Call for Grants

The intent of this document is to encourage organizations with a focus in continuing medical education (CME) for healthcare professionals to submit an application for funding that is related to caring for elderly and/or frail multiple myeloma patients.

Please note that applications must be submitted in English

Date: 9/17/2021
From: Global Medical Affairs, Takeda Oncology
Re: Multiple Myeloma care

Therapeutic area: Multiple Myeloma

Background: The mission of the Takeda Oncology Call for Grants program is to communicate our unmet educational needs, encourage improvement in patient outcomes, and/or promote excellence in patient care. The initiatives funded are independent, meaning that projects are the full responsibility of the recipient organization. Takeda has no influence over any aspect of the project and only asks for reports about the results and impact of the projects in order to share them publicly.

Educational objective: Our goal is to educate on the treatment of multiple myeloma, especially with respect to treatment options and, in particular, treatment in elderly and/or frail populations. Programs highlighting how clinicians can use real-world evidence to help inform treatment decisions for populations not adequately represented in clinical trials are encouraged.

Multiple myeloma patients represent a heterogenous group of patients, ranging from fit to frail, and the majority of patients diagnosed are over 65 years old. This diverse group can lead to challenges for clinicians when trying to select an appropriate treatment regimen for each individual patient. Treatment regimens comprised of multiple drugs may be difficult for patients to tolerate, and not all patients are able to withstand the adverse effects of treatment nor the intensive monitoring sometimes required. Tolerability or logistic issues may have detrimental effects of patient adherence to treatment. Data from randomized controlled trials have helped shape treatment guidelines to aid physicians in treating multiple myeloma. However, many patient groups are underrepresented in clinical trials, including elderly and frail patients. Real world evidence may help clinicians gain additional information needed to treat these patients.

Specific topics of interest for this call for grants:

- Overview of the elderly/frail multiple myeloma patient population
- Prognosis and outcomes based on a patient's level of fitness
- Summary of current data, clinical trial populations, and treatment paradigms
- Considerations for treatment of elderly/frail patients (efficacy, patient preference, convenience)
- Utilization of real world evidence to help fill in data gaps from randomized controlled trials
- Maintenance therapy and continuous therapy options
- Tolerability and AE management

Target audience: We welcome applications that primarily target hematologic oncologists and general oncologists who treat MM patients and work in community-based settings. Other healthcare specialties such as advanced practitioners, nurses, and pharmacists and those in academic settings that interact with MM patients will also be considered.

Educational format:. Live, virtual live, and online formats are accepted.

Outcomes measures: The educational evaluation plan must be designed to objectively measure improvements in HCP knowledge and competence (level 3 and above). Ideally, the evaluation plan will include quantitative and qualitative evidence that the educational program has had an impact on HCP behavior.

Summary of healthcare gaps:
Multiple myeloma (MM) remains an incurable disease. As patients progress, their disease becomes more refractory to treatment (Borrello 2012.) The first line of treatment and its subsequent progression free survival are extremely important and give patients their best chance for prolonged remission (Kumar 2004; Yong 2016). However, choosing which therapy to prescribe can be difficult as MM is a heterogeneous disease (Morgan 2012). Despite clinical trial data, frailty, comorbidities, and disabilities can affect tolerance and duration of treatment. Tailored treatments based on a patient's functional status are needed to limit treatment-related toxicities while improving quality of life and overall survival (Diamond 2017).

MM predominately affects elderly patients. Over 60% of MM diagnoses and 80% of MM deaths occur in individuals over 65 years of age (Padala 2021). In an analysis of 3894 patients treated in the Myeloma XI trial, age was strongly predictive of both PFS and OS; patients over 80 years of age had an OS of 28.9 months and PFS of 13.6 months while patients under 60 years of age and an OS of 65.6 months and PFS of 38.3 months. (Pawlyn 2020). In MM, advanced age, functional decline, and comorbidities represent components of frailty that are predictive of mortality and treatment related toxicity risk (Richardson 2018.) Comprehensive geriatric assessment systems have been developed that stratify patients, including the IMWG frailty index, the Revised Myeloma Comorbidity Index, and the Mayo Frailty Index. In a pooled analysis of 869 elderly newly diagnosed MM patients treated in 3 clinical trials, geriatric assessment score (0-5) was defined based upon age, comorbidities, and cognitive and physical functioning. Three groups were defined based on scores of 0 ('fit'), 1 ('intermediate'), and ≥2 ('frail'). Respective 3-year OS rates were 84%, 76%, and 57% , illustrating the substantial impact frailty has on survival (Palumbo 2015.). Elderly and/or frail patients, have poorer outcomes and are more susceptible to treatment-related toxicity than intermediate or fit patients

Randomized controlled trial (RCT) eligiblity criteria exclude many MM patients from trial particpation (Shah 2017; Hungria 2019). MM patient registries can help show how many real-world patients are ineligable for RCTs. In the CoMMpass study, 22% of NDMM patients were defined as ineligible for RCTs (Fiala 2017). In the German prospective clinical cohort study TLN (Tumour Registry Lymphatic Neoplasms, 32% of patients were trial-ineligible (Knauf 2018) . In an analysis of 3,201 patients in the INSIGHT MM prospective, observational study, 39.2% of patients were ineligible for RCTs (Hungria

