Daiichi-Sankyo

Requests for Proposal

Call for Continuous Grant Submissions

Fiscal Year (FY) 2024:
April 1, 2024 - March 31, 2025

Issuance Date: December 8, 2023

Daiichi Sankyo, Inc.
Medical Proficiency Acceleration Center:
Office of Grants & Education, OGE-CME@DSI.com
Grant Submission Site: https://daiichisankyo.us/corporate-giving-and-support

Daiichi Sankyo's Grants Submission site can be found at **https://daiichisankyo.us/corporate-giving-and-support**. We provide Grants to eligible educational organizations or advocacy groups for accredited certified Continuing Medical Education (CME), non-CME education, scientific events, clinical scholarships and fellowships, or patient education. All Grants and resulting work are independent of Daiichi Sankyo influence and benefit. Please refer to the Standards of Integrity and Independence published by https://accme.org/ for more information.

Seeking Innovation in Oncology:

According to the IQVIA 2023 Report on Global Oncology Trends Outlook to 2027, the number of products under development in oncology has grown significantly over the last decade, with more than 2,000 products currently under development (IQVIA, 2023). Emerging oncology evidence changes frequently and rapidly, which as a result, may rapidly change information previously (even recently) presented to clinician learners. Provided all is line with appropriate Standards and regulations that govern your education and our independent support, **Daiichi Sankyo welcomes innovative approaches to education** which could include shortening the life of an enduring program or putting controls in place that address major updates to launched content. Daiichi Sankyo is aligned with you that education should always remain accurately up to date and safe.

Statement on multi-support and our alliance arrangements *(updated for 2024)*

Daiichi Sankyo encourages multi-support but does not require it, provided all education is fair, balanced and independent from supporter influence. **Daiichi Sankyo is in alliance with other industry organizations for several of our therapeutic options,** and as a result, please consider the following:

- **HER2 and/or TROP2 Grants**: Daiichi Sankyo welcomes the continuation of submitting relevant Grants to both Daiichi Sankyo as well as our alliance partner (and other relevant non-alliance supporters as desired). In 2024, decisions on HER2 and/or TROP2 IME congress symposia will be jointly made with our alliance partner. All other Grant types will be jointly discussed on an as-needed basis. In our continued strong alliance, as separate organizations we each reserve the right to make decisions that meet our companies' decision-making interests. We therefore ask that you be prepared with a contingency plan if you do not receive multi-support.
- **HER3, B7-H3, and/or Cadherin 6 Grants**: *2024* Grants may continue being submitted directly to Daiichi Sankyo (and other relevant non-alliance supporters as desired). Upon receipt, Daiichi Sankyo will also discuss these Grants with our HER3/B7-H3/Cadherin 6 alliance partner.

In 2024 Grants may be submitted in the following categories:

- **Breast Cancer, General (Multiple Targets)**: For education that spans all Breast Cancer types, **or**
  - ☐ Breast Cancer, HER2+ Only
  - ☐ Breast Cancer, HER2 Low Only
  - ☐ Breast Cancer, TROP2 Only

- **Gastric Cancer, General (Multiple Targets):** For education that spans all Gastric Cancer types, **or**
  - ☐ Gastric Cancer, HER2-specific

- **Lung Cancer, General (Multiple Targets):** For education that spans all Lung Cancer types, or
  - ☐ Non-Small Cell Lung Cancer (NSCLC) HER2 Only
  - ☐ NSCLC HER3 Only
  - ☐ NSCLC TROP2 Only
  - ☐ NSCLC Squamous Cell Only (B7-H3)
  - ☐ Small Cell Lung Cancer (SCLC) Only (B7-H3)

- **HER3 Cancers, General (Multiple Tumors)**: For education that spans all HER3 science

- **Other Emerging Solid Tumors** (select one):
  - ☐ Other HER2 tumors (endometrial, cervical, ovarian, hepatobiliary, bladder)
  - ☐ B7-H3 Science / Multiple Tumors
  - ☐ Esophageal Only (B7-H3)
  - ☐ Prostate Only (B7-H3)
  - ☐ Ovarian Cancer Only (Cadherin 6)

