

Call for Grant Applications (CGA)

GlaxoSmithKline (GSK) intends to identify and fund innovative, high-quality, independent third-party educational activities that are designed to close healthcare professional (HCP) educational, quality, and performance gaps and improve patient health, enabling patients to do more, feel better, and live longer.

I. Eligible Organizations

Prior to submitting a grant, organizations must first register and be approved as an eligible educational provider.

Educational providers must meet the below eligibility criterion:

- Accredited to provide HCP continuing education (ie, CME, CE) by a national accrediting body such as the Accreditation Council for Continuing Medical Education (ACCME), Accreditation Council for Pharmacy Education (ACPE), American Nurses Credentialing Center (ANCC), or American Association of Nurse Practitioners (AANP).

Organizations must be fully compliant with the ACCME (and other nationally recognized accrediting body) standards for commercial support and design and deliver all activities (including content, faculty, and speakers) independent from GSK control, influence, and involvement.

II. Disease Areas of Interest CGA Details

GSK accepts educational grant applications from eligible educational providers in response to a CGA.

Funding priorities will focus on independent educational initiatives designed to measure improvements/changes in HCP knowledge (Level 3*), competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*).

Please click on the disease area of interest for more details.

GSK Disease Area of Interest	Submit Under Therapeutic Area
<u>Anemia of Chronic Kidney Disease (CKD)</u>	Nephrology
<u>Vaccine Preventable Diseases</u>	Vaccines
<u>Multiple Myeloma</u>	Oncology
<u>Ovarian Cancer</u>	Oncology
<u>Endometrial Cancer</u>	Oncology

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<u>Coronavirus Disease (COVID-19)</u>	Infectious Disease - Non-Vaccines
<u>Oral Health</u>	Oral Health
<u>Pain</u>	Neurology

III. Grant Review Criteria

Grant applications are reviewed based on the following criteria:

1. Compliance

Grant requests are assessed for completeness of the application; compliance with all applicable laws, policies, and guidelines; and project management plan and budget.

- 1.1 Compliant with guidelines for IME/CME
- 1.2 Free of commercial bias/influence, non-promotional, and fair balanced
- 1.3 Budget costs are reasonable and customary
- 1.4 No GSK funds are used for food, beverage, meals, travel, or accommodation costs for attendees

Please do not include specific faculty names in the submitted grant applications.

2. Disease Area Alignment

Grant requests are prioritized based on optimal alignment with patient needs, HCP performance gaps, healthcare system quality gaps, and GSK clinical interests.

- 2.1 Aligns with GSK's clinical disease interests

3. Needs Assessment/Gaps

Grant requests should include an independent, evidence-based needs assessment that identifies the knowledge, competence, performance, and/or patient/community health gaps that exist. Utilization of multiple methods of assessing learning needs and gaps between current practice and evidence-based best practice provides an accurate and balanced prospective.

- 3.1 Needs assessment is independent, evidence-based, and scientifically/medically accurate; educational/quality/professional practice gaps have been identified
- 3.2 Educational/quality/professional practice gaps are HCP knowledge, competence, performance, and/or patient/community health
- 3.3 Strategy used to identify needs/gaps (eg, survey/interview; focus group; peer-review published data; nationally recognized consensus sources for clinical performance/quality measures such as AHRQ, NCQA, NQF, PCPI, CMS-PQRS; patient chart/EHR data; medical claims data, etc)

4. Learning Objectives/Educational Design

Grant requests should provide measurable learning objectives that are aligned with the identified needs and expected improvements of the target audience. Bringing HCPs from various disciplines together in tailored learning environments can enable participants to learn both individually and as collaborative members of the healthcare team, with a common goal of improving patient health.

*Moore DE, et al. *J Contin Educ Health Prof.* 2009;29:1-15.

