Pfizer Independent Grants for Learning & Change (IGLC)
on behalf of the Bristol-Myers Squibb – Pfizer Alliance ["the Alliance"] Request for Proposals (RFP)
'Quality Improvement Initiatives: Improving Screening and Diagnosis of Atrial Fibrillation and Optimizing Treatment and Management in Accordance with Canadian Guidelines'

Date	April 16, 2018
RFP Requestor Information	Name: Stephanie Duench, PhD Title: Field Medical Advisor Phone: 416-580-6240 E-mail: stephanieann.duench@pfizer.com
Clinical Area	Atrial fibrillation diagnosis, treatment and management optimization in accordance with Canadian guidelines
Geographic Coverage	Canada
Area of Interest	It is our intent to support Quality Improvement initiatives that focus on: • Improving the screening, case finding and diagnosis rates of Afib and, • Stroke treatment optimization in accordance with the CCS guidelines It is expected that projects will be focused on quality improvement and the proposed evaluation will follow generally accepted scientific principles. During review the intended outcome of the project is given careful consideration and, if appropriate based on the project goal, projects with the maximum likelihood to directly impact patient care will be given high priority. There is a considerable amount of interest in receiving responses from projects that utilize system-based changes. Although educational efforts for providers and patients may be entirely appropriate components in responses to this RFP, projects that include an overt description of service evaluation, pathway implementation, or system changes will be given high priority. The evaluation plan for the projects will also be a key consideration for priority selection. In addition, projects with broad applicability and transferability will be important as successful projects will be expected to help with onward dissemination of learning and system improvement implementation.

	It is not the intent of this RFP to support clinical research projects. Research projects, such as those evaluating therapeutic or diagnostic agents will not be considered.
Intended Audience (may include, but not limited to)	Primary Care Providers, Allied Healthcare Professionals (ie, NPs, PAs, pharmacists), Cardiologists, and/or other healthcare professionals involved in the care of patients with CV disease
Recommendations and Target Metrics:	**Related Guidelines and Recommendations** • CCS (Canadian Cardiovascular Society): 2016 Focused Update of the Canadian Cardiovascular Society Guidelines for the Management of Atrial Fibrillation; Published November 29, 2016. Thrombosis Canada Clinical Guides (http://thrombosiscanada.ca/clinicalguides/)
Budget/Budget Range	The total available budget related to this RFP is $100,000 and we anticipate supporting 3-5 projects. The amount of the grant the Alliance will be prepared to fund for any project will depend upon an external review panel's evaluation of the proposal and associated project budget and will be stated clearly in the approval notification.
Key Dates:	RFP release date: April 16th, 2018. Full Proposal Deadline: June 15th 2018 Please note the deadline is midnight EST. Anticipated Full Proposal Notification Date: September 1st 2018 Grants will be distributed following execution of fully signed Letter of Agreement. Period of Performance: Two years is the maximum project length to complete the outlined and approved project. Projects should begin prior to December 2018.
How to Submit:	Please go to www.cybergrants.com/pfizer/loi and sign in. First-time users should click "REGISTER NOW". Select the following Area of Interest: Atrial Fibrillation Diagnosis, Treatment and Management Optimization Requirements for submission: Be advised the system is designed for a two-stage submission process: 1) Letter of Intent and 2) Full Proposal. However, for this RFP, we are not using

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<tr><td></td><td>a Letter of Intent. Instead, the only stage will be submission of the Full Proposal. Complete all required sections of the online application. In the “Required Uploads” section, please follow the table below

<table><tr><th>For field name</th><th>Please upload</th></tr><tr><td>Letter of Intent</td><td>Full Proposal (see application guidelines in Appendix)</td></tr><tr><td>LOI Additional Uploads</td><td>Complete budget template which is available at the following link: https://www.cybergrants.com/pfizer/docs/BudgetTemplate2017.xls</td></tr></table>
See Appendix for details on requirements for the Full Proposal.

Given that this program is utilizing a one-stage submission process, please remember to consider the following when drafting your proposal:

• Consider carefully whether your proposal is aligned to the scope of the RFP. If your proposal is outside of scope of the RFP, it cannot be funded.
• Review your project design and methods. Are you adequately and appropriately explaining what you plan to do to an audience who may not be familiar with your previous work?
• Review your evaluation plan. Is your plan for evaluating the success of your project appropriate and valid?
• Ensure that your budget is comprehensive and fully itemized.

If you encounter any technical difficulties with the website, please click the “Need Support?” link at the bottom of the page.