- **Hematologic Malignancies, General (Multiple Targets)**: For education that spans all Hematologic Cancers, **or**
  - ☐ Acute Myeloid Leukemia (AML) Only
  - ☐ Peripheral T-Cell Lymphoma (PTCL) Only

- **Tenosynovial Giant Cell Tumor (TGCT)**

- **General Oncology:** For education that that is a combination of multiple selections provided, or education that does not fit any of the other category selections

Information for Submissions:

Daiichi Sankyo believes education is a source to accelerating best, personalized evidence into clinical practice for the best interest of patient care. Our commitment is to make grant funding available for independent, fair, balanced, and scientifically accurate medical education initiatives that receive no influence from our organization in submission, design, or implementation. Grant conduct is required to comply with all expected regulatory requirements. At times, Daiichi Sankyo accepts grant submissions that are in response to a Call for Continuous Grant Submissions or time-limited Request(s) for Proposals (RFPs). When published, these Calls and/or RFPs will provide details regarding externally referenced educational, clinical, practical, and/or research gaps in specific therapeutic focus areas. We invite eligible organizations to log into the grant portal for information on currently available Calls and/or RFPs throughout the year.

Gaps have been identified through external Needs Assessments, prior independent medical education outcomes, and a review of publicly available literature. Gaps have been allocated by recommended outcomes goals.

This RFP packet is our Call for Continuous Grant Submissions throughout the fiscal year. Daiichi Sankyo may further publish **time-limited RFPs** for specific projects aligned to specific external gaps/references as the year progresses.

Activity	Due Date/Time
Packet publication and dissemination	December 8, 2023
Call for Continuous Grant Submissions: Full grant submissions provided to **https://daiichisankyo.us/corporate-giving-and-support**	Submissions for FY2024 may begin immediately upon the dissemination of this packet. We aim to make decisions within 60 days of submission. **Please note decisions for FY2024 grants will not start until April 1, 2024**.
Preferred start dates for education	**Call for Continuous Grant Submissions:** Continuously throughout FY2024.
Preferred timing of initial and preliminary outcomes of awarded programs	Daiichi Sankyo encourages the submission of preliminary outcomes in the following manner, for your consideration: • **Independent Satellite Symposia**: First basic report of preliminary metrics within 24-72 hours after symposium • **All other education formats**: Preliminary report within 30 days after initial educational activity

Independent Medical Education Symposia at Congresses: It is important to note that Daiichi Sankyo publishes a list of U.S. congresses where we have IME symposia support interests, and outside-U.S. congresses where we have secured IME symposia slots. These lists are typically published twice per year (Summer and Winter) and provided on the Daiichi Sankyo grant submission portal. While the content provided in this packet could be useful for IME symposia submissions, this packet is not used for the request of IME symposia submissions.

Call for Continuous Grant Submissions
throughout Fiscal Year 2024

- **HER2 Cancers**
- **TROP2 Cancers**
- **HER3 Cancers**
- **B7-H3 Expressing Cancers**
- **Hematologic malignancies**
- **Cadherin 6 Expressing Cancers**
- **Tenosynovial Giant Cell Tumors (TGCT)**

HER2 Cancers

Human epidermal growth factor receptor 2 (HER2), a member of the epidermal growth factor receptor family with tyrosine kinase activity, plays a role in cell proliferation and tumorigenesis when its receptors dimerize. The oncogene *ERBB2* (*HER2*) that encodes this receptor is frequently overexpressed, amplified, or occasionally mutated in various human cancers. Amplification or overexpression of HER2 serves as a significant prognostic and predictive biomarker and occurs in approximately 10-30% of gastric/gastroesophageal cancers, 6-35% of non-small cell lung (NSCLC) cancers, and 70-75% of breast cancers, inclusive of breast cancers with low expression of the HER2 protein (HER2-low). Additionally, HER2 mutation occurs in about 2-4% of NSCLCs, representing a distinct genomic alteration from HER2 protein overexpression and *HER2* gene amplification. The advent of HER2-directed therapies has significantly impacted the outcome of patients with HER2 cancers (Raghav, Kanwal P.S. et al. Clinical Cancer Research, 2022). **Clinicians who impact the care planning and management of patients with HER2 cancers** are U.S. Oncologists, Community & Academic Pathologists, Oncology Advanced Practice clinicians, Oncology Nurses, Nurse Navigators, Clinical & Board-Certified Oncology Pharmacists.