- 4.1 Learning objectives are measurable and designed to close identified gaps
- 4.2 Educational design is interactive and considers appropriate target audience (including collaborative members of the healthcare team and patients, as appropriate) and learning preferences
- 4.3 For curriculum-based initiatives, educational design incorporates an organized and hands-on approach to guide learners through longitudinal curriculum that focuses on performance/quality improvement (as appropriate)
- 4.4 Strategy to enhance change (eg, tools that support application of knowledge into practice such as algorithms, patient compliance materials, office compliance tools, reminder systems, patient feedback, system changes, etc) has been included to reinforce learning (as appropriate)

5. Educational Outcomes

Grant requests should have a strategic plan to measure educational outcomes. Using Moore's 2009 expanded educational outcomes framework*, initiatives that are designed to measure improvements/changes in HCP knowledge and higher (Levels 3-7*) are funding priorities.

- 5.1 Strategic plan to measure educational outcomes is realistic for the scope of the initiative and designed to measure if the learning objectives were achieved
- 5.2 Overall initiative is designed to measure changes in HCP knowledge (Level 3*), competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*)
- 5.3 Strategy used to evaluate effectiveness of initiative (eg, direct and objective assessments, audience response system, pre/post tests, case studies, chart audits, patient surveys, EHR data, disease screening audits, medical claims data, etc)
- 5.4 Publication or communication strategy is designed for dissemination of educational outcomes results so that best practices and ways to improve can be shared to further improve patient health

IV. Conflicts of Interest

Conflicts of interest must be identified, mitigated, and disclosed. The educational provider is required to show that any organization, group, or individual who is in a position to control the content of an educational activity has disclosed all financial relationships with any commercial interest (ineligible company). This includes, but is not limited to, educational partners and any of its affiliates, subsidiaries, or parent company. GSK accepts the ACCME's definition of "relevant financial relationships" as financial relationships in any amount occurring within the past 24 months that create a conflict of interest. Failure to identify, mitigate, and disclose all known conflicts of interest will disqualify the grant requestor.

V. Terms and Conditions

1. Grants should be submitted via the GSK website: www.GSKgrants.com
2. This CGA does not commit GSK to award a grant or to pay any costs incurred in the preparation of a response to this request.

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3. GSK reserves the right to accept or reject any or all applications received as a result of this request or to cancel in part or in its entirety this CGA at any time without prior notification or permission.
4. GSK reserves the right to post submissions and announce the details of successful grant applications by whatever means ensures transparency, such as on GSK's website, in presentations, and/or in other public media.
5. All communications about the CGA must come exclusively to GSK US Medical Affairs. Failure to comply may disqualify providers from receiving future grants.

VI. Transparency

Consistent with our commitment to transparency and in accordance with statutory requirements, GSK reports funded educational grants in the US. GSK reserves the right to post submissions and results on our website. Per GSK's Letter of Agreement, GSK funds are not permitted to defray or pay any costs for food, beverage, meals, travel, or accommodations for program attendees.

VII. Contingency Plans due to COVID

For educational grant applications with live, in-person activities at conferences or venues, GSK requests that educational providers include a contingency plan for a pivot to a virtual format, if applicable. GSK will review educational grant applications to allow for flexibility as the COVID situation continues to evolve.

ANEMIA OF CHRONIC KIDNEY DISEASE (CKD)

Please refer to [Section III Grant Review Criteria](#) (above) for more details about how grant applications will be reviewed.

