Daiichi-Sankyo

Packaged Requests for Proposal and Calls for Continuous Grant Submissions

Fiscal Year (FY) 2022

FY2022:
April 1, 2022 - March 31, 2023

January 19, 2022

Daiichi Sankyo

Medical Proficiency Acceleration Center:
Office of Grants & Education
OGE-CME@DSI.com

Daiichi-Sankyo

Passion for Innovation.
Compassion for Patients.™

Packaged Contents

Our vision

To be a trusted leader in accelerating the integration of clinical evidence into practice by igniting a shared vision of learning and medical proficiency to elevate patient care.

Introduction to this package

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 either 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.

Daiichi Sankyo reserves the right to publish additional calls and/or RFPs as the year progresses. ***As of January 19, 2022, this currently is the only Daiichi Sankyo-issued Call for Continuous Grant Submissions or time-limited RFPs for Fiscal Year 2022.***

Calls for Continuous Grant Submissions in 2022

Human Epidermal Growth Factor Receptor 2 (HER2) Positive Tumors

With continuous and paradigm shifting updates in the HER2 Positive landscape, there is increasing need for healthcare professionals (HCPs) to be better prepared to identify and appropriately treat patients with HER2+ solid tumors who could benefit from new and emerging treatments involving antibody conjugates in a timely manner. Education is needed to ensure the following gaps are addressed:

- There are frequently substantial delays in the integration of new treatments into clinical practice. The adoption of new guidelines in many cases is slow, and the rapid expansion of new cancer treatments makes it difficult for HCPs to keep up to date. In the ever-evolving HER2 landscape, it can be particularly difficult to keep up with emerging clinical trial data and how it might impact the sequencing of targeted therapies for cancers such as HER2+ (ERBB2)/HER2+ metastatic breast cancer, advanced HER2+ (ERBB2) gastric/GEJ cancer, and HER2 (ERBB2) altered non-small cell Lung Cancer (NSCLC). To reach optimal patient care it is imperative that HCPs, especially in the community setting, build upon their existing knowledge of available treatments options, recommended sequencing guidelines, and supporting clinical trial data that may have an impact on the clinical treatment landscape.
- HER2 gene amplification, HER2 receptor overexpression, and HER2 genetic mutations are distinct yet related mechanisms that can drive the disease progression of certain cancers. There is a need for better understanding and differentiation between HER2 expression, amplification, and mutations as they pertain to NSCLC and other advanced/metastatic cancers to help with identifying specific patient populations that may benefit from targeted anti-HER2 therapy.
- Despite HER2 expression being measured on a spectrum, HER2 status continues to be organized into binary classifications of positive or negative. HER2-low is increasingly becoming recognized as a subtype of breast cancers, an area not currently discussed in commonplace clinical discussion, and possibly accounting for ~50% of breast cancers. Education is needed for both pathologists and oncologists to test for and classify HER2-low breast cancer based on immunohistochemistry/in situ hybridization IHC/ISH testing results, to recognize and diagnose HER2-low, and to recommend appropriate treatment options.
- With a significant number of cancer patients having seen at least 1 or more adverse event from various therapies, patient experience and quality of life is a main concern for both HCP and patient. Knowledge of incident rates and severity of common and serious adverse events is necessary to ensure patient adherence and optimal treatment strategies.

Available Support

Available support may vary depending upon each individual initiative. Daiichi Sankyo invites educational providers to consider this Statement of Purpose to develop independent, unbiased initiatives that focus on any one or a combination of all identified gaps, submitted throughout the Fiscal Year without any current time-limits. Educational providers are encouraged to submit appropriate and fair costs that are in-line with recommended initiatives that will close your identified gaps. ***While not a requirement, Daiichi Sankyo does encourage educational providers to consider opportunities for multi-support.***

Recommended Learner Target:

U.S.-based HCPs who play an important role in the monitoring, detection, and management of patients who present with HER2-positive disease.