Tumor (alphabetically)	Problem*	Educational Need
Breast Cancer	There have been significant improvements in knowledge and clinical competencies in treatment of HER2 and HER2-low metastatic breast cancers. Yet moving into 2024, 1 in 5 patients with denovo metastatic breast cancer are not started on guideline-based care. Only half of oncology healthcare professionals (HCPs) felt that communication among care team members was effective when ordering and/or discussing the results of HER2 testing. Only 25% of HCPs reported regularly screening all patients with HER2+ breast cancer for signs and symptoms for treatment related Adverse Events (AEs), with 50% of HCPs reporting screening only symptomatic patients.	Gap closures in **clinical knowledge and clinical practice** by supporting education focused on introducing and reinforcing clinical trial data, appropriate treatment selection to meet the care needs of each patient, and better monitoring and management strategies for treatment related AEs
Gastric Cancer	A majority of oncology HCPs are committed to making changes in clinical practice to elevate the outcomes of patients with advanced gastric cancer (aGC) and gastro-esophageal cancers (GEJ). Yet moving into 2024, only 41% of HCPs in community oncology settings regularly performed mutational testing. Patients treated at low-volume hospitals were up to 72% less likely to receive HER2 testing. Half of academic and community oncology HCPs were unable to accurately identify which line of therapy demonstrated	Gap closures in **clinical practice** by establishing HER2 as a driving biomarker for treatment decisions in aGC and GEJ across lines of therapy, guidelines and practices to reflect evidence-based HER2 testing and effective monitoring and management strategies for treatment-related AEs.

	meaningful results for patients with HER2+ aGC or GEJ, and only 22% were aware of treatment related AEs and Blackbox warnings.	
Lung Cancer	There was an increase in clinician awareness of HER2 directed therapies in patients with advanced HER2 altered NSCLC beyond the 1st line. Yet moving into 2024, only 46% of oncology HCPs indicated that they were knowledgeable on the clinical trial data associated with HER2 ADCs in NSCLC. Only 6% rated themselves as "very confident" in their ability to work as part of the care team to address treatment related AEs. Only 13% of oncologists and 18% of pathologists knew the most appropriate genomic tests for patients with NSCLC.	Gap closures in **data confidence and clinical competence** in appropriate treatment selection in HER2 NSCLC patients by focusing on current and emerging clinical trial data, correct dose selection, appropriate genomic testing, and monitoring and management strategies for treatment related AEs to meet the needs of each patient.

Tumor	Problem*	Educational Need
Various other HER2 Expressing tumors	There are no current guidelines for HER2 testing in tumors outside of Breast, Gastric, and Lung. As a result, HER2 testing is not being routinely performed in tumors including but not limited to endometrial, cervical, ovarian, hepatobiliary, bladder cancers. By identifying appropriate patients who have HER2 expression, the best, personally optimal care options can be implemented. There is a high chance that clinicians are not be fully exposed to emerging clinical efficacy and safety data.	Gap closures in clinical knowledge and confidence by supporting education focused on the role of HER2 overexpression as an actionable biomarker, introducing and reinforcing clinical trial data and effective monitoring strategies for treatment-related AEs. Preference may be given to educational programs that leverage key learnings from areas with options that were once emerging and are now setting a standard for care planning (e.g., HER2 Breast, HER2 Gastric, and HER2 NSCLC).

