

**International Association for the Study of Pain
Japanese Association for Study of Pain
Pfizer Inc.**

**Independent Grants for Learning & Change
Request for Proposals (RFP)**

Supporting Educational Programs for Radical Reform of Pain Treatment in Japan

I. Background

The International Association for the Study of Pain (IASP) is the preeminent scientific society supporting activities related to the study and treatment of pain globally. IASP is the publisher of two highly regarded journals, PAIN, a leading journal for the study of pain globally, and the society's new open access journal, *PAIN Reports*. IASP's mission is to bring together scientists, clinicians, health-care providers, and policymakers to stimulate and support the study of pain and to translate that knowledge into improved pain relief worldwide. The society was founded by Dr. John J. Bonica in 1974, and represents a multidisciplinary membership of more than 7,000 individuals from 130 countries with 90 chapters, and 20 special interest groups (SIG). Together, the IASP leadership and members strive to achieve the society's vision of: "Working together for pain relief throughout the world."

The Japanese Association for the Study of Pain (JASP) is an IASP chapter. JASP expands IASP's activities throughout Japan and internationally presents study results and treatment of pain in Japan. JASP started their activities as a study group of pain in 1979, expanded the activities, and changed the name to Japan Association for Study of Pain in 1984. Their 40th scientific meeting was held in June 2018. The theme of the academic meeting was the study of treatment and mechanisms of pain in Japan, where clinicians involved in the clinical practice of pain, many healthcare providers involved in pain treatment, and basic scientists who work on the basic research of pain connect, understand pain scientifically, and promote the research so that the results can be used to relieve pain in clinical practice.

Pfizer Independent Grants for Learning & Change:

Pfizer provides grants with projects aimed at improving the quality of medicine through the relevant educational grant system, believing that they support educational needs of healthcare providers, and to play a proactive role to resolve various gaps in clinical practice.

This RFP will be conducted jointly by IASP, JASP, and Pfizer. Applied projects will be mainly assessed and judged by IASP and JASP, and grant awarded projects will be decided by the review committee organized jointly by IASP/JASP. The grants will be provided by Pfizer headquarters in USA.

II. Eligibility

Geographic Scope:	<input checked="" type="checkbox"/> Japan Only
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Applicant Eligibility Criteria:	<p>Applicants need to belong to any of the following facilities or groups and apply for the grants as such a facility or group. Individuals are not allowed to apply for grants.</p> <ul style="list-style-type: none"> ● university, university hospital, regional core hospital, other medical educational institutes ● medical scientific meeting, study group, etc. ● medical incorporated foundation, NPO corporate, etc. ● medical/scientific association, pharmaceutical association, dental association ● other groups providing medical education <p>When applying for a grant, approval from each affiliated facility or group must be obtained.</p>
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III. Requirements

Date RFP Issued:	July 30, 2018
Clinical Area:	Chronic pain
Disease Burden Overview:	<p>○ Bodily pain often occurs with injury or disease (including cancer). Pain often disappears/improves as the pathological condition of underlying disease is improved or treated; however, there are many cases in which pain persists. The Japanese National Comprehensive Survey of Living Conditions in 2016 showed that lower back pain, headache, stiff shoulders, and arthralgia are the most common complaints in most age groups. About 20% of the population experiences chronic pain⁽¹⁾.</p> <p>It is known that as this chronic pain persists, it is not only a problem of organic abnormalities and physical functions of the affected area, but chronic pain is intensified due to associated physiological, psychological, and social factors. In psychosocial studies of chronic pain, patients with chronic pain often experience depression, anxiety, other additional comorbidities⁽²⁾.</p> <p>The study of underlying disease of patients who regularly visit the hospital for pain treatment shows that lower back pain is common. However, these studies also revealed low patient satisfaction with the treatment with half of the patients changing medical institutes for additional treatment⁽³⁾. One of the factors causing these phenomena seems to be an absence of stratified disease coding related to acute and chronic pain, which hinders the development of appropriate treatment and comparison between studies. As a result, patient expenses related to chronic pain treatment is a larger percent of overall medical expenses while having a large negative impact on social economics, such as a reduced standard of living for patients and employment options⁽¹⁾. (Improved pain codes have been introduced in the 11th version of the International Classification of Disease which will improve this situation)</p>