2019). In the Connect MM registry, 43.5% of NDMM patients were found to be ineligible for enrollment in RCTs. (Wagner 2019). This leads to a number of MM patient populations that are typically under-represented in clinical trials, including elderly and/or frail patients. (Shah JJ 2017; Costa 2016.) Real world evidence (RWE) provides information regarding the use and potential benefit or risks of medical product derived from analysis of real-world data (RWD) (Berger 2017; Garrison 2007; Makady 2007) RWE is important for understanding evolving treatment practices and therapeutic outcomes in the real-world setting (Costello 2019) This is of particular relevance in the treatment of MM, due to the rapidly expanding range of approved therapeutic options and the increasing complexity of treatment. In recent years, significant improvements in efficacy have been demonstrated in RCTs in MM (Richardson 2018). RWE is important for determining if these improvements are reflected in MM patients in real-world practice, which is not always the case due to a range of factors. RWE is also important for capturing practical treatment considerations in MM (Costello 2019). These include treatment tolerability and convenience, and the practicality of therapy. These aspects are not always captured adequately within RCTs.

References

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Submission requirements: When responding, please follow the established guidelines for the Takeda medical education grant submission process. All applications must be submitted at https://www.tsupportportal.com/

The education must be accredited by the appropriate accrediting bodies, be fully compliant with ACCME criteria and the Standards for Commercial Support and must be in accordance with the U.S. Food and Drug Administration's Guidance on Industry-Supported Scientific and Educational Activities. If accepted, must attest to the terms, conditions and purposes of an educational grant as described in the Takeda letter of agreement.

Geographic region: Global

Length of proposed project: 12 months (the enduring component should be available for at least 12 months)

Amount Requested: The total available budget related to this call for grants is approximately $300,000. Grants of varying budgets up to $300,000 will be considered. The total budget for this call for grants may be distributed among more than 1 provider. The amount of the grant Takeda Oncology will fund for any project will depend on the Review Committee's evaluation of the proposal and costs involved and will be stated clearly in the approval notification.

Preference will be given to proposals that address ALL of the following:

1. **Overview of requesting organization:** Please describe the organization requesting the grant, including its history, current mission, a list of key officers and staff who will direct the program; and descriptions of any other participating organizations/partners. Describe any experience your organization has in working in this area.
2. **Abstract:** Please provide a summary of your proposed project, including a brief assessment of needs in the target population.
3. **Agenda and Faculty:** Submissions with proposed agenda and faculty will be prioritized
4. **Goals and implementation plan:** Provide a clear description of program goals, implementation plan, target audience, and an anticipated timeline of project activities and milestones. Please indicate whether the project will be integrated into an existing program; if yes, please describe the existing program, how this project will be integrated, and the additional impact that is expected if funding is awarded.
5. **Budget:** Please provide a detailed itemized budget for the proposed project. Please also include a narrative justification for the requested amount.
6. **Reach and impact:** Please describe the planned reach for your program, as well as the estimated impact the program will have on your intended audience. Please involve any currently available baseline data.
7. **Collaboration:** If your project is collaborative in nature, please describe the roles and capabilities of each partner.
8. **Evaluation:** Specify how you will define and measure success for each of the proposed activities; indicate how the program will be measured and evaluated, and how results will be reported.
9. **Reporting:** Please specify the descriptive and evaluative reporting results that you will provide. For projects that are funded for longer than six-months, interim reporting is required. A final report is due at the end of the funded activities, including reporting of funding used to inform reconciliation of unused funding.
10. **Sustainability/replicability:** Describe any plans to broadly disseminate the proposed program's results and ensure sustainability beyond the funding period. Describe how the proposed program could serve as a model in other geographic regions or to serve different populations.

11. **Terms and conditions:** Please take note that every Call for Grants released by Takeda Oncology is governed by the following terms and conditions:
    1. All grant applications received in response to this Call for Grants will be kept confidential reviewed in accordance with all Takeda policies and guidelines.
    2. This CGA does not commit Takeda to fund any Call for Grants submission, or the costs associated with such submissions.
    3. Takeda reserves the right to cancel, in part or in its entirety, this Call for Grants.
    4. For compliance reasons, and in fairness to all providers, all communications about this Call for Grants must come exclusively to Takeda's Department of Medical Education. Failure to comply will automatically disqualify providers.
    5. Failure to follow the instructions within this Call for Grants will result in a denial
12. **Additional submission requirements:**
    - Letter of commitment from any partner organizations
    - IRS 501(c)(3) letter (if applicable)
    - Current operating budget

Key dates: Call for Grants release date: [9/17/2021]
Full proposal deadline: [10/29/2021]
Review of proposals by review committee starts: [11/01/2021]
Anticipated proposal notification date: week of 11/19/2021

Grants will be distributed following the execution of a fully signed Letter of Agreement.

How to submit: Instructions on submitting can be found at:
http://www.takedaoncology.com/partnerships/grants--donations/

Questions: If you have any questions, please direct them in writing to Sarah Willette, Manager Congresses, Outreach and Medical Education (sarah.willette@takeda.com) with the subject line "(Call for Grants: Multiple Myeloma)".