Timeline:	Grants may be submitted Jan 6, 2022 through May 5, 2022. We aim to communicate decisions within 3 months from grant submission date.
Healthcare Gap(s):	Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included: (1) Untreated/undertreatment of anemia of CKD (infrequent measurement of hemoglobin and iron panel, delay in treatment with iron and/or ESAs) ¹⁻⁴ (2) Burden of disease (impaired function, patient reported outcomes, hospital length of stay, economic impact) ⁵⁻⁹ (3) Pathophysiology of anemia of CKD ¹⁰⁻¹¹ (4) Healthcare disparities in the management of anemia of CKD ¹²⁻¹⁴
More Information:	Our intent is to fund educational initiatives for nephrologists, hematologists, primary care, internal medicine, hospitalists, cardiologists, endocrinologists, family medicine, and/or allied healthcare providers that use multi-channel platforms and reach a national or regional audience. Educational initiatives at national or regional conferences will be considered. Preference is for educational initiatives that are accredited.
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP knowledge (Level 3*), competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.
Budget Available:	The available budget for this CGA is \$3M.
References:	<ol style="list-style-type: none"> 1. Wong MMY, Tu C, Li Y, et al. <i>Clin Kidney J.</i> 2019;13:613-624. https://doi.org/10.1093/ckj/sfz091 2. Stauffer ME, Fan T. <i>PLoS One.</i> 2014;9:e84943. https://doi.org/10.1371/journal.pone.0084943 3. Rasu RS, Manley HJ, Crawford T, et al. <i>Clin Ther.</i> 2007;29:1524-1534. https://doi.org/10.1016/j.clinthera.2007.07.016 4. Kidney Disease: Improving Global Outcomes (KDIGO) Anemia Work Group. <i>Kidney inter., Suppl.</i> 2012;2:279-335. https://doi.org/10.1038/kisup.2012.40 5. National Institute of Diabetes and Digestive and Kidney Diseases. US Department of HHS. 2020. https://www.niddk.nih.gov/health-information/kidney-disease/anemia#complications. 6. Garlo K, Williams D, Lucas L, et al. <i>Medicine.</i> 2015;94:e964. https://doi.org/10.1097%2FMD.0000000000000964 7. van Halen H, Jackson J, Spinowitz B, et al. <i>BMC Nephrol.</i> 2020;21:88. https://doi.org/10.1186/s12882-020-01746-4 8. Lefebvre P, Duh MS, Buteau S, et al. <i>J Am Soc Nephrol.</i> 2006;17:3497-3502. https://doi.org/10.1681/ASN.2006030289 9. St. Peter WL, Guo H, Kabadi S, et al. <i>BMC Nephrology.</i> 2018;19:67. https://doi.org/10.1186/s12882-018-0861-1

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https://doi.org/10.1155/2012/248430 |
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VACCINE PREVENTABLE DISEASES

Please refer to [Section III Grant Review Criteria](#) (above) for more details about how grant applications will be reviewed.

Timeline:	Grants may be submitted Jan 6, 2022 through May 5, 2022. We aim to communicate decisions within 3 months from grant submission date.
Healthcare Gap(s):	<p>Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included:</p> <ol style="list-style-type: none"> (1) Lack of understanding of the primary risk factors for shingles, specifically focusing on the age-related decline in immunity and immunocompromised conditions^{1,2} (2) Lack of awareness of shingles disease burden, diagnosis, treatment, and prevention, including current shingles vaccination recommendations³ (3) Strategies to improve uptake of vaccination and series completion for shingles, including improving the healthcare professional-patient dialogue around recommendations for shingles vaccination^{4,5} (4) The application of behavioral insights and behavioral economic principles for increasing vaccine confidence^{6,7} (5) Strategies to address racial and ethnic disparities in adult immunization⁸ (6) Challenges and solutions to implementing immunization across the life span⁹ (7) Vaccination as a contribution to a healthy lifestyle and a key piece in a multidisciplinary approach to healthy aging¹⁰⁻¹² (8) Effective strategies for implementing meningococcal vaccination in practice (serogroups ACWY and B), including understanding vaccine recommendations and how to approach shared clinical decision-making¹³⁻¹⁵ (9) Strategies to improve meningococcal vaccines series completion in preventing invasive meningococcal disease (serogroups ACWY and B)¹⁶ (10) Strategies to improve vaccine uptake in older adolescents, including the importance of pre-matriculation vaccination for incoming college students¹⁶ (11) Lack of awareness of respiratory syncytial virus (RSV) in adults – symptoms, diagnosis, US & Global epidemiology, risk factors, and disease burden (including hospitalization, co-morbidities, etc)¹⁷⁻¹⁹
More Information:	Our intent is to fund educational initiatives that use multi-channel platforms and reach a national or regional audience. Educational initiatives at national and statewide conferences will be considered. Preference is for educational initiatives that are accredited (eg, by the ACCME, ANCC, ACPE, AANP, AAPA, etc).
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding minimal requirements.
Budget Available:	The total available budget for this CGA is \$1.75M.
References:	1. Gershon AA, Gershon MD, Breuer J, et al. <i>J Clin Virol</i> . 2010;48:S2-S7. https://doi.org/10.1016/S1386-6532(10)70002-0