- Please describe the intended audience
- Describe any unique educational needs that would affect the focus of the activity(ies)
- Explain how you will ensure those with the greatest need, relevant for this specific therapeutic area, will participate

Relevant tumor areas of focus, in order of available budget priority

- Metastatic Breast Cancer
- HER2-Low Breast Cancer
- Accelerating metastatic care options into earlier Breast Cancer care plan considerations
- Gastric/GEJ cancer
- HER2-mutated NSCLC

Sources

Internal References: Outcomes report assessments from 2021 IME activities; AXDEV 2021 Needs Assessment report

External References/Resources (available within the public domain):

- Lipitz-Snyderman A, Pfister D, Classen D, et al. Preventable and mitigable adverse events in cancer care: Measuring risk and harm across the continuum. Cancer. 2017;123(23):4728-4736. doi:10.1002/cncr.30916
- Joubert N, Beck A, Dumontet C, Denevault-Sabourin C. Antibody-Drug Conjugates: The Last Decade. Pharmaceuticals (Basel). 2020;13(9):245. Published 2020 Sep 14. doi:10.3390/ph13090245
- Oncology (Cancer) / Hematologic Malignancies Approval Notifications: https://www.fda.gov/drugs/resources-information-approved-drugs/oncology-cancer-hematologic-malignancies-approval-notifications. Content current as of 12/3/2021. Page accessed 12/3/2021
- Subramanian J, Katta A, Masood A, Vudem DR, Kancha RK. Emergence of ERBB2 Mutation as a Biomarker and an Actionable Target in Solid Cancers. Oncologist. 2019;24(12):e1303-e1314. doi:10.1634/theoncologist.2018-0845
- Marchiò C, Annaratone L, Marques A, Casorzo L, Berrino E, Sapino A. Evolving concepts in HER2 evaluation in breast cancer: Heterogeneity, HER2-low carcinomas and beyond. Semin Cancer Biol. 2021;72:123-135. doi:10.1016/j.semcancer.2020.02.016
- Tarantino P, Hamilton E, Tolaney SM, et al. HER2-Low Breast Cancer: Pathological and Clinical Landscape. J Clin Oncol. 2020;38(17):1951-1962. doi:10.1200/JCO.19.02488
- Eiger D, Agostinetto E, Saúde-Conde R, de Azambuja E. The Exciting New Field of HER2-Low Breast Cancer Treatment. Cancers (Basel). 2021;13(5):1015. Published 2021 Mar 1. doi:10.3390/cancers13051015

Trophoblast Cell Surface Antigen 2 (TROP2)

Statement of Purpose and Goal of Support: Preclinical evidence suggests that TROP2 promotes cell proliferation, survival, invasion, and metastasis. TROP2 is a transmembrane glycoprotein that is widely expressed in various solid tumors, including lung and breast. Despite therapeutic innovations that have transformed the first-line metastatic non-small cell lung cancer (NSCLC) treatment paradigm, many patients continue to have disease progression on initial immunotherapy and platinum-based chemotherapy and effective and tolerable options are still lacking. Effective treatment options are, also, limited for patients with advanced/metastatic triple negative breast cancer (TNBC) and HR+/HER2- that have relapsed or is refractory to standard treatments. As TROP2 is a clinically relevant surface antigen among several solid tumor types, its expression on cancer cells makes it an ideal candidate for targeting by specific therapies such as antibody-drug conjugates (ADCs); however, there are no TROP2 directed therapies currently approved for the treatment of NSCLC.

- Knowledge gaps, among academic and community oncologists, continue to be identified around the role of TROP2 as a target antigen, the mechanism of action and differentiating features of current and emerging TROP2 targeted therapies.
- TROP2 directed therapies may have therapeutic potential in lung cancer across different treatment lines as well as in additional tumor types, yet a gap in knowledge and confidence seems to exist as it pertains to the consideration and application of TROP2-directed clinical trial data in the non-actionable, post-immuno-oncology NSCLC setting.
- Research has shown that because community oncologists treat a variety of tumor types, it makes it difficult for them to keep up to date with all available trials. More knowledge is likely needed in emerging data and clinical trial disclosures in earlier line settings in NSCLC utilizing various treatment approaches including combination strategies.
- Further, there is inadequate knowledge around the emergence of on-going clinical trial developments or updates in clinical trial disclosures focused on TROP2 targeting therapies in TNBC and Hormone Receptor positive (HR+)/HER2-negative breast cancer setting and future impact on treatment strategies.
- With 34% or cancer patients having seen at least 1 or more adverse events from various therapies, patient experience and quality of life is a main concern for both HCP and patient. Monitoring, prevention, and management strategies for common and serious adverse events is necessary to ensure patient adherence and optimal treatment strategies.
- With a significant number of cancer patients having seen at least 1 or more adverse event from various therapies, patient experience and quality of life is a main concern for both HCP and patient. Knowledge of incident rates and severity of common and serious adverse events is necessary to ensure patient adherence and optimal treatment strategies.

