2025 Independent Medical Education Request for Proposal

Issue Date: March 7th, 2025

The *Independent Medical Education team at Genentech, a member of the Roche Group,* invites accredited educational providers to submit applications for independent, certified medical education grants subject to the terms described below. This Request for Proposal (RFP) provides public notice of the availability of funds in a general topic area for activities for which recognized scientific or educational needs exist and funding is available.

Purpose: As part of Genentech's scientific mission, Genentech supports grants for independent medical education that aim to improve patient care by focusing on the improved application of knowledge, competence, and performance among healthcare professionals. This mission is achieved by supporting quality independent education that addresses evidence-based, bona fide educational gaps in accordance with the ACCME, AMA, PhRMA Code, OIG and FDA guidance.

Notification: Genentech RFPs are made available through our online Genentech Funding Request System (gFRS) site (http://funding.gene.com). In addition, an email is distributed to all registered gFRS users who have previously applied for support of an independent education activity. The email distribution list may not always be up to date. Please periodically check our online Genentech Funding Request System (gFRS) site (http://funding.gene.com) to stay informed on current funding priorities. *There have been no predetermined approvals, nor any identified preferred educational providers. All submissions will be reviewed equally and thoroughly.*

Terms and Conditions

1. All grant applications received in response to this RFP will be reviewed in accordance with all Genentech policies and policy guidelines. (Please refer to the publicly available criteria on http://funding.gene.com)
2. This RFP does not commit Genentech to award a grant or pay any costs incurred in the preparation of a response to this request.
3. Genentech reserves the right to approve or deny any or all applications received as a result of this request or to cancel, in part or in its entirety, this RFP.
4. For compliance reasons, and in fairness to all providers, all communications about this RFP must come exclusively to Genentech's department of Medical Education and Research Grants. Failure to comply will automatically disqualify providers.
5. Failure to follow the instructions within this RFP may result in a denial.

Instructions

Eligibility Criteria
- U.S. based education provider
- Registered account in gFRS
- Accredited to provide CME/CE and in good standing (e.g. ACCME, ANCC, ACPE, etc.)

Geographical Scope ● Educational initiatives must be U.S.-based only

Submission Directions	Application Process	Deadlines
Step 1	Providers who meet the eligibility criteria and are interested in submitting a response to this RFP will have 4 weeks to complete a full application. Please include “2025 Lymphoma RFP” in the title your program	April 4th, 2025
Step 2	After 3 weeks, respective Genentech Medical Education Managers will review and provide notification of final decisions via email	April 25th, 2025

Additional Considerations

Provider(s) who are awarded grants are encouraged but not required to:

1. Demonstrate key findings via outcomes analysis and report the extent to which the education met the stated objectives and other key findings.
2. Describe how learners demonstrated competence, performance, or patient outcomes improvement as a result of the educational activity.
3. Summarize (through written analysis) the provider’s understanding and interpretation of the outcomes data and identify any persistent educational gaps, unanticipated barriers and/or activity/outcomes limitations.

2 Currently Available RFP Focus Areas:

Focus	Opportunity

Therapeutic Area: Hematology **Disease:** Diffuse Large B Cell Lymphoma **Learning Audience:** Community Heme- Oncs, Nurses/Nurse Practitioners, Pharmacists **Support Available:** Up to $150k Knowledge- and Competence-based Regional and Local Education	DLBCL, the most common form of non-Hodgkin's lymphoma, is highly heterogeneous at a molecular level, leading to varied responses to standard therapies. Up to 40% of newly diagnosed diffuse large b-cell lymphoma patients treated with R-CHOP will either have a limited response or fail to respond to initial therapy. It is important for healthcare professionals, especially those in community oncology practice, to understand the unmet medical need for certain patients in the frontline treatment of DLBCL, new targeted treatment approaches and their impact on risk of disease progression. Genentech recognizes the need to support independent education to help educate about the unmet need of certain patients newly diagnosed with DLBCL. References: 1. Coiffier, Bertrand, and Clémentine Sarkozy. "Diffuse large B-cell lymphoma: R-CHOP failure-what to do?." Hematology. American Society of Hematology. Education Program vol. 2016,1 (2016): 366-378. doi:10.1182/asheducation-2016.1.366 2. Leukemia and Lymphoma Society. Diffuse Large B-Cell Lymphoma. Website. https://www.lls.org/research/diffuse-large-b-cell-lymphoma-dlbcl. Accessed February 21, 2025 . 3. Sehn, Laurie, and Gilles Salles. Diffuse Large B-Cell Lymphoma. N Engl J Med 2021;384:842-58. DOI: 10.1056/NEJMra2027612 4. National Comprehensive Cancer Network (NCCN). NCCN Guidelines Version 2.2025 Diffuse Large B-Cell Lymphoma. Website. Accessed February 12, 2025. https://www.nccn.org/professionals/physician_gls/pdf/b-cell.pdf

Focus	**Opportunity**

Therapeutic Area: Hematology **Disease:** Non-Hodgkin's Lymphoma (NHL) **Learning Audience:** Community Heme-Oncs, Nurses/Nurse Practitioners, Pharmacists **Support Available:** Up to $150k Knowledge- and Competence-based Emerging Education	Bispecific antibodies represent an emerging class of drugs that have been available for approximately three years and are now approved for various disease areas, including lymphoma, multiple myeloma, and solid tumors. In non-Hodgkin lymphoma (NHL), cytokine release syndrome (CRS) is a side effect associated with T-cell engaging therapies, which include both bispecific antibodies and CAR-T therapies. The decision to incorporate a new class of drugs into practice depends on its clinical data and relies on the ability of the practice to adapt logistics and workflow to ensure patients can be safely treated. The infrastructure among community practices varies significantly, which may pose a challenge on how to implement the required changes for monitoring and management of a new therapy. In the case of the bispecific antibodies, multidisciplinary coordination of care within the site and among network practices is crucial for the management of patients who may present with CRS. It's a complex and individualized process that requires new learnings to be shared among healthcare providers (HCPs). Overall, HCPs require education on the complexity of CRS and the multidisciplinary approach necessary for its management. References: 1.https://pubmed.ncbi.nlm.nih.gov/38252906/ 2. https://pubmed.ncbi.nlm.nih.gov/39802527/ 3. https://ascopubs.org/doi/10.1200/JCO.2024.42.16_suppl.e13575
