 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.
F. Target Learner Audience: Describe the primary audience(s) targeted for this project. 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.
G. Project Design and Methods: Describe the planned project, the educational approach, and the way the planned methods address the established need.
H. 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.
I. Outcomes Evaluation: In terms of the metrics used for the needs assessment, describe how you will determine if the gap was addressed for the target group. Identify the sources of data you anticipate using to make the determination. Describe how you expect to collect and analyze the data. Explain the method used to control for other factors outside this project (e.g., use of a control group or comparison with baseline data). Quantify the amount of change expected from this project in terms of your target audience. Describe how you will determine if the target audience was fully engaged in the project.
J. Dissemination Plan: Describe how the project may have extended benefit beyond the grant. Will the teaching materials be made available to others to use? Will there be tools or resources that are made publicly available beyond the initial project. Describe how the project outcomes might be broadly disseminated.
K. Timeline
L. Additional Information: If there is any additional information you feel Pfizer should be aware of concerning the importance of this project, please summarize it in within the page limitations.
M. References (outside the 15-page limit)
   • There is no designated format for references
N. Budget (See template available in application)
   • While estimating your budget please keep the following items in mind:
     • Grants awarded by IGLC cannot be used to purchase therapeutic agents (prescription or non-prescription).
     • Pfizer maintains a company-wide, maximum allowed overhead rate of 28% for projects.
     • A separate Excel file should be uploaded. This does not count toward the page limit.
       • An example of the budget template can be found here: http://cybergrants.com/pfizer/docs/KnowledgeGapBudgetTemplate2015.xls
       • At the conclusion of your program, a reconciliation of expenses is required using the original budget file submitted.
Grant Applications should be single-spaced using Calibri 12-point font and 1-inch margins. There is a 15-page limit exclusive of references. If extensive, references may be included on 1-2 additional pages.