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></tr>
<tr><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></tr>
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Background

Atrial fibrillation (AF) remains one of the major causes of stroke, heart failure, death and cardiovascular morbidity in the world. Nonvalvular atrial fibrillation (NVAF) is defined “as AF in the absence of rheumatic mitral stenosis, a mechanical or bio-prosthetic heart valve, or mitral valve repair.”[1] According to a retrospective study of a large claims database in the US, including commercial health insurance and Medicare Advantage health plan, NVAF prevalence is

projected to increase from 5.2 million cases in 2010 to 7.5 million cases in 2018.[2] International studies from Sweden and Japan have demonstrated that 25%-38% of the AF population is undiagnosed.[3.4] The prevalence of undiagnosed NVAF (and therefore lack of treatment and monitoring by a healthcare provider) is disturbing, as AF patients have 5-fold higher risk of developing a stroke and ~2-fold risk of dying from stroke.[5] The attributable risk of stroke increases from 1.5% at 50 to 59 years of age to 23.5% at 80 to 89 years of age.[6]

Screening is important to prevent cardiovascular events from occurring. For example, the 2016 Canadian Cardiovascular Society has recommended hypertension and dyslipidemia screening on different age groups and gender.[7-] The 2016 European Society of Cardiology (ESC) Guidelines for the management of atrial fibrillation includes the following two recommendations:[8]

1. Opportunistic screening for AF is recommended by pulse taking or electrocardiogram rhythm strip in patients >65 years of age
2. Systematic ECG may be considered for patients >75 years or those at high risk of stroke.

Literature reviews have summarized that there are two main approaches for AF screening:[9]

- Opportunistic screening during routine medical consultation.
- Systematic screening done in a wider range of people than those who present for routine medical consultations, including:
    - Targeted screening for those at higher risk for AF
    - Population screening for a particular population not previously diagnosed with AF

With the proliferation of technology to measure the heart rhythm, healthcare providers can assess patients' results easily with simple, non-invasive devices. Both opportunistic and systematic screenings are effective to identify new cases of NVAF.[10] In fact, one-time and extended-screening AF studies have shown the percentage of AF patients who are newly diagnosed by screening ranges from 19% to 43%, and 25% respectively.[10-14] Screenings are also beneficial in that they may identify previously diagnosed yet untreated or inappropriately treated patients. Education on the association between NVAF and stroke risk, importance and application of NVAF screening in practice, and subsequent treatment (as per CCS guidelines) of patients identified to have NVAF is warranted.

The treatment and management of AF is complex and controversial. The Canadian Cardiovascular Society AF Guidelines Committee reviews new data to produce focused updates that address clinically important advances in AF management. Current CCS AF guidelines recommend that AF patients be stratified using the "CCS algorithm" ("CHADS-65").[15]

Despite these extensive guidelines, a large majority of patients who are indicated for anticoagulation are neither, optimally controlled nor, adequately treated. Data from the Canadian Stroke Network registry, (a prospective database of consecutive patients with stroke admitted to 12 designated stroke centers in Ontario from 2003 to 2007), showed that most AF patients (at high risk for thromboembolism and without a known contraindication to

anticoagulation therapy) presenting with an ischemic stroke (n=597) were not adequately treated with antithrombotic therapy prior to admission. Indeed, only 10% of these patients were on warfarin and had a therapeutic INR. Similarly, only 18% of those patients who had experienced a previous stroke and were now presenting with a second stroke (n=323) were on warfarin and had a therapeutic INR.[16] These data highlight the significant treatment gap that exists in the prevention of stroke reduction for patients.

Educational Needs and Professional Practice Gaps:

BMS and Pfizer Alliance has identified, through insights from informal needs assessments, literature search, learning outcomes, and other methods, the need to address existing professional practice gaps in identifying, screening and treating patients for NVAF (according to Canadian guidelines), in an effort to reduce stroke-related morbidity and mortality, and thereby improve patient outcomes.

BMS and Pfizer Alliance has determined health care providers have the following educational needs and professional practice gaps:

- Need to understand the implications of undiagnosed NVAF impact on patients (ie, can lead to delayed therapy, which may result in thromboembolic events such as stroke or systemic embolism) and how implementing earlier screening and diagnosis can change outcomes
- Need to optimize treatment and management of NVAF in accordance with the CCS guidelines and implement into routine clinical practice
- Need to become familiar with the different types of screenings for NVAF (including available technique and devices) , and be able to apply such screenings into routine clinical practice
- Need to treat, follow-up and/or refer patients who are diagnosed with NVAF as appropriate
- Need to enhance networking and collaborations among healthcare providers to improve patient care, and potentially impact whole communities

Specific Area of Interest

BMS and the Pfizer Alliance is seeking grant applications for development and implementation of well-designed, innovative, Quality Improvement initiatives that address the above needs and professional practice gaps.