Available Support

Available support may vary depending upon each individual initiative. Daiichi Sankyo invites educational providers to consider this Statement of Purpose to develop independent, unbiased initiatives that focus on any one or a combination of all identified gaps, submitted throughout the Fiscal Year without any current time-limits. Educational providers are encouraged to submit appropriate and fair costs that are in-line with recommended initiatives that will close your identified gaps. ***While not a requirement, Daiichi Sankyo does encourage educational providers to consider opportunities for multi-support.***

Recommended Learner Target:

U.S.-based HCPs who play an important role in the monitoring, detection, and management of patients who present with TROP2 disease.

- Please describe the intended audience
- Describe any unique educational needs that would affect the focus of the activity(ies)
- Explain how you will ensure those with the greatest need, relevant for this specific therapeutic area, will participate

Relevant tumor areas of focus, in order of available budget priority

- NSCLC
- HR+/HER2-negative Breast Cancer
- TNBC

Sources

Internal References: Outcomes report assessments from 2021 IME activities; AXDEV 2021 Needs Assessment report

External References/Resources (available within the public domain):

- Trerotola M, et al. Oncogene. 2013;32(2):222-233.
- Cubas R, et al. Mol Cancer. 2010;9:253.
- Li Z, et al. Biochem Biophys Res Commun. 2016;470(1):197-204
- Shields MD, et al. Am Soc Clin Oncol Educ Book. 2021; 41:1-23.
- Zhang S, et al. Int Immunopharmacol. 2020; 80:106247.
- Walsh RJ, et al. Ther Ad Med Oncol. 2020;12: 1758835920937902.
- Peters C, Brown S. Antibody-drug conjugates as novel anti-cancer chemotherapeutics. Biosci Rep. 2015;35(4):e00225. doi:10.1042/BSR20150089.
- Zaman S, et al. OncoTargets and Therapy. 2019;12:1781-1790.
- American Cancer Society. Accessed December 6, 2021. https://www.cancer.org/cancer/lung-cancer/treating-non-small-cell/targeted-therapies.html
- Internal Source (CE outcomes. 2021)
- Wong AR, et al. Barriers to participation in therapeutic clinical trials as perceived by community oncologists. JCO Oncology Practice 16, no. 9 (September 01, 202) e849-e858.
- Lipitz-Snyderman A, Pfister D, Classen D, et al. Preventable and mitigable adverse events in cancer care: Measuring risk and harm across the continuum. Cancer. 2017;123(23):4728-4736. doi:10.1002/cncr.30916

Human Epidermal Growth Factor Receptor 3 (HER3) Expressing Tumors

Statement of Purpose and Goal of Support: Human epidermal growth factor receptor (HER3) belongs to the human epidermal growth factor receptor (HER) family, which also includes HER1/EGFR/erbB1, HER2/erbB2, and HER4/erbB4. HER3 is involved in oncogenesis by activating the PI3K/AKT, MAPK, and JAK/STAT pathways to promote cancer cell survival, proliferation, and progression. **It has been expressed across multiple tumor types,** and the expression can also play a role in resistance to anti-HER2 therapeutic agents.

- Despite evidence that correlates the association of HER3 expression with reduced survival in NSCLC, no HER3 directed anticancer therapies are currently approved, yet there are several on-going clinical trials.
- Though these trials report the exploration of latest data on the mechanism of action (MOA) of studied HER3 agents, and their efficacy and safety, not much remains known about HER3-expression, its importance, and its current implications on patient care (44% of survey respondents lack knowledge and awareness of the latest research related to the role of HER3 in cancer pathology and on average 54% of respondents were unaware the following tumor sites currently being investigated for treatment with HER3 directed antibody-drug conjugates (ADCs), in accordance with independent Needs Assessments).
- Further, a gap in knowledge and confidence seems to exist as it pertains to the consideration and utilization of HER3-directed therapy post-TKI agent utilization, the role of HER3-directed therapy in NSCLC earlier settings, and the role of HER3-directed therapy combined with TKIs for the treatment of NSCLC
- Further still, there is inadequate knowledge around the emergence of on-going clinical trial development or updates in clinical trial disclosures focused on HER3 targeting therapy in the metastatic breast cancer setting

Available Support

Available support may vary depending upon each individual initiative. Daiichi Sankyo invites educational providers to consider this Statement of Purpose to develop independent, unbiased initiatives that focus on any one or a combination of all identified gaps, submitted throughout the Fiscal Year without any current time-limits. Educational providers are encouraged to submit appropriate and fair costs that are in-line with recommended initiatives that will close your identified gaps. ***While not a requirement, Daiichi Sankyo does encourage educational providers to consider opportunities for multi-support.***

Recommended Learner Target:

U.S.-based HCPs who play an important role in the monitoring, detection, and management of patients who present with HER3-expression.

- Please describe the intended audience
- Describe any unique educational needs that would affect the focus of the activity(ies)
- Explain how you will ensure those with the greatest need, relevant for this specific therapeutic area, will participate

Relevant tumor areas of focus, in order of available budget priority

- NSCLC
- Metastatic Breast Cancer

Sources

Internal References: Outcomes report assessments from 2021 IME activities; AXDEV 2021 Needs Assessment report

External References/Resources (available within the public domain):

- Karachaliou N, Lazzari C, Verlicchi A, Sosa AE, Rosell R. HER3 as a Therapeutic Target in Cancer. BioDrugs. 2017 Feb;31(1):63-73. doi: 10.1007/s40259-016-0205-2. PMID: 28000159.
- 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. doi: 10.1016/j.apsb.2018.05.010. Epub 2018 Jun 2. PMID: 30109175; PMCID: PMC6090011.
- NIH: National Library of Medicine (NLM); 2020. Accessed March 8, 2021. Clinicaltrials.gov
- Low J, et al. Ther Adv Med Oncol. 2019; 11: PMC6716180.
- American Cancer Society. Key statistics for lung cancer. https://www.cancer.org/cancer/lung-cancer/about/key-statistics.html. Accessed February 19, 2021.
- da Cunha Santos G, et al. Ann Rev Pathol. 2011; 6:49-69.
- Mok TS, Wu Y, Ahn M, Garassino MC, Kim HR, Ramalingam SS, et al. Osimertinib or platinum-pemetrexed in EGFR T790M positive lung cancer. N Engl J Med. 2017;376(7):629–40.
- Wu SG, Shih JY. Management of acquired resistance to EGFR TKI-targeted therapy in advanced non-small cell lung cancer. Mol Cancer. 2018 Feb 19;17(1):38. doi: 10.1186/s12943-018-0777-1.10. Sequist L, et al. Sci Transl Med. 2011;3(75):75ra26.)
- Ocana A, et al. J Natl Cancer Inst. 2013;105[4]:266-273.
- Chiu CG, et al. Ann Surg. 2010;251[6]:1107-1116.
- Fuchs IB, et al. Anticancer Res. 2006;26[6B]:4397-4401.

Hematologic Malignancies

Statement of Purpose and Goal of Support:

AML: Acute myeloid leukemia (AML) is one of the most common leukemia among adults and accounts for about 80% of all cases. AML is a heterogenous disease with multiple molecular pathways driving its progression. Among the most prevalent AML genetic aberrations, FMS-like tyrosine kinase 3 (FLT3) mutations are detected in approximately 30% of patients. The most common type of FLT3 mutation is FLT3-ITD (internal tandem duplications).

- Patients with FLT3-ITD mutations have a particular unfavorable prognosis, including an increased risk of relapse and shorter overall survival.
- Data suggest an existing gap in knowledge and practice in the evaluations of clinical data on AML prognostic or predictive molecular aberrations.
- Further, according to resources there seems to be inadequate knowledge around the emergence of updates from on-going clinical trials focused on the use of FLT3 inhibitors combinations in patients with newly diagnosed FLT3-ITD positive AML, and the incorporation of this information into care plans.

PTCL: Peripheral T-cell lymphomas (PTCLs) are a diverse set of aggressive T-cell lymphomas that arise from mature T cells. PTCL has a diverse morphology, and definitive markers of PTCL subtypes are scarce, making the diagnosis and classification of PTCL complex. There are emerging novel agents and combinations in active clinical development which target the epigenome, proliferative signaling pathways, and the tumor microenvironment.

- According to public information there seems to be an on-going gap in knowledge around orphan drug treatments that are poised to provide expanded treatment options for patients.
- There also seem to be an additional lack of knowledge around epigenetic targets that offer a potential for new approaches to treating patients with B-cell and T-cell lymphomas.
- Furthermore, public conversations indicate a significant gap in knowledge and confidence around the emergence of Enhancer of Zeste Homologue 1/2 (EZH1/2) inhibitors in late-stage clinical development and the identification of adverse events associated with this drug class.

Available Support

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Recommended Learner Target:

U.S.-based HCPs who play an important role in the monitoring, detection, and management of patients who present with hematologic malignancies.

- Please describe the intended audience
- Describe any unique educational needs that would affect the focus of the activity(ies)
- Explain how you will ensure those with the greatest need, relevant for this specific therapeutic area, will participate

Relevant tumor areas of focus, in order of available budget priority

- Newly diagnosed and early AML care options; Relapsed/Refractory AML care options
- PTCL

Sources

Internal References: Outcomes report assessments from 2021 IME activities; **CE Outcomes 2020** Needs Assessment report

External References/Resources (available within the public domain):

- Daver N, et al. Targeting FLT3 Mutations in AML: Review of Current Knowledge and Evidence. Leukemia. (2019) 33:299–312. doi: 10.1038/s41375-018-0357-9
- Xu Q et al. Clinical Benefits and Safety of FMS-Like Tyrosine Kinase 3 Inhibitors in Various Treatment Stages of Acute Myeloid Leukemia: A Systematic Review, Meta-Analysis, and Network Meta-Analysis. Front Oncol. 2021;11. doi:10.3389/fonc.2021.686013
- Talati C, Sweet K. Recently approved therapies in acute myeloid leukemia: A complex treatment landscape. Leuk Res. 2018;73:58-66. doi:10.1016/j.leukres.2018.09.001
- Vakiti A, Mewawalla P. Acute Myeloid Leukemia. [Updated 2021 Aug 17]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK507875/
- S. Kayser, et al. Insertion of FLT3 internal tandem duplication in the tyrosine kinase domain-1 is associated with resistance to chemotherapy and inferior outcome Blood, 114 (2009), pp. 2386-2392
- E. Papaemmanuil, et al. Genomic classification and prognosis in acute myeloid leukemia N. Engl. J. Med., 374 (2016), pp. 2209-2221
- Mulvey E, Ruan J. Biomarker-driven management strategies for peripheral T cell lymphoma. J Hematol Oncol. 2020;13(1):59. Published 2020 May 24. doi:10.1186/s13045-020-00889-z
- Armitage J.O. The aggressive peripheral T-cell lymphomas: 2017. Am. J. Hematol. 2017;92:706–715. doi: 10.1002/ajh.24791.
- Iqbal, Javeed et al. “Gene expression signatures delineate biological and prognostic subgroups in peripheral T-cell lymphoma.” Blood vol. 123,19 (2014): 2915-23. doi:10.1182/blood-2013-11-536359
- Jung S, Hong D, Kim S et al. A Novel and Potent EZH1/2 Dual Inhibitor HM97594 for the Treatment of Hematological Malignancies. Blood. 2019;134(Supplement_1):4648-4648. doi:10.1182/blood-2019-122982

B7 Homologue 3 (B7-H3)

Statement of Purpose and Goal of Support: B7 homologue 3 (B7-H3) is a newly found molecule of B7 family, which may be a promising target for cancer treatment. B7-H3 is overexpressed in a variety of tumor types, and its overexpression is associated with poor prognosis in most cancers. Recent evidence suggests B7H3 may promote the activation of T-cells and the proliferation of Interferon gamma (IFNγ).

- Little is known about B7-H3 and its potential importance toward impacting patient care.
- Although there is ongoing research targeting B7-H3 as novel target for treating various solid tumors, there is a lack of knowledge of the mechanism of action of B7H3 and its rationale as a target in cancer treatment strategies.
- According to trending conversations within the public domain, there is a need to build knowledge and confidence to assist in both clinical trial enrollment as well the monitoring and uptake of any future emerging clinical data.

Available Support

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Recommended Learner Target:

U.S.-based HCPs who play an important role in the monitoring, detection, and management of patients who present with solid tumors.

- Please describe the intended audience
- Describe any unique educational needs that would affect the focus of the activity(ies)
- Explain how you will ensure those with the greatest need, relevant for this specific therapeutic area, will participate

Relevant tumor areas of focus, in order of available budget priority

- Pan-tumor

Sources

External References/Resources (available within the public domain):

- Castellanos, Jose R et al. “B7-H3 role in the immune landscape of cancer.” American journal of clinical and experimental immunology vol. 6,4 66-75. 15 Jun. 2017
- Yang, Shuo et al. “B7-H3, a checkpoint molecule, as a target for cancer immunotherapy.” International journal of biological sciences vol. 16,11 1767-1773. 25 Mar. 2020, doi:10.7150/ijbs.41105
- Liu, J., Yang, S., Cao, B. et al. Targeting B7-H3 via chimeric antigen receptor T cells and bispecific killer cell engagers augments antitumor response of cytotoxic lymphocytes. J Hematol Oncol 14, 21 (2021). https://doi.org/10.1186/s13045-020-01024-8
- Dong P, Xiong Y, Yue J, Hanley S, Watari H. B7H3 As a Promoter of Metastasis and Promising Therapeutic Target. Front Oncol. 2018;8. doi:10.3389/fonc.2018.00264

Grant Decision Rubric Guide

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

Weighted %	Factor
20%	Statement of Purpose and Activity Goals, Gaps, Root Causes, and scientifically accurate Needs Assessment
18%	Learning Objectives; and Educational interventions that align with learning objectives and follow the appropriate adult-learning and instructional design principles that will meet anticipated outcomes
18%	Fair/balanced program nature and demonstrated sustained compliance in overall proposal
18%	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

Instructions for Submissions

Daiichi Sankyo believes educational submissions are crucial for increasing awareness and improvement toward the topics identified in this packet. Grant submitters may find complementary evidence-based gaps and outcomes in addition to what was identified. We ask for your consideration of the following outcomes recommendations:

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, *if relevant,* overall averaged percentage of confidence in any skills taught surrounding the specific learning objectives, and *if relevant,* overall averaged percentage of clinical change surrounding the specific learning objectives

Insights: The intent to identify any specific clinical insights resulting from the education as well as continued barriers to this change

Additionally, we recommend your review of the following gap measures that align to the resources made available within this packet:

	Improved Knowledge of Scientific Information	Improved Confidence in Emerging Data	Improved Competence in Incorporating Science	Elevated and/or Improved Individual & National Practice Change	Accelerated Fair/Balanced Evidence into Community Practice
HER2 mBreast Cancer	●	●	●	●	●
HER2-Low mBreast Cancer	●	●	●	●	●
HER2+ gastric/GEJ cancer	●	●	●	●	●
HER2 mutant Lung Cancer	●	●	●	●	●
HER2 expressing Lung Cancer	●	●			
HER2 expressing Colorectal Cancer	●	●			
TROP2 Targeting agents in NSCLC	●	●	●		
TROP2 Targeting Agents in HR+/HER- and Triple Negative Breast Cancer	●	●			
HER3 directed therapies in NSCLC	●	●			
HER3-Targeting Agents in HR+/HER2- and Triple Negative Breast Cancer	●	●			
HER3 directed therapies in CRC	●	●			
Acute Myeloid Leukemia (AML) FLT3 inhibitor early line unmet needs	●	●	●	●	
Peripheral T-Cell lymphoma (PTCL) epigenetic targets	●	●			
Adult T-cell leukemia/lymphoma (ATL) epigenetic targets	●	●			
B7-H3 Solid Tumor Emerging unmet learning needs	●	●			

Submission(s) Timing

Action	Due Date/Time
Packet publication and dissemination	January 19, 2022
Full grant submissions provided to: https://daiichisankyo.us/independent-medical-education	Submissions for FY2022 may begin immediately upon the dissemination of this packet. Submissions can be continuous throughout FY2022 until further notice, as this packet identifies only Calls for Continuous Grant Submissions and not time-limited RFPs. Communication on decisions for these submissions will not begin until at least April 1, 2022.
Daiichi Sankyo communicates grant award decisions	Continuously throughout FY2022 (with an aim to make decisions within 60 days of submission). Please note decisions for FY2022 grants will not start until April 1, 2022.
Preferred educational programs' start dates	Continuously throughout FY2022

Preferred timing of initial, preliminary outcomes of awarded grants' programs	Daiichi Sankyo encourages the submission of preliminary outcomes in the following manner: • Basic report 24-72 hours after initial Independent Satellite Symposium at congresses • Preliminary report 30 days after initial activity for all other program types

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 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 the principles 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/independent-medical-education provides information on criterion for submission, our process, and the ways we address some Frequently Asked Questions.

Logistical questions regarding these RFPs can be submitted to **OGE-CME@dsi.com** and will be channeled to the appropriate therapeutic area manager.

As always, we thank you for your contributions to continued education, professional development, and the ultimate elevation of best, personalized care for patients.