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11. Doherty TM, Connolly MP, Del Giudice G, et al. *Eur Geriatr Med*. 2018;9:289-300. <https://doi.org/10.1007/s41999-018-0040-8>
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15. Immunization Action Coalition Express Weekly News and Information. 2019. Issue 1436. <https://www.immunize.org/express/issue1436.asp>
16. National Committee for Quality Assurance. HEDIS Adult and Prenatal Immunization Measures. 2019. <https://www.ncqa.org/wp-content/uploads/2019/02/NCQA-AIS-PRS-Webinar-Slides-Feb-2019.pdf>
17. Walsh, EE. *Clin Chest Med*. 2017;38:29-36. <https://doi.org/10.1016/j.ccm.2016.11.010>
18. Branche AR and Falsey AR. *Drugs Aging*. 2015;32:261-269. <https://doi.org/10.1007/s40266-015-0258-9>
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MULTIPLE MYELOMA

Please refer to [Section III Grant Review Criteria](#) (above) for more details about how grant applications will be reviewed.

Timeline:	Grants may be submitted Jan 6, 2022 through May 5, 2022. We aim to communicate decisions within 3 months from grant submission date.
Healthcare Gap(s):	<p>Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included:</p> <ol style="list-style-type: none"> (1) Standard of care for the treatment of relapsed/refractory multiple myeloma as reflected in current and evidence-based guidelines¹ (2) Rationale for use of BCMA targeted therapies in the relapsed/refractory treatment settings for multiple myeloma²⁻⁵ (3) Therapeutic management of patients with relapsed/refractory multiple myeloma including:^{1,6-9} <ul style="list-style-type: none"> • Optimization of therapeutic approaches based on diagnostic evaluation, patient characteristics, disease-related factors, and prior/current treatment regimens • Importance of the multidisciplinary care team: <ul style="list-style-type: none"> – Recognition, management, and mitigation of adverse events, including the potential for ocular toxicity with antibody-drug conjugates – Patient education, shared decision-making, and patient-reported outcomes (4) Healthcare disparity and inequity in the management of patients with multiple myeloma, including clinical trial diversity¹⁰
More Information:	Our intent is to fund educational initiatives for hematologist oncologists, medical oncologists, ophthalmologists, optometrists, advanced healthcare practitioners, pharmacists, and nurses that use multi-channel platforms and reach a national, regional, and/or local audience. Educational initiatives at national conferences and regional or local meetings will be considered. Preference is for educational initiatives that are accredited (eg, by the ACCME, ANCC, ACPE, AANP, AAPA, etc).
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP knowledge (Level 3*), competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.
Budget Available:	The available budget for this CGA is \$2.75M.
References:	<ol style="list-style-type: none"> 1. National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology: Multiple Myeloma. Version 3.2022—October 27, 2021. https://www.nccn.org/professionals/physician_gls/pdf/myeloma.pdf 2. Yu B, Jiang T, Liu D. <i>J Hematol Oncol</i>. 2020;13:125. https://doi.org/10.1186/s13045-020-00962-7 3. Cho SF, Lin L, Xing L, et al. <i>Cancers (Basel)</i>. 2020;12:1473. https://doi.org/10.3390/cancers12061473 4. Chim CS, Kumar SK, Orlowski RZ, et al. <i>Leukemia</i>. 2018;32:252-262. Chim CS, Kumar SK, Orlowski RZ, et al. <i>Leukemia</i>. 2019;33:1058-1059. https://doi.org/10.1038/leu.2017.329

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*Moore DE, et al. *J Contin Educ Health Prof*. 2009;29:1-15.

OVARIAN CANCER

Please refer to [Section III Grant Review Criteria](#) (above) for more details about how grant applications will be reviewed.