Reference:

1. January CT, Wann LS, Alpert JS, et al. 2014 AHA/ACC/HRS guideline for the management of patients with atrial fibrillation: a report of the American College of Cardiology/American Heart Association Task Force on practice guidelines and the Heart Rhythm Society. *Circulation.* 2014;130(23):e199-267.

2. Colilla S, Crow A, Petkun W, Singer DE, Simon T, Liu X. Estimates of current and future incidence and prevalence of atrial fibrillation in the U.S. adult population. *Am J Cardiol.* 2013;112(8):1142-7.
3. Friberg L, et al. Population screening of 75- and 76-year-old men and women for silent atrial fibrillation (STROKESTOP) *Europace.* 2013;15:135–40.
4. Honma K, Toyoda K, Takizawa S, et al. Abstract TP179: Atrial Fibrillation Unidentified Prior to Stroke/tia: Background Features, Stroke Severity and Outcome - The Samurai-nvaf Study. *Stroke*. 2014;45:ATP179.
5. Lin HJ, Wolf PA, Kelly-Hayes M, Beiser AS, Kase CS, Benjamin EJ, et al. Stroke severity in atrial fibrillation. The Framingham study. *Stroke*. 1996;27:1760–4.
6. Wolf PA, Abbott RD, Kannel WB. Atrial fibrillation as an independent risk factor for stroke: the Framingham Study. *Stroke.* 1991;22(8):983-8.
7. Anderson TJ, Gregoire J, Pearson G, et al. 2016 Canadian Cardiovascular Society Guidelines for the Management of Dyslipidemia for the Prevention of Cardiovascular Disease in the Adult. *Can J Cardiol.* 2016; 32:1263-1282.
8. Kirchhof P, Benussi S, Kotecha D, et al. 2016 ESC Guidelines for the management of atrial fibrillation developed in collaboration with EACTS: The Task Force for the management of atrial fibrillation of the European Society of Cardiology (ESC)Developed with the special contribution of the European Heart Rhythm Association (EHRA) of the ESC Endorsed by the European Stroke Organisation (ESO). *Eur J Cardiothorac Surg*. 2016.
9. Moran PS, Flattery MJ, Teljeur C, Ryan M, Smith SM. Effectiveness of systematic screening for the detection of atrial fibrillation. *Cochrane Database Syst Rev.* 2013;(4):CD009586.
10. Fitzmaurice DA, Hobbs FD, Jowett S, et al. Screening versus routine practice in detection of atrial fibrillation in patients aged 65 or over: cluster randomised controlled trial. *BMJ.* 2007;335(7616):383.
11. Hobbs FDR, Fitzmaurice DA, Mant J, et al. A randomised controlled trial and cost-effectiveness study of systematic screening (targeted and total population screening) versus routine practice for the detection of atrial fibrillation in people aged 65 and over. The SAFE study. Health Technol Assess 2005; 9 iii–iv, ix–x, 1–74.
12. Lowres N, Neubeck L, Redfern J, Freedman SB. Screening to identify unknown atrial fibrillation. A systematic review. *Thromb Haemost.* 2013;110:213–222.
13. Lowres N, Neubeck L, Salkeld G, Krass I, McLachlan AJ, Redfern J, Bennett AA, Briffa T, Bauman A, Martinez C, Wallwnhorst C, Lau JK, Brieger DB, Sy RW, Freedman SB. Feasibility and cost-effectiveness of stroke prevention through community screening for atrial fibrillation using iPhone ECG in pharmacies. The SEARCH-AF study. *Thromb Haemost.* 2014;111:1167–1176.
14. Svennberg E, Engdahl J, Al-Khalili F, Friberg L, Frykman V, Rosenqvist M. Mass screening for untreated atrial fibrillation: the STROKESTOP Study. *Circulation.* 2015;131:2176–2184.
15. Verma, A., Cairns, J.A., Mitchell, L.B. et al. 2014 focused update of the Canadian Cardiovascular Society guidelines for the management of atrial fibrillation. *Can J Cardiol*. 2014; 30: 1114–1130.
16. Gladstone DJ, et al. Potentially preventable strokes in high-risk patients with atrial fibrillation who are not adequately anticoagulated. *Stroke.* 2009;40:235-40.