**Comprehensively evaluated by prior Medical Education outcomes, external Needs Assessments, and public literature.*

TROP2 Cancers

TROP2 (Trop2) is a transmembrane glycoprotein encoded by the Tacstd2 gene. It is an intracellular calcium signal transducer that is differentially expressed in many cancers. It signals cells for self-renewal, proliferation, invasion, and survival. It has stem cell-like qualities. TROP2 is expressed in many normal tissues, though in contrast, it is overexpressed in many cancers and the overexpression of Trop2 is of prognostic significance. Trop2 expression in cancer cells has been correlated with drug resistance. Several strategies target TROP2 on cancer cells that include antibodies, [targeted therapy and antidrug conjugants], antibody fusion proteins, chemical inhibitors, nanoparticles, etc. Response to these therapeutic options appears to occur regardless of TROP2 levels of expression making on-going clinical investigation warranted. As such, TROP2 biomarker testing is not currently recommended. (Shvartsur A, Bonavida B. Trop2 and its overexpression in cancers: regulation and clinical/therapeutic implications. Genes Cancer. 2015 Mar;6(3-4):84-105.) **Clinicians who impact the care planning and management of patients with TROP2 cancers** are U.S. Oncologists, Community & Academic Pathologists, Oncology Advanced Practice clinicians, Oncology Nurses, Nurse Navigators, Clinical & Board-Certified Oncology Pharmacists.

Tumor	Problem*	Educational Need
Breast Cancer	Advancements have been made in introducing oncology HCPs to on-going clinical trials, and newly released clinical trial data including treatment related AEs to monitor during care. However, moving into 2024, 51% of HCPs were unfamiliar with emerging ADCs and their respective biological targets. Roughly 1 in 3 HCPs had persistently low confidence in understanding the treatment implications of the latest clinical trial data investigating ADCs in breast cancer.	Gap closures in **clinical knowledge and data confidence** in new and emerging TROP2 directed ADCs, implications in clinical practice, and effective monitoring and management strategies for treatment related AEs.
Lung Cancer	There has been an increased interest in identifying patients and a willingness to utilize emerging evidence in practice. However, moving into 2024, only 36% of oncology HCPs could identify the patient population and treatment setting for which a TROP2-directed ADC would provide benefit. As many as 56% of oncologists did not recognize TROP2 as a target that has a role for ADC therapies in lung cancer. Only 20% of oncologists rated themselves as very/mostly confident in their ability to work as part of a care team to address treatment-related AEs associated with ADCs in patients with NSCLC.	Gap closures in **clinical knowledge and data confidence** in TROP2 biology, emerging clinical trial data, identification of appropriate patients who would benefit from TROP2 ADCs, and AE management strategies.

**Comprehensively evaluated by prior Medical Education outcomes, external Needs Assessments, and public literature.*

HER3 Cancers

HER3 belongs to the human epidermal growth factor receptor (HER) family which also includes HER1/EGFR/erbB1, HER2/erbB2, and HER4/erbB4. As a unique member of the HER family, HER3 lacks or has little intrinsic tyrosine kinase activity. It frequently co-expresses and forms heterodimers with other receptor tyrosine kinases (RTKs) in cancer cells to activate oncogenic signaling, especially the PI-3K/Akt pathway and Src kinase. Elevated expression of HER3 has been observed in a wide variety of human cancers and is associated with a worse survival in cancer patients with solid tumors. Studies on the underlying mechanism implicate HER3 expression as a major cause of treatment failure in cancer therapy. Activation of HER3 signaling has also been shown to promote cancer metastasis. These data strongly support the notion that therapeutic inactivation of HER3 and/or its downstream signaling is required to overcome treatment resistance and improve the outcomes of cancer patients. (Lyu H, Han A, Polsdofer E, Liu S, Liu B. Understanding the biology of HER3 receptor as a therapeutic target in human cancer. Acta Pharm Sin B. 2018 Jul;8(4):503-510.) **Clinicians who impact the care planning and management of patients with HER3 cancers** are U.S. Oncologists, Oncology Advanced Practice clinicians, Oncology Nurses, Nurse Navigators, Clinical & Board-Certified Oncology Pharmacists.