Timeline:	Grants may be submitted Jan 6, 2022 through May 5, 2022. We aim to communicate decisions within 3 months from grant submission date.
Healthcare Gap(s):	<p>Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, inclusion of other independently identified healthcare gaps is also encouraged:</p> <ol style="list-style-type: none"> (1) Standard of care for the treatment of ovarian cancer as reflected in current and evidence-based updates to guidelines¹ (2) Rationale for use of PARP inhibitors in the first-line and recurrent maintenance treatment settings for advanced ovarian cancer²⁻⁴ (3) Strategies for the application of shared decision-making in patient selection and understanding of appropriate treatment algorithms across all stages of ovarian cancer⁵ (4) Importance of the multidisciplinary care team:⁶ <ul style="list-style-type: none"> - Recognition, management, and mitigation of treatment-related adverse events associated with the use of PARP inhibitors⁷ - Patient education and patient-reported outcomes⁸⁻¹⁰ (5) Healthcare disparity and inequity in the management of patients with ovarian cancer, including clinical trial diversity¹¹⁻¹⁴
More Information:	Our intent is to fund educational initiatives for gynecologic oncologists, medical oncologists, advanced healthcare practitioners, nurses, pharmacists, pathologists, and other members of the multi-disciplinary care team that use multi-channel platforms and reach a national or regional audience. Educational initiatives at national or regional conferences will be considered. Preference is for educational initiatives that are accredited (eg, by the ACCME, ANCC, ACPE, AANP, AAPA, etc).
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP knowledge (Level 3*), competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.
Budget Available:	The available budget for this CGA is \$4.3M.
References:	<ol style="list-style-type: none"> 1. NCCN Clinical Practice Guidelines in Oncology: Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer. Version 3.2021—September 9, 2021. https://www.nccn.org/professionals/physician_gls/pdf/ovarian.pdf 2. Hanker LC, Loibl S, Burchardi N, et al. <i>Ann Oncol</i>. 2012;23:2605-2612. https://doi.org/10.1093/annonc/mds203 3. Foo T, George A, Banrejee S. <i>Genes Chromosomes Cancer</i>. 2021;60:385-397. https://doi.org/10.1002/gcc.22935 4. Valabrega G, Scotto G, Tuninetti V, et al. <i>Int J Mol Sci</i>. 2021; 22:4203. https://doi.org/10.3390/ijms22084203 5. Josfeld L, Keinki C, Pammer C, et al. <i>J Cancer Res Clin Oncol</i>. 2021; 147:1725-1732. https://doi.org/10.1007/s00432-021-03579-6

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ENDOMETRIAL CANCER

Please refer to [Section III Grant Review Criteria](#) (above) for more details about how grant applications will be reviewed.

Timeline:	Grants may be submitted Jan 6, 2022 through May 5, 2022. We aim to communicate decisions within 3 months from grant submission date.
Healthcare Gap(s):	<p>Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included:</p> <ol style="list-style-type: none"> 1. Standard of care for the treatment of endometrial cancer as reflected in current and evidence-based updates to guidelines¹ 2. Rationale for use of immunotherapy in recurrent advanced endometrial cancer²⁻³ 3. Lack of understanding of the role of predictive biomarkers in guiding the treatment of patients with endometrial cancer⁴⁻⁵ 4. Strategies for the application of shared decision-making in patient selection and understanding of appropriate treatment algorithms across all stages of endometrial cancer⁶ 5. Importance of the multidisciplinary care team:⁷ <ul style="list-style-type: none"> - Recognition, management, and mitigation of immune-related adverse events in patients receiving immunotherapy⁸⁻¹⁰ - Patient education and patient-reported outcomes¹¹⁻¹² (6) Healthcare disparities and inequities in the management of patients with endometrial cancer, including clinical trial diversity¹³⁻¹⁷
More Information:	Our intent is to fund educational initiatives for gynecologic oncologists, medical oncologists, advanced healthcare practitioners, nurses, pharmacists, pathologists, and other members of the multi-disciplinary care team that use multi-channel platforms and reach a national or regional audience. Educational initiatives at national or regional conferences will be considered. Preference is for educational initiatives that are accredited (eg, by the ACCME, ANCC, ACPE, AANP, AAPA, etc).
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP knowledge (Level 3*), competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.
Budget Available:	The available budget for this CGA is \$1M.
References:	<ol style="list-style-type: none"> 1. NCCN Clinical Practice Guidelines In Oncology: Uterine Neoplasms. Version 1.2022—November 4, 2021. https://www.nccn.org/professionals/physician_gls/pdf/uterine.pdf 2. Green A, Feinberg J, Makker V. <i>Am Soc Clin Oncol Educ Book</i>. 2020;40:1-7. https://doi.org/10.1200/EDBK_280503 3. Gómez-Raposo C, Salvador MM, Zamora CA, et al. <i>Crit Rev Oncol Hematol</i>. 2021;161:103306. https://doi.org/10.1016/j.critrevonc.2021.103306 4. Dörk T, Hillemanns P, Tempfer C, et al. <i>Cancers (Basel)</i>. 2020;12:2407. https://doi.org/10.3390/cancers12092407

