Request for Proposal (RFP):
A Rapid Release & Response (RRR) for an Independent Medical Education Grant

<table>
<thead>
<tr>
<th>Topic:</th>
<th>Continuity of cancer care in the COVID-19 environment: Ensuring effective personalized care and side-effect management for patients with advancing cancer needs</th>
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<tr>
<td>Therapeutic focus:</td>
<td>General oncology, common and/or rare solid tumors</td>
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<tr>
<td>Available support:</td>
<td>Up to $300,000</td>
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<td>Recommended learning format:</td>
<td>Virtual, digitally interactive certified program that meets (not adds to) the overwhelming demands of clinicians in the frontlines of care during COVID-19</td>
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<td>Recommended learning target:</td>
<td>U.S. academic and community medical oncologists, pathologists, oncology nurses, pharmacists, and other clinical oncology team members</td>
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<td>Phase 1 Due:</td>
<td>Not Applicable (all applicants will be welcomed to submit a full grant by the phase 2 due date)</td>
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<td>Phase 2 Due:</td>
<td>April 30, 2020</td>
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<td>Submission Instructions:</td>
<td>RFP Page 3</td>
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<tr>
<td>Final grant decision communicated:</td>
<td>May 8, 2020</td>
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<tr>
<td>Expected launch date:</td>
<td>By May 25, 2020*</td>
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*Daichi Sankyo recognizes the significant contributions that are made when developing and deploying education that is scientifically accurate, fair/balanced, and effective in learning techniques. We also recognize the milestones for meeting this RRR-RFP are a departure from the standard educational grant submission timeline. In light of recent events related to the implications of COVID-19, and the risk it imposes on effective, best, and personalized patient care now and in the long-term practice changes that may result, we welcome submissions from educational providers who believe they can meet the high demands of this time-sensitive, rapid grant submission, grant review, and educational deployment.

The Current Need

The World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC) have recommended and reinforced social distancing as an evidence-based technique to slow the rate of transmission of COVID-19. The impact encouraged a global agreement that steps should be taken to prepare for and respond to the coronavirus pandemic. Since the onset of COVID-19, the healthcare community has prioritized their focus on limiting transmission while caring for patients. Resources for evidence-based information, tools, and guidance are necessary to support clinicians and patients in this rapidly evolving environment. Simultaneously, an increasing number of clinicians and patients alike have been sharing concerns over patient care and modifications for patients with cancer or cancer survivors. Healthcare Professionals have increased stress during this crisis due to clinical challenges, competing demands and isolation due to exposure and risk of transmission.

The American Society of Clinical Oncology (ASCO) is recommending clinicians to postpone routine follow-up visits of patients not on active cancer treatment, and to have brief remote check-ins in place of routine follow-up visits to ensure patients on maintenance therapies have sufficient drug supplies and provide instructions on when they should call their provider. (ASCO, ASCO Coronavirus Resources,
March 2020). Further, the National Comprehensive Cancer Network (NCCN) published recommended procedures for the continuity of cancer care. The publication recognizes the logistical challenges clinicians and their patients face with social distancing. Additionally, recognized are the difficult decisions needing to be made for care continuity, in response to and/or despite of COVID-19 risks, particularly for patients:

- currently undergoing chemotherapy,
- with solid-tumor adjuvant therapy with curative intent,
- with metastatic disease, and
- needing surgical intervention, should it be prioritized

(Masumi Ueda MD, MA, et al. Managing Cancer Care During the COVID-19 Pandemic: Agility and Collaboration Toward a Common Goal. JNCCN, March 2020)