Tumor	Problem*	Educational Need
Lung Cancer	There has been a significant increase in oncology HCP knowledge of HER3 clinical trial data, specifically HER3-DXd antitumor activity and efficacy not correlating with the degree of HER3 tumor expression. There has also been advancement in oncology HCP competence in selecting appropriate patients for HER3 clinical trials. However, moving into 2024, approximately half of those HCPs remain unknowledgeable around the biology, role, and clinical relevance of HER3 in NSCLC. 44% of HCPs lacked confidence in the clinical trial evidence supporting the use of novel ADCs that target HER3 in NSCLC. Nearly 1 in 3 HCPs do not discuss clinical trial enrollment as an option with all NSCLC patients regardless of genomic alterations.	Gap closures in **clinical knowledge and data confidence** around the unmet need and treatment options of post-TKI, post-platinum-based chemotherapy in EGFRm NSCLC patients and differentiate clinical trial and AE management for current and emerging treatment options, including HER3 directed therapies.

**Comprehensively evaluated by prior Medical Education outcomes, external Needs Assessments, and public literature.*

B7-H3 Expressing Cancers

B7-H3 (also known as CD276) is a newly found molecule of B7 family, which may be a promising target for cancer treatment. B7-H3 protein was demonstrated to be expressed in several kinds of tumor tissues including [small cell lung cancer (SCLC),] non-small-cell lung cancer (NSCLC) and prostate cancer. Its expression is highly associated with undesirable treatment outcomes and survival time, due to function of the immune checkpoint molecule. It was classified as either a co-stimulatory molecule for T cell activation or the nonimmunological role of regulating signaling pathways. Although several challenges remain, B7-H3 offers a new therapeutic target with increased efficacy and less toxicity in future cancer treatment. (Yang S, Wei W, Zhao Q. B7-H3, a checkpoint molecule, as a target for cancer immunotherapy. Int J Biol Sci. 2020 Mar 25;16(11):1767-1773.) **Clinicians who impact the care planning and management of patients with B7-H3 expressing cancers** are U.S. Oncologists, Community & Academic Pathologists, Oncology Advanced Practice clinicians, Oncology Nurses, Nurse Navigators, Clinical & Board-Certified Oncology Pharmacists.

Tumor	Problem*	Educational Need
Various tumors	There have been gains in biological and scientific awareness of B7-H3 expression in cancer, specifically as it related to expression in SCLC, with a limited but increasing awareness in how it relates to expression in small cell lung cancer. However, moving into 2024, oncology HCPs seem to be lacking an understanding of how recent advances in B7-H3-targeted agents may impact future practice. Only 44% of HCPs reported that they would be "somewhat likely" or "likely" to use exploratory agents provided there was reliable data. There remains confusion regarding the need for molecular testing to identify therapeutic targets for treatment.	Gap closures in **scientific awareness, clinical knowledge and data confidence** around B7-H3 expression in cancer and clarifying how the mechanism of action of B7-H3 checkpoint inhibitors differ from one another for multiple cancers, including but not limited to SCLC, NSCLC squamous cell, esophageal and prostate cancers.

**Comprehensively evaluated by prior Medical Education outcomes, external Needs Assessments, and public literature.*

Hematologic malignancies

Acute myeloid leukemia (AML) starts in the bone marrow (the soft inner part of certain bones, where new blood cells are made), but most often it quickly moves into the blood, as well. It can sometimes spread to other parts of the body including the lymph nodes, liver, spleen, central nervous system (brain and spinal cord), and testicles. Most often, AML develops from cells that would turn into white blood cells (other than lymphocytes), but sometimes AML develops in other types of blood-forming cells. People whose leukemia cells have certain gene mutations may have a better or worse outlook. For instance, people with AML that has a mutation in the FLT3 gene tend to have a poorer outlook, although new drugs that target cells with this abnormal gene might lead to better outcomes. Mutations in the TP53, RUNX1, and ASXL1 genes are also linked with a worse outlook. On the other hand, people whose leukemia cells have changes in the NPM1 gene (and no other abnormalities) seem to have a better prognosis than people without this change. Changes in both copies of the CEBPA gene are also linked to a better outcome. (American Cancer Society, 2023). **Clinicians who impact the care planning and management of patients with hematologic malignancies** are U.S. Community & Academic Oncologists, Hematologists, and Hematologist-Oncologists, Community & Academic Hemato-Pathologist, Oncology Advanced Practice HCPs (NP/PA), Oncology Nurse, Nurse Navigators, Clinical & Board-Certified Oncology Pharmacists.

