Novartis Office of Grants & Education
Request for Proposal (RFP) - Professional Medical Education

The Novartis Office of Grants & Education supports independent high-quality medical educational programs which provide fair-balanced, evidence-based, current scientific information to healthcare professionals to positively improve patient care. Activities should have an educational focus, be independent of commercial bias and be non-promotional in nature. We will perform these duties in compliance with laws, regulations and guidelines as established by the ACCME, PhRMA Code, OIG, other regulatory agencies and in compliance with Novartis guidelines and policies

Key Dates:	RFP Issued: August 14, 2026 ***Applications Due to Novartis: Sept 25, 2026 by 5 PM EST*** Notification of Grant Decisions: By October 31, 2026 Educational Programming Starts: Before February 2027
Educational Topic:	Systemic Sclerosis (SSc)
Educational Need:	Systemic sclerosis (SSc) is a rare, chronic autoimmune connective-tissue disease characterized by interacting immune dysregulation, microvascular injury, fibroblast activation, and excessive extracellular-matrix deposition, which can produce fibrosis of the skin and internal organs.[1] B-cell abnormalities, pathogenic autoantibodies, and altered B-cell signaling appear to contribute to immune activation and fibrosis, although their precise roles and optimal therapeutic targeting remain under investigation.[2] Clinical manifestations vary substantially and may include Raynaud phenomenon, puffy fingers, progressive skin thickening, digital ischemia or ulcers, gastroesophageal and intestinal dysfunction, inflammatory musculoskeletal symptoms, interstitial lung disease (ILD), pulmonary arterial hypertension (PAH), myocardial disease, arrhythmia, and scleroderma renal crisis.[1,12,13] Although SSc is rare, U.S. claims studies suggest that it affects approximately 1 in every 2,400 to 3,900 people, with 1 new case identified annually for every 6,600 to 11,400 people.[3,4] Women account for approximately 80% to 86% of patients, and Black patients may experience severe multiorgan manifestations more frequently than White patients.[3,5] Because SSc has no established cure and may progress rapidly to irreversible organ damage, clinicians need greater awareness of high-risk populations, early disease features, and appropriate monitoring strategies to support timely diagnosis and intervention. Organ-specific treatments may control manifestations or slow progression, but established vascular and fibrotic injury may be incompletely reversible. Pulmonary, cardiac, and renal complications remain important causes of hospitalization and death, while pain, fatigue, dyspnea, gastrointestinal symptoms, hand dysfunction, disfigurement, and treatment burden can substantially impair daily function and quality of life.[6,12,13] Patients with SSc may initially present to primary care clinicians, dermatologists, pulmonologists,

gastroenterologists, cardiologists