	<ul style="list-style-type: none"> ○ When pain is treated, pathological conditions should be analyzed from the perspectives of organic and psychophysiological factors. Thus, appropriate treatment may include drug therapy. In particular, for refractory cases, comprehensive and multidisciplinary response is often required which is beyond the current framework of departments in Japan. However, Japan is behind in the establishment of a multidisciplinary examination system compared with other countries around the world. ○ The development of an educational system for healthcare providers has been conducted as part of each department’s educational program; however, medical education for pain has not been provided to students. In a positive development, two years ago, the Japanese Ministry of Education, Culture, Sports, Science and Technology established a pilot/model program for some doctors. However, other health care providers still lack these educational opportunities. <p>All people experience and may suffer from pain. Therefore, it is essential to improve efforts for pain education in Japan.</p> <ol style="list-style-type: none"> 1) General situation of Comprehensive Survey of Living Conditions in 2016 “III Health condition of household members” (http://www.mhlw.go.jp/english/database/db-hss/cslc-index.html) 2) Shibata M et al. Alexithymia is associated with greater risk of chronic pain and negative affect and with lower life satisfaction in a general population: the Hisayama Study. PLoS One. 2014 Mar 12;9(3):e90984. 3) Nakamura M et al. Prevalence and characteristics of chronic musculoskeletal pain in Japan. J. Orthop Sci. 2011;16(4): 424–43.
Target Audience:	All eligible people who receive education about pain, e.g., doctors (primary and secondary care), nurses, physiotherapists, certified clinical psychologists, dentists, university lecturers/researchers, other healthcare providers, patients with pain, ordinary citizens, and policymakers involved in health policy
Specific Area of Interest for this RFP:	<p>This proposal is intended to stimulate pain education efforts for health care providers in multiple specialties focused on the needs of pain patients throughout Japan mentioned earlier such as: improving education of pain for healthcare providers engaged in pain treatment, introducing pain education in the course of training healthcare providers, emphasizing the importance of ordinary citizen’s understanding for pain/understanding of medical examination, and emphasizing importance of pain education and the societal impact of pain to policy makers.</p> <p>Examples of possible proposals are:</p>

	<p>[1] Preparing educational programs for medical students (doctors, dentists, nurses, physiotherapists, dentists, pharmacists, certified clinical psychologists, pharmacists, licensed psychologists, etc.)</p> <p>Examples:</p> <ul style="list-style-type: none"> • Preparing programs of lectures and trainings for the physiotherapy department of A university and B university • Preparing a textbook of pain for medical students <p>[2] Education and training for medical staff</p> <p>Examples:</p> <ul style="list-style-type: none"> • Efforts for medical interns • Re-education for general practitioners and hospital doctors • Organizing a workshop of analgesic medication guidance for pharmacists • Workshop of considering response to symptoms related to pain in home healthcare • Reeducation for certified clinical psychologists and licensed psychologists by clinical experts of chronic pain • Developing a clinical psychologists training system in medical care for chronic pain • Use of diagnostic codes for pain expressed in the 11th version of the International Classification of Diseases (via the World Health Organization) <p>[3] PR activities of pain for ordinary citizen</p> <p>Examples:</p> <ul style="list-style-type: none"> • Extension lecture of chronic pain treatment for ordinary citizen • Efforts for school education • Efforts related to social campaign <p>[4] Developing educational treatment related to pain for patients and their family</p> <p>Examples:</p> <ul style="list-style-type: none"> • Developing educational materials that enable nurses to make patients understood easily • Educational support for people having chronic pain after accident or surgery <p>[5] Educational support related to pain for labor in industry</p> <p>Examples:</p> <ul style="list-style-type: none"> • Preparing programs for employees with cervicobrachial syndrome and lower back pain <p>[6] Educational efforts by disease and pathological condition</p> <p>Examples:</p> <ul style="list-style-type: none"> • pain in cancer survivors • lower back/musculoskeletal pain • neuropathic pain • persistent pain after surgery/chemotherapy • pain in the most vulnerable (children/adolescents, older populations, individuals effected by war, violence or torture) • Fibromyalgia: pathological conditions related to peripheral and central pain hypersensitivity
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	<p>[7] Educational activities regarding other pain states</p> <p>Examples:</p> <ul style="list-style-type: none"> • Improving the e-learning environment related to pain • Developing and improving educational media about pain education (simulator, CST, Video content, website, webinars, TV program, etc.) • Establishing an educational base for pain • Opening a consulting service in Japan and training the related consultants
<p>Expected Approximate Monetary Range of Grant Applications:</p>	<p>The total available budget related to this RFP is 2,000,000 US Dollars.</p> <p>Ceiling for one project:</p> <ol style="list-style-type: none"> 1. Small-scale project: up to \$50,000 USD 2. Large-scale project: up to \$250,000 USD <p>The amount of grants shall be decided at the review committee mainly comprised of IASP and JASP members</p>
<p>Key Dates:</p>	<p>RFP release date: July 30, 2018</p> <p>LOI due date: September 30, 2018 Please note the deadline is midnight Eastern Time (New York, GMT -5).</p> <p>Anticipated LOI Notification Date: Week of December 21, 2018</p> <p>Full Proposal Deadline: *February 8, 2019 *Only accepted LOIs will be invited to submit full proposals. Please note the deadline is midnight Eastern Time (New York, GMT -5).</p> <p>Anticipated Full Proposal Notification Date: April 22, 2019</p> <p>Grants distributed following execution of fully signed Letter of Agreement</p> <p>Period of Performance: After April 2019</p>