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CORONAVIRUS DISEASE (COVID-19)

Please refer to [Section III Grant Review Criteria](#) (above) for more details about how grant applications will be reviewed.

Timeline:	Grants may be submitted between February 17, 2022 and September 1, 2022. We aim to communicate decisions within 3 months from grant submission date.
Healthcare Gap(s):	Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included: (1) Treatment of high-risk patients with COVID-19, including available options, patient selection, administration, education, and potential adverse reactions ¹⁻⁶ (2) The rise of novel variants of SARS-CoV-2 and the effects on transmissibility, mortality, and treatments ⁷⁻¹³
More Information:	Our intent is to fund educational initiatives that use multi-channel platforms and reach a national audience. Preference is for educational initiatives that are accredited (eg, by the ACCME, ANCC, AANP, AAPA, etc).
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP knowledge (Level 3*), competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.
Budget Available:	The total available budget for this CGA is \$1M.
References:	<ol style="list-style-type: none"> 1. COVID-19 Treatment Guidelines Panel. NIH. 2021. https://www.covid19treatmentguidelines.nih.gov 2. IDSA Guidelines on the Treatment and Management of Patients with COVID-19. IDSA. 2022. https://www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management/ 3. Ju B, Zhang Q, Ge J, et al. <i>Nature</i>. 2020;584:115-119. https://doi.org/10.1038/s41586-020-2380-z 4. Wang C, Li W, Drabek D, et al. <i>Nat Commun</i>. 2020;11:2251. https://doi.org/10.1038/s41467-020-16256-y 5. Cao Y, Su B, Guo X, et al. <i>Cell</i>. 2020;182:73-84. https://doi.org/10.1016/j.cell.2020.05.025 6. Zost SJ, Gilchuk P, Chen RE et al. <i>Nat Med</i>. 2020;26:1422-1427. https://doi.org/10.1038/s41591-020-0998-x 7. GISAID. 2021. https://www.gisaid.org 8. SARS-CoV-2 variant classifications and definitions. CDC. 2021. https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/variant-surveillance/variant-info.html. 9. Tracking SARS-CoV-2 variants. WHO. 2022. https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/ 10. Thomson EC, Rosen LE, Shepherd JG, et al. <i>Cell</i>. 2021;184:1171-1187. https://doi.org/10.1016/j.cell.2021.01.037

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https://doi.org/10.1038/s41586-021-03398-2 |
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ORAL HEALTH

Please refer to [Section III Grant Review Criteria](#) (above) for more details about how grant applications will be reviewed.