IV. Terms and Conditions

1. *This RFP does not commit the Alliance 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. *The Alliance reserves the right to accept or reject any or all applications received as a result of this request, or to cancel this RFP in part or in its entirety, if it determines it is in the best interest of the Alliance to do so.*
3. *In fairness to all applicants, all communications about the RFP must come exclusively to Pfizer IGLC. Applicants should not contact other departments within Pfizer or Bristol-Myers Squibb regarding this RFP. Failure to comply will disqualify applicants.*
4. *Recipient organizations must acknowledge the Bristol-Myers Squibb and Pfizer Alliance's financial support in the publication of any materials connected to the IGLC grant.*
5. *Consistent with its commitment to openness and transparency, Pfizer reports education grants provided to medical, scientific, and patient organizations. Pfizer reserves the right to announce the details of successful grant application(s) by whatever means ensures transparency, such as on the Pfizer website, in presentations, and/or in other public media. In the case of this RFP, all approved full proposals, as well as all resulting materials (e.g., status updates, outcomes reports, etc.) may be posted on the IGLC website and/or any other Pfizer document or site.*
6. *All applications will be reviewed and if chosen, a contract will need to be signed with the successful applicant.*
7. *"Personal Information" is any written or electronic information that relates to an identified or identifiable person. In practice, this means any information that can reasonably be used to identify a living person, including factual information about such person, such as name, address, telephone number, social insurance number, e-mail address or information relating to the health condition (physical or mental) of such person, as well as information about his/her opinions or beliefs.*
   If Personal Information is provided under this application, it will not be shared or otherwise disclosed to third parties, other than to third parties engaged to fulfill the Services in connection with this application or as permitted or required by law. The applicant's Personal Information may also be disclosed and/or transferred to a third party in the event of a proposed or actual purchase, sale, lease, merger, amalgamation or any other type of acquisition, disposal, transfer, conveyance or financing of all or any portion of Pfizer or of any of the business or assets or shares of Pfizer or a division thereof. Please note that any of these disclosures may involve the storage or processing of Personal Information outside of Canada and may therefore be subject to different privacy laws than those applicable in Canada, including laws that require the disclosure of Personal Information to governmental authorities under circumstances that are different than those that apply in Canada.
8. *For any Dissemination and Implementation research projects the institution(s) must agree to assume all responsibilities as sponsor of the study as outlined in the proposal, which includes:*
    - *Obtaining institutional review board (IRB)/independent ethics committee (IEC) approval for studies involving human subjects or human tissue and obtaining a subsequent renewal of this approval as required by local regulations (e.g., yearly, biannually, etc.). In addition, obtaining any IRB/IEC approval for amendments to protocol as they pertain to the research.*

- *Obtaining all required personal data privacy or informed consent documentation (as appropriate).*
- *Obtaining all required regulatory approval(s) per local regulations.*
- *Assuming all reporting obligations to local regulatory authorities.*
- *A statement that the research will be conducted in compliance with relevant provision of the International Conference on Harmonisation, Good Clinical Practice, or Good Pharmacoepidemiology Practice guidelines and all applicable local legal and regulatory Requirements.*

Appendix 1: Full Proposal Submission Guidance

Proposals must be single-spaced, using Calibri 12-point font and 1-inch margins. Note that the main section (section D, below) of the proposal has a 15-page limit and the organization detail (section F, below) has a 3-page limit. **Please limit the number of attachments uploaded in the system**. There is no reason to submit the organization detail (section F) as a separate document from the main section (section D) of the proposal. All proposals must follow the outline detailed below.

Proposal requirements will include the following sections:

a. **Cover Page** (do not exceed 1 page):
   i. ***Title***: *Please include the project title and main collaborators.*
   ii. ***Abstract****: Please include an abstract summary of your proposal including the overall goal, target population, methods and assessment. Please limit this to 250 words.*

b. **B. Table of Contents** (no page limit)

c. **Main Section of the proposal** (not to exceed 15 pages):
   i. ***Overall Goal & Objectives:*** *Describe the overall goal for this project. Describe how this goal aligns with the focus of the RFP, the goals of the applicant organizations and the proposed project. List the* ***key*** *objectives and how they are intended to address the established need for this project.*
   ii. ***Current Assessment of need in target area***
      - *Describe the need for this project in your target area. Only include information that impacts your specific project, linking regional or local needs to those identified on the national basis if appropriate. Describe the need for your project in terms of "what is" versus "what should be".*
      - *Please include quantitative baseline data summary, initial metrics (e.g., quality measures), or project starting point (please cite data on gap analyses or relevant patient-level data that describes the problem) 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.*
      - ***Target Audience:*** *Describe the primary audience(s) targeted for this project.*
         a. Describe the level of commitment from the potential participants including your plan for recruitment as necessary.
         b. Demonstrate the scope of your target audience has a potential to impact the goal established in this proposal.