Tumor	Problem*	Educational Need
AML	Over the course of a year, just over half of oncology/hematology HCPs planned to incorporate all current and emerging treatments into the frontline and relapsed/refractory AML workflow. However, only 24% of HCPs were able to select appropriate management for a patient with ND FLT3-mutant AML who was an HCT candidate. 63% of HCPs exhibited poor knowledge of emerging FLT3 inhibitor combinations with second generation agents in newly diagnosed FLT3-mutated AML. 47% of HCPs admitted they did not routinely develop plans to address toxicities such as delayed count recovery, neutropenia, QTc prolongation, and other events associated with novel cytotoxic and targeted agents.	Gap closures in improving **clinical knowledge and clinical practice** in strategies that best incorporate current and emerging FLT3 mutation frontline therapies into practice, clinical trial data that led to approvals of current agents, and effective monitoring/management strategies for treatment related AEs.

**Comprehensively evaluated by prior Medical Education outcomes, external Needs Assessments, and public literature.*

Finite Funding for Other Educational Opportunities

Cadherin 6 Expressing Cancers

Emerging Evidence

Background	CDH6 (human cadherin-6) is a cadherin family protein overexpressed in several cancers, particularly ovarian tumors and renal cell carcinoma. Overexpression of CDH6 is associated with tumor growth and proliferation and is correlated with poor prognosis in [certain] patients. (Bartolomé RA, et al. Mol Oncol. 2021.) Recently, antibody-drug conjugates (ADCs) targeting CDH6 have drawn attention to new cancer therapies and demonstrated their antitumor activity in preclinical models of tumors, including epithelial ovarian cancer (EOC). (Daisuke Shintan et. al, Gynecologic Oncology, Volume 166, Supplement 1, 2022).
Educational Need*	There is particularly active research in Cadherin tumor suppressor genes and tumorigenesis. (Pećina-Slaus N. Cancer Cell Int. 2003 Oct 14;3(1):17). As emerging data continues to demonstrate clinical activity and significance, HCPs need to better understand the ongoing and emerging research. HCPs need to further evaluate their confidence in the clinically meaningful implications this has on their patients. HCPs could benefit from improving their knowledge, ability to communicate and competence in utilizing emerging data that may present optimized benefit for patients with the oncogene cadherin-6 and its advancement on cancers, including but not limited to advanced ovarian cancer. **Daiichi Sankyo has finite 2024 funds available for a few educational programs related to this educational need.**

Tenosynovial Giant Cell Tumor (TGCT)

Established Evidence

Background	Tenosynovial giant cell tumors (TGCTs) are a group of rare, typically non-life-threatening tumors that involve the synovium, bursae and tendon sheath. These tumors cause the affected synovium, bursae or tendon sheaths to thicken and overgrow. They are benign; however, they can grow and cause damage to the surrounding tissue and structures of the affected limb. Symptoms can include pain, swelling, tenderness, warmth at the location and limitation of movement of the joint. In diffuse TGCT, large joints tend to be involved, most commonly the knee. Surgery is often the initial treatment option. However, depending on the subtype, the tumor can recur, particularly in diffuse TGCT which was previously known as pigmented villonodular synovitis (PVNS). If untreated or if the tumor continually recurs, they can result in damage and degeneration of the affected joint and surrounding tissues or structures. Sometimes, they can cause significant disability. In rare cases, amputation is warranted. (NORD, 2023).
Educational Need*	Over the past several years, ongoing education and updates to care plan options, including treatments utilized instead of or in combination with surgery have helped patients make significant progress. In fact, 71% of HCPs have increased their confidence in the management of diffuse, aggressive / recurrent TGCT with targeted systemic options. 62% are improving practice as it related to multi-professional collaboration, increasing scans, and utilizing therapeutics that are best for their patients. With new and emerging evidence around the incorporation and management of current and emerging therapeutic dosing options, **Daiichi Sankyo has finite 2024 funds available for a few educational programs related to this educational need.**

**Comprehensively evaluated by prior Medical Education outcomes, external Needs Assessments, and public literature.*

Grant Decision Rubric Guide

Daiichi Sankyo thoroughly reviews each grant submitted for our support consideration. While many factors are used to result in an ultimate decision, the following are prominently weighted criterion that will be used for a comprehensive evaluation of each proposal we receive.