Timeline:	Grants may be submitted between February 17, 2022 and April 25, 2022. We aim to communicate decisions within 3 months from grant submission date.
Healthcare Gap(s):	Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included: <ol style="list-style-type: none"> (1) Under-diagnosing of oral conditions such as acid erosion/wear, dentin hypersensitivity, periodontal disease, oral conditions found in edentulous patients or those wearing dental appliances, and xerostomia¹⁻⁶ (2) Appropriate understanding of available treatments to improve oral health and treat dental conditions and/or diseases¹⁻⁶ (3) Understanding the impact of dental conditions by assessing the patients quality of life, influencing behavioral changes and that would improve compliance and techniques¹⁻⁶
More Information:	Our intent is to fund educational initiatives that use multi-channel platforms and reach a national or regional audience. Preference is for educational initiatives that are accredited (eg, by the APCE, AGD PACE, ADA CERP, etc).
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP knowledge (Level 3*), competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.
Budget Available:	The available budget for this CGA is \$100K.
References:	<ol style="list-style-type: none"> 1. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. New Series of Reports to Monitor Health of Older Americans. 2010. https://www.cdc.gov/nchs/pressroom/01facts/olderame.htm 2. US Department of Health and Human Services (HHS), Office of Disease Prevention and Health Promotion (ODPHP). Healthy People 2030 Oral Health Objectives. 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/oral-conditions 3. US Department of Health and Human Services (HHS), National Institute of Dental and Craniofacial Research (NIDCR), National Institutes of Health (NIH). Oral Health in America: A Report of the Surgeon General. 2020. https://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/Documents/hck1ocv.@www.surgeon.fullrpt.pdf 4. Oral Health Foundation Denture Care Guidelines. 2018. https://www.dentalhealth.org/denturecareguidelines 5. American Dental Association Mouth Healthy. 2018. https://www.mouthhealthy.org/en 6. Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care. 2020. https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/index.html

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PAIN

Please refer to [Section III Grant Review Criteria](#) (above) for more details about how grant applications will be reviewed.

Timeline:	Grants may be submitted between February 17, 2022 and April 25, 2022. We aim to communicate decisions within 3 months from grant submission date.
Healthcare Gap(s):	<p>Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included:</p> <ol style="list-style-type: none"> (1) Reoccurring pain conditions (such as back pain, osteoarthritis, migraine, and others) and the use of OTC analgesics as an option to avoid/reduce the use of opioids¹⁻⁵ (2) Understanding clinical data, guideline recommendations, and other supporting evidence for the use of OTC analgesics to manage back pain (acute and recurring presentations)⁶⁻⁹ (3) Understanding the challenges of pain management (osteoarthritis, back pain, migraine) and the role of OTC analgesics in the evolving virtual/remote care environment initiated with the COVID-19 pandemic social distancing requirements¹⁰⁻¹³
More Information:	Our intent is to fund educational initiatives for primary care physicians, pharmacists, and allied health professionals that use multi-channel platforms, reach a national audience and, if appropriate, include patient-tethered education and/or resources. Educational initiatives at national and regional conferences will also be considered. Preference is for educational initiatives that are accredited (eg, by the ACCME, ANCC, ACPE, AANP, AAPA, etc).
Educational Outcomes:	Grants that are designed to measure improvements/changes in HCP knowledge (Level 3*), competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.
Budget Available:	Grant requests up to \$75K per proposal will be considered for funding.
References	<ol style="list-style-type: none"> 1. White PF. <i>Expert Opin Pharmacother.</i> 2017;18:329-333. https://doi.org/10.1080/14656566.2017.1289176 2. Qaseem A, Wilt TJ, McLean RM, et al. <i>Ann Intern Med.</i> 2017;166:514-530. https://doi.org/10.7326/M16-2367 3. Peck J, Urits I, Zeien J, et al. <i>Curr Pain Headache Rep.</i> 2020;24:1-9. https://doi.org/10.1007/s11916-020-00852-0 4. Kolasinski SL, Neogi T, Hochberg MC, et al. <i>Arthritis Rheumatol.</i> 2020; 72:220-233. https://doi.org/10.1002/art.41142 5. Bijur PE, Friedman BW, Irizarry E, et al. <i>Ann Emerg Med.</i> 2020;77:345-356. https://doi.org/10.1016/j.annemergmed.2020.10.004 6. Qaseem A, Wilt TJ, McLean RM, et al. <i>Ann Intern Med.</i> 2017;166:514-530. https://doi.org/10.7326/M16-2367 7. Peck J, Urits I, Peoples S, et al. <i>Pain Ther.</i> 2020. https://doi.org/10.1007/s40122-020-00209-w

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