The Rationale for this Request for Proposal

- **Clinical teams are assessing whether to start/continue cancer therapy, start or mitigate implications to trials-in-progress specifically when trials are utilized as courses of therapy, and determine the appropriate way to maintain side-effect evaluation and management for metastatic patients or patients who are experiencing toxicities that risk their ongoing Quality of Life.** A growing body of evidence-informed consensus on care during COVID-19 suggests the critical need for clinicians to have proactive discussions with patients about goals of care and advance care planning. While delivering cancer care during this crisis is challenging given increasing risks of death from cancer versus death from infection, it seems necessary to deploy educational-guided risk balances regarding immediate versus delayed cancer treatment. (Robert Uzzo, MD, et al. Coronavirus disease 2019 (COVID-19): Cancer care during the pandemic, March 2020)
- **That said, the allocation of limited and overextended healthcare resources is of great concern to everyone.** The FDA Oncology Center of Excellence recognizes that oncology care providers themselves are faced with immense daily personal and professional challenges. Many of our colleagues are on the front lines of caring for patients with cancer, concerned about protecting the safety of their patients, themselves, and their families, while assuring their patients’ access to needed treatment…(FDA, A Message to Patients With Cancer and Health Care Providers About COVID-19, March 2020), and
- epidemiological statistics have demonstrated that patients with cancer were more likely to develop COVID-19. (Hanping Wang et al., Risk of COVID-19 for patients with cancer, The Lancet Oncology, March 2020)
- Therefore, **clinical decisions should be individualized using multiple factors including cancer severity and therapeutic tolerability.** “Proper isolation protocols must be in place to mitigate the risk of infections,” viral and otherwise; and “cancer programs across the U.S. have already implemented [or currently implementing] infection and environmental controls, as per the CDC guidelines.” (E.J. Mundell, HealthDay, U.S. News & World Report, March 2020)
- Lessons learned from other nations have pointed toward the need to bring light to the continuity of cancer care, such as education, and the appropriate resource allocation in terms of hospitals and healthcare workforce was made a priority to face the epidemic and to take care of patients with cancer. (Giuseppe Curigliano, MD, PhD, The treatment of patients with cancer and containment of COVID-19: experiences from Italy, ASCO Daily News, March 2020)
- An increasing number of surveyed clinicians through previous Daiichi Sankyo-supported independent educational activities **seek information for up-to-date clinical practices, and the risk to their patients during this critical pandemic.**
The Request

Daiichi Sankyo has therefore determined an educational submission is critical in closing knowledge, attitude, and potentially skills and behavior gaps that have the potential of negatively influencing or impacting the effective diagnosis, development and maintenance of the appropriate patient care plans (trials-in-progress included) during the COVID-19 pandemic. Daiichi Sankyo remains open to evidence-based perspectives that also inform us of additional outcomes focal points. Daiichi Sankyo also remains open to educational designs and outcomes measurement techniques that are deemed most appropriate, with mindfulness of the following recommendations:

1. The identified problem currently transcends regional knowledge and clinical deficiencies and represents a U.S.-focused national problem that necessitates a national educational program
2. The intent to document and provide the total number, professional background, and regional representation of those who participated
3. The intent to predict/provide what will change as a result of your education, in the context of:
   a. Overall averaged percentage of knowledge acquisition, pre- versus post-education surrounding the objectives you deem appropriate
   b. Overall averaged percentage of confidence with the skills taught, as demonstrated by the objectives you deem appropriate
   c. Overall averaged percentage of clinical change, as demonstrated by the objectives you deem appropriate
4. The intent to predict the magnitude of change
5. The intent to identify any continued barriers to this change

Daiichi Sankyo does not support the costs incurred during the preparation of any grant or the response to this RFP. Daiichi Sankyo may publish RFPs online at dsi.com and through the Alliance for Continuing Education in the Health Professions (ACEhp). This RFP is also distributed to all educational providers who have previously completed successful virtually based independent education activities supported by Daiichi Sankyo within a year from the time of this RFP publication.

Daiichi Sankyo, Inc. makes available funding for Independent Medical Education that ultimately benefits elevated patient care. Daiichi Sankyo adheres to the commercial support standards established by the Accreditation Council for Continuing Medical Education (ACCME®). The company also complies with the principles established by the Office of Inspector General (OIG) Compliance Guidance for Pharmaceutical Manufacturers and Pharmaceutical Research and Manufacturers of America (PhRMA) Code on Interactions with Medical Professionals. https://dsi.com/continuing-medical-education-grants provides information on criterion for submission, our process, and the ways we address some Frequently Asked Questions.

The Process for the Daiichi Sankyo RFP Submission

- **Phase 1**: (While this is the standard Daiichi Sankyo RFP process, this phase is not applicable for this particular RRR RFP. Please proceed to Phase 2) Initial Executive Summary to include a one-page gap analysis and a one-page description of the educational design, tactic, implementation, and outcomes plan to be submitted to OGE-CME@dsi.com with the subject line “RFP Response [& Title]”
- **Phase 2**: If selected to move forward, you will be invited to expand upon your initial Executive Summary. Submit a full Grant Request to DSI.com, under “Responsibility,” and “CME Grants,” choosing the appropriate RFP dropdown item when starting the submission process, and then titling your grant as “RFP/COVID-Cancer… [continue with your personalized title]”

All submissions will be reviewed in compliance with our Standard Operating Procedures and policies, impartially without any preset grant decision(s) made at the release of this RFP.

Questions regarding this RFP can be submitted to OGE-CME@dsi.com