Decision Weighting	Factor
20%	Statement of Purpose and Activity Goals, Gaps, Root Causes, and scientifically accurate Needs Assessment
20%	Educational interventions that align with appropriate learning objectives and follow the accurate adult-learning and instructional design principles that will meet anticipated outcomes
20%	Fair/balanced program nature and demonstrated maintained compliance in overall proposal
15%	Outcomes Assessment Plan
10%	Justification for engagement and ability to reach and effectively sustain engagement with recommended learning audience
10%	Oncology experience, evidence of prior oncology success, and feasibility with recommendations within the proposal
5%	Clear and fair budget justification

Daiichi Sankyo believes educational initiatives are crucial for increasing awareness and improvement toward the topics identified in this packet, as too are the results. **We ask for your consideration of the following recommendations when developing your outcomes plan and assessment**:

- **Participation**: The intent to document and provide the total number, professional background, and regional representation of those who participated.
- **Change**: The intent to predict/provide what will change because of your education, such as overall averaged percentage of knowledge acquisition, pre- versus post-education surrounding the specific learning objectives, and *if relevant,* overall averaged percentage of confidence in any skills taught surrounding the specific learning objectives, and overall averaged percentage of clinical change surrounding the specific learning objectives
- **Insights**: The intent to identify specific clinical insights resulting from the education as well as unique continued barriers to this change
- **Reflection:** The intent to share outcomes with learners as an opportunity to have them reflect and reinforce their learning

Closing Information

All submissions will be reviewed in compliance to our Standard Operating Procedures and policies, impartially without any preset grant decision(s) made at the release of this packet. Daiichi Sankyo does not support the costs incurred during the preparation of any grant. Daiichi Sankyo publishes Calls for Continuous Grant Submissions/RFPs online through the specific Daiichi Sankyo grants portal. This packet is also posted to the Alliance for Continuing Education for the Health Professions (ACEhp) membership site, and further distributed to all educational providers who have previously submitted and completed successful independent medical education activities within a year from the time of this packet dissemination.

Daiichi Sankyo adheres to the commercial support standards established by the Accreditation Council for Continuing Medical Education (ACCME®). The company also complies with theprinciples established by the Office of Inspector General (OIG) Compliance Guidance for PharmaceuticalManufacturers and Pharmaceutical Research and Manufacturers of America (PhRMA) Code on Interactions with Medical Professionals. https://daiichisankyo.us/corporate-giving-and-support provides information on criterion for submission, our process, and the ways we address some Frequently Asked Questions.

Logistical questions regarding grant submissions can be submitted to OGE-CME@dsi.com and will be channeled to the appropriate therapeutic area Grant manager. As always, we thank you for your contributions to continued education, professional development and the ultimate elevation of best, personalized care for patients.

Sincerely,
The Medical Proficiency Acceleration Center team,
Daiichi Sankyo, Inc.

Statement on Resources and References

- Daiichi Sankyo has commissioned external Needs Assessments that guide us on the clinical awareness, clinical knowledge, confidence and practice gaps, as well as the specific learning preferences for those who treat and/or are impacted by the therapeutic areas mentioned in this packet. The Needs Assessments that impact this packet were commissioned from 2021 through 2023 and completed by several external organizations such as Axdev and CE Outcomes. Daiichi Sankyo utilizes these insights as internal resources and does not currently publish Needs Assessment results.
- **Separate public literature references to specific data points can be found parenthetically throughout this packet.**
- Daiichi Sankyo recommends that providers of education access all current literature related to studies and therapeutic advancements, particularly information that has been released in 2023 at oncology conferences including but not limited to ***the American Society of Clinical Oncology (ASCO) 2023 meeting, the World Congress on Lung Cancer (WCLC) 2023 meeting, the European Society of Medical Oncology (ESMO) 2023 meeting, the Connective Tissue Oncology Society (CTOS) 2023 meeting, and the American Society of Hematology (ASH) 2023 meeting.***