



Independent Medical Education (IME)

Request for Proposals (RFP):

RFP Title	FRa & ADC Masterclass Initiative: Advancing Biomarker-Driven Care and ADC Integration in PROC
Grant Amount	Up to \$300,000 (Multi-support is preferred but not required)
Targeted Learners	Community oncologists, gynecologic oncologists, pathologists, advanced practice providers (APPs), and other HCPs involved in PROC management
RFP Requirements	<ul style="list-style-type: none"> <li>• Summary</li> <li>• Needs Assessment               <ul style="list-style-type: none"> <li>○ Root Causes Detailed</li> </ul> </li> <li>• Educational Objectives (if applicable)</li> <li>• Agenda</li> <li>• Intended Audience</li> <li>• Outcomes level and description of intended outcomes plan/delivery</li> <li>• Description of Partnership and why (If Applicable)</li> <li>• Description of why chosen locations were prioritized for education (If a live activity or applicable).</li> </ul>
RFP Posting Date	May 11, 2026
Submission Deadline	June 8, 2026 <a href="https://www.steeproclinc.com">Genmab Grants &amp; Giving Portal (steeproclinc.com)</a>
RFP Decision	June 22, 2026
Expected Launch Date	Q4 2026
Interim Outcomes	6 months post launch
Final Outcomes	As appropriate to activity
Educational Program Design	<p>Preference will be given to proposals that:</p> <ul style="list-style-type: none"> <li>• Move beyond knowledge transfer to demonstrate measurable changes in biomarker testing and treatment selection behavior</li> <li>• Utilize a tiered IME model (regional → national → enduring) with linked outcomes across tiers</li> <li>• Incorporate longitudinal, case-based learning that assesses decision-making over time</li> <li>• Include practice-enabling tools that are directly integrated into clinical workflows</li> </ul>

	<ul style="list-style-type: none"> <li>• Demonstrate a clear plan to measure real-world changes in FR<math>\alpha</math> testing rates and ADC utilization patterns (where feasible)</li> </ul>
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**Statement of Purpose:**

While awareness of FR $\alpha$  and ADC therapies is increasing, meaningful gaps persist in how this knowledge translates into clinical practice. Variability in testing, patient identification, and treatment sequencing reflects a broader challenge: education has not consistently resulted in measurable changes in care delivery.

Genmab seeks to support IME initiatives that go beyond traditional educational models to:

- Drive observable changes in clinical decision-making
- Improve consistency of biomarker-driven treatment selection
- Enable real-world implementation of ADC strategies

Proposals should explicitly describe how education will result in tangible improvements in patient identification and treatment decisions, not solely increases in knowledge or confidence.

**Measurable Outcomes:**

Proposals must include outcomes that demonstrate impact on clinical decisions and practice behavior, such as:

- Change in FR $\alpha$  testing behavior (e.g., timing, frequency, appropriate patient selection)
- % of learners demonstrating correct treatment selection in complex PROC case scenarios pre vs. post education
- Documented change in ADC sequencing decisions aligned with emerging best practices
- Evidence of practice-level adoption (e.g., integration of testing protocols, use of decision tools)
- Longitudinal follow-up assessing sustained changes in decision-making ( $\geq 3-6$  months)

Proposals that only measure satisfaction or knowledge without linking to decision or performance change will not be prioritized.

**References:**

1. Burtness B, Harrington KJ, Greil R, et al. Pembrolizumab alone or with chemotherapy vs cetuximab with chemotherapy for recurrent or metastatic HNSCC (KEYNOTE-048). *Lancet*. 2019; 394:1915–1928.
2. Ferris RL, Blumenschein G Jr, Fayette J, et al. Nivolumab vs investigator’s choice in recurrent or metastatic HNSCC (CheckMate 141). *N Engl J Med*. 2016; 375:1856–1867.

3. Machiels JP, René Leemans C, Golusinski W, et al. Squamous cell carcinoma of the oral cavity, larynx, oropharynx and hypopharynx: ESMO Clinical Practice Guidelines. *Ann Oncol.* 2020; 31:1462–1475.
4. Cohen EEW, Soulières D, Le Tourneau C, et al. Pembrolizumab vs standard treatment for recurrent/metastatic HNSCC: updated survival results. *J Clin Oncol.* 2019; 37:100–109.
5. Tan AC, Bagley SJ, Wen PY, et al. Systematic review of combinations with PD-1/PD-L1 inhibitors in solid tumors. *JAMA Oncol.* 2021; 7:123–130.

**RFP Evaluation:**

Genmab is committed to supporting IME that advances beyond traditional awareness-based education. Priority will be given to programs that demonstrate measurable impact on clinical decision-making, practice behavior, and care delivery. Proposals must clearly articulate how educational interventions will translate into real-world changes, and how those changes will be assessed.

Genmab welcomes submissions for IME grants from educational providers who can meet the associated deadlines for the RFP as outlined above.

All submissions will be reviewed in accordance with internal Genmab Policies and Procedures. Genmab does not support the costs associated with responding to this RFP and adheres to Fair Market Value (FMV) for those areas of the budget, when relevant. Genmab holds the right not to support any submissions based upon our internal review criteria.

All submissions to the RFP should be accredited by the relevant body (i.e. ACCME). Genmab observes and follows all external guidelines and policies related to the support of Continuing Medical Education including but not limited to the ACCME, OIG, and FDA.

Applications for this RFP should place any educational interventions within the stated targeted community oncology setting(s). No preferred educational intervention, partnership, or community oncology setting has been identified, nor will one be used to evaluate submissions to this RFP.

Genmab reserves the right to cancel all or part of this RFP at any time. In the event of cancellation, Genmab will communicate the cancellation to all applicants.

**Contact:**

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