<p>How to Submit:</p>	<p>Please go to www.cybergrants.com/pfizer/loi and sign in. First-time users should click “REGISTER NOW”.</p> <p>Select the following Area of Interest: Supporting Study Programs for Radical Reform of Pain Treatment in Japan</p> <p>Requirements for submission: Complete all required sections of the online application and upload the completed LOI template (see Appendix).</p> <p>If you encounter any technical difficulties with the website, please click the “Need Support?” link at the bottom of the page.</p> <p>LANGUAGE: Applications will be accepted in Japanese and English.</p> <p>IMPORTANT: Be advised applications submitted through the wrong application type and/or submitted after the due date will not be reviewed by the committee.</p>
<p>Questions:</p>	<p>If you have questions regarding this RFP, please direct them in writing to grants@iasp-pain.org, with the subject line, “Supporting Study Programs for Radical Reform of Pain Treatment in Japan.”</p>
<p>Mechanism by which Applicants will be Notified:</p>	<p>All applicants will be notified via email by the dates noted above.</p> <p>Applicants may be asked for additional clarification or to make a summary presentation during the review period.</p>

References:

1. Nakamura M et al. Prevalence and characteristics of chronic musculoskeletal pain in Japan. J Orthop Sci. 2011; 16 (4)424–43.
2. General situation of Comprehensive Survey of Living Conditions in 2016 “III Health condition of household members” (<http://www.mhlw.go.jp/english/database/db-hss/cslc-index.html>).
3. Shibata M et al. Alexithymia is associated with greater risk of chronic pain and negative affect and with lower life satisfaction in a general population: the Hisayama Study. PLoS One. 2014 Mar 12;9(3):e90984.
4. Inoue S et al. Chronic pain in the Japanese Community—prevalence, characteristics and impact on quality of life. PLoS One Jun 15;10(6):e0129262.

IV. Terms and Conditions

Please take note every RFP released by Pfizer Independent Grants for Learning & Change (IGLC), as well as an RFP released jointly with a Partner(s), is governed by specific terms and conditions. Click [here](#) to review these terms and conditions.

Appendix: Letter of Intent Submission Guidance

LOIs will be accepted in Japanese and English. LOIs should be single-spaced using Calibri 12-point font and 1-inch margins. Note there is a 3-page limit in the main section of the LOI. ***LOIs not meeting these standards will not be reviewed.*** *It is helpful to include a header on each page listing the requesting organization.*

LOIs should include the following sections

Main Section (not to exceed 3 pages):

A. Title

B. Project Classification

1. There are multiple project types that are eligible for funding through this RFP. Please indicate which of the following best represents your project. More information on these classifications can be found in the [Decision Matrix](#) posted on the [Tips & Templates](#) tab the IGLC website.

- Dissemination and Implementation (D&I) Research
- Quality Improvement
- Education or Educational research

2. Background Information

- It is expected that D&I research projects follow generally accepted principles. For all research projects the institution(s) must agree to assume all responsibilities as sponsor of the study as outlined in the proposal. These are listed in the [RFP Terms and Conditions](#) (specifically, term #9).
 - At the time of approval of a full proposal, applicants will be required to sign a research contract, submit IRB approval and a research protocol.
- Quality improvement projects should be described in terms of generally accepted principles of improvement science such as those described by the IHI model for improvement or LEAN.
 - At the time of approval of a full proposal, applicants will be required to sign a letter of agreement.
- Educational projects should be planned using generally accepted principles of adult learning. More information on principles of learning and behavior change for health professionals can be found at www.pfizer.com/files/HealthProfessionalsLearningandBehaviorChange_AFewPrinciples.pdf.
 - At the time of approval of a full proposal, applicants will be required to sign a letter of agreement.

C. Goal and Objectives

1. 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).
2. 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.

D. Assessment of Need for the Project

1. 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. The RFP includes a national assessment of the need for the project. Please do not repeat this information within the LOI (you may reference the RFP, if necessary). Only include information that impacts your specific project, linking regional or local needs to those identified on the national basis, if appropriate.

E. Target Audience

1. Describe the primary audience(s) targeted for this project. Also indicate recipients that will directly benefit from the project outcomes. Describe the overall population size as well as the size of your sample population.

F. Project Design and Methods

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

G. Innovation

1. Explain what measures you have taken to assure that this project idea is original and does not duplicate other projects or materials already developed.
2. 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.

H. Evaluation and Outcomes

1. 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.
2. Quantify the amount of change expected from this project in terms of your target audience.
3. Describe how the project outcomes will be broadly disseminated.

I. Anticipated Project Timeline

J. Requested Budget

1. Total amount requested is the only information needed for the LOI stage. This amount can be adjusted at the Full Proposal stage as applicable.
2. The budget amount requested must be in U.S. dollars (USD).
3. While estimating your budget please keep the following items in mind:
 - Institutional overhead and indirect costs may be included within the grant request., e.g., human resources department costs, payroll processing and accounting costs, janitorial services, utilities, property taxes, property and liability insurance, building maintenance, as well as additional project expenses such as costs for publication, IRB / IEC review fees, software license fees, and travel. Please note: Pfizer does not provide funding for capital equipment.

- The inclusion of these costs cannot cause the amount requested to exceed the budget limit set forth in the RFP.
- It should be noted that grants awarded through IGLC cannot be used to purchase therapeutic agents (prescription or non-prescription).
- Pfizer maintains a company-wide, maximum allowed overhead rate of 28% for independent studies and projects.

K. Additional Information

1. 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.

Organizational Detail (not to exceed 1 page)

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. Letters of support from partner organizations will be required at the Full Proposal stage only and should not be included with the LOI.

Please note that any project partners listed in this section should also be listed within the online system. Tax-IDs of partner organizations will be requested when entering this information. If a partnership is only proposed, please indicate the nature of the relationship in the Organizational Detail section of your LOI.

LOIs should be single-spaced using Calibri 12-point font and 1-inch margins. There is a 3-page limit for the main section and a 1-page limit for organizational detail. If extensive, references may be included on 1 additional page. **Final submissions should not exceed 5 pages in total** (3 pages for the main section, 1 page for organizational detail, and 1 page for references).

All required sections 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 LOI.

*Please note the formatting and page limit for the LOI. The LOI is inclusive of additional information of any kind. A submission exceeding the page limit **WILL BE REJECTED** and **RETURNED UNREVIEWED**.*