c. *Describe who will directly benefit from the project outcomes. Include in this description whom, beyond the primary target, would potentially benefit from the project in terms of this being a model for others to replicate or expand.*

- ***Project Design and Methods:*** *Describe your project design and methods.*
  a. *Include a description of the overall strategy, methodology and analysis linking them to the goal of the project.*
  b. *Describe the way the project planned addresses the established need and produces the desired results.*
  c. *Outline how you will assess the impact for patients (e.g. patient reported outcomes)*
  d. *Indicate how you will determine if the target audience was fully engaged in the project.*
  e. *Include a description of the measures you have taken to assure that this project idea is original and does not duplicate other projects or materials already developed.*
  f. *If appropriate, show how this project builds upon existing work, pilot projects, or ongoing projects developed either by your institution or other institutions related to this project.*
  g. If your project includes the development of tools note if they be available publically at no cost.
- ***Evaluation Design***
  a. *In terms of the metrics used to assess the need for this project, describe how you will determine if the practice gap was addressed for the target group and how this impacts patients.*
    i. *Identify the sources of data that you anticipate using to make the determination.*
    ii. *Describe how you expect to collect and analyze the data.*
    iii. *Describe how you will determine if the results evaluated are directly related to the intervention described in this proposal*
  b. *Quantify the amount of change expected from this project in terms of your target audience (e.g., a 10% increase over baseline or a decrease in utilization from baseline between 20-40%)*
  c. *Describe how you plan for the project outcomes to be broadly disseminated.*
- ***Detailed Work Plan and Deliverables Schedule****: Include a narrative (which counts toward the15-page limit) describing the work plan and outlining how the project will be implemented over the time period. Using a table format (no page limit), list the deliverables and a schedule for completion of each deliverable.*

d. **References (no page limit)**

e. ***Organizational Detail*** *(not to exceed 3 pages)*

i. ***Organizational Capability****: Describe the attributes of the institution(s)/organization(s)/association(s) that will support and facilitate the execution of the project.*

ii. ***Leadership and Staff Capacity****: Include the name of the person(s) responsible for this project (PI/ project lead (PL) and/or project manager). The project manager, whether a current staff member or someone to be hired, is essential to the work outlined in your proposal. Demonstrate the PI/PL and project manager's availability, commitment, and capability to plan, implement, and evaluate the proposed project; describe how the project manager will oversee the project activities, including ensuring that tasks are accomplished as planned.*

- *List other key staff members proposed on the project (e.g., healthcare provider champion, medical advisor, statisticians, IT lead, etc.), if relevant, including their roles and expertise. Please list out key staff for each institution/organization/association the specific role that they will undertake to meet the goals of this project.*
- *When listing staff, please include staff first name, last name, professional credentials, and Country of Residence.*

f. ***Detailed Budget*** *(Refer to/Complete* ***Budget Template****; no page limit for the Excel file or the narrative****):***

i. *Upload a detailed budget, using the Excel template provided. (Click here for* ***Budget Template****;****).*** *Applicants are expected to customize the budget for their proposal, adding additional details and deliverables as appropriate.*

ii. *Provide a written narrative in the budget description field that contains an explanation of each cost element proposed. Budget narratives should include a justification for all personnel, indicating the percentage of time allocated to the project. The budget should demonstrate appropriate and reasonable costs for project expenses.*

iii. *3. Some examples of what awarded funds may* ***not*** *be used for are listed below:*

- *Office equipment (e.g., furniture, computers)*
- *Registration and travel costs for professional development meetings or courses not related to this project*
- *Health care subsidies for individuals*
- *Construction or renovation of facilities*
- *Therapeutic agents (prescription or non-prescription)*
- *Food and/or beverages for learners and/or participants in any capacity*
- *Lobbying*

g. ***Staff Biosketches*** *(no page limit):*

i. *Applicants must provide brief biosketches of all individuals listed in section F in an appendix.*

Submission: *Proposals should be submitted online at https://www.pfizer.com/purpose/medical-grants/independent-grants by June 15th 2018.*

Proposals should be single-spaced using Calibri 12-point font and 1-inch margins. Please adhere to the page limits listed for each section. *There is no page limit for the reference section. Tables and Figures should be included in the main section of your proposal and do count to the page count. Only sample forms or other full page documents can be included as an appendix. Please consult with the Pfizer IGLC*

Grant Officer before submitting such additional documents.

All required sections (aside from the budget) should be combined in one document (MS Word or Adobe PDF). There is no need to submit the organization detail or references in a document separate from the main section of the full proposal. Budgets should be submitted in a separate excel file.