



Request for Proposal (RFP) for Independent Medical Education (IME)

Lung Cancer Screening for High-Risk Individuals

Therapeutic Area	Thoracic Malignancies
Sub-area of Interest	N/A
Intended Learners	Pulmonologists, Primary Care Physicians, Nurse Practitioners, Physician Assistants, Surgeons, Pharmacists, and Nurses
Budget	\$300,000
Geographic Coverage	United States
References	Supportive citations are provided beginning on page 3.
Submission Deadline	Sunday, October 1, 2023, 11:59 pm ET
Submission	www.msgrant.com
Submission code	USLCS23



Background

The values of Merck start with putting the patient first. We support quality IME for Health Care Professionals (HCPs) designed to improve patient health outcomes, across a variety of scientific areas. Global Professional Relations and Independent Medical Education (gPRIME) aims to be the world class industry leader collaborating with professional organizations to support innovative IME, advancing knowledge, competence, and performance of HCPs to help improve patient care and health outcomes. Education which allows for reinforcement of the learning objectives is key to long-term performance optimization, as is the incorporation of tools and ongoing reminders for HCPs that help them apply their knowledge. The best way to improve patient care is through the application of relevant and appropriate medical education.

Lung cancer screening (LCS) can allow for the identification and potential diagnosis of lung cancer earlier in the disease progression. In 2021, 14.2 million Americans met the US Preventive Services Task Force (USPSTF) guidelines for LCS; however, only 5.8% of high-risk individuals are being screened nationally for lung cancer. Barriers that inhibit participation in LCS include but are not limited to discrepancies in state Medicaid coverage; challenges with identifying, enrolling, and navigating patients through LCS; awareness gaps at the provider level; lack of shared decision making; and deficiencies in quality incentives at the health system level. Based on the 2020 findings from the American Lung Association, approximately 48,000 lung cancer deaths could be prevented by LCS if all high-risk individuals were screened (~8 million based on the previous risk criteria).

Identified Educational Gap(s)

The gPRIME team at Our Company identified several practice gaps surrounding the screening of patients with higher risks of developing lung cancer through quality measures, and published literature. These gaps can be effectively addressed through IME for HCPs working to advance patient health outcomes across a variety of disciplines. Our Company would like to support the following educational gaps:

- *Several HCPs are unaware of the USPSTF lung cancer screening guidelines and the patient who would be considered high-risk*
- *Several primary care physicians are leaders in tobacco cessation but may not understand their role in lung cancer screening or the value of shared decision-making*
- *Several HCPs have a misconception that insurances and payors do not reimburse for lung cancer screening*
- *Lung cancer screening rate is only 5.8% nationwide and has not been widely adapted in all health systems and clinical setting*
- *Several HCPs have a varied understanding on the work-up needed or existing referral pathways after a patient has a positive Low Dose CT Lung Cancer Screening (LDCT) scan*
- *Several HCPs have a varied understanding of the necessary follow-up to ensure patient adherence to screenings in high-risk patients*



Our Company is looking to support education to narrow or close these gaps; however, depending on the needs identified by the providers, the education may not be able to address all these educational gaps in a single proposal.

Eligibility Criteria

- **U.S. based** professional associations and medical societies, healthcare institutions, medical education companies, and other organizations committed to improving the quality of healthcare delivered to individuals, through the education of HCPs, may apply for this grant.
- The applicant must be an accredited provider in good standing by the Accreditation Council for Continuing Medical Education (ACCME), American Nursing Credentialing Center (ANCC), American Council for Pharmacy Education (ACPE), or have Joint Accreditation for interprofessional continuing education, or other such equivalent.
- The selected grant recipient will need to attest to the terms, conditions, and purposes of the independent educational grant as described in Our Company's Letter of Agreement, and comply with current ethical codes and regulations.

Prioritization of Grant Applications

Our Company will evaluate all complete grant applications, and will give priority to those most likely to independently validate the aforementioned educational and performance gaps specific to the needs of specific cohorts of learners. Proposals should be built around the educational or performance need (including an identification of current knowledge or practice of targeted learners contrasted with ideal knowledge and practice), supported with aligned learning objectives, constructed with appropriate instructional design and adult learning theory, and evaluated using Moore's scale of educational effectiveness. Our Company encourages application submission to additional commercial supporters with similar scientific interests.

Our Company appreciates the complexity of education required for HCPs to help improve patient health outcomes. In our experience, collaboration between medical education providers may yield better educational outcomes by enabling multi-modal education and developing tools and resources for a broader group of learners.

Terms and Conditions

The selected grant recipient shall be bound by the terms and conditions found in the Our Company's Letter of Agreement.

References

- SEER Cancer Stat Facts: Lung and Bronchus Cancer. <https://seer.cancer.gov/statfacts/html/lungb.html>
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- Force USPST, Krist AH, Davidson KW, et al. Screening for Lung Cancer: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2021;325(10):962- 970.



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Kota KJ, Ji S, Bover-Manderski MT, Delnevo CD, Steinberg MB. Lung Cancer Screening Knowledge and Perceived Barriers Among Physicians in the United States. *JTO Clin Res Rep.* 2022;3(7):100331.

Carter-Bawa L, Walsh LE, Schofield E, Williamson TJ, Hamann HA, Ostroff JS. Lung Cancer Screening Knowledge, Attitudes, and Practice Patterns Among Primary and Pulmonary Care Clinicians. *Nurs Res.* 2023;72(1):3-11.

Moore DE, Green JS, Gallis HA. Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. *J Contin Educ Health Prof.* 2009;29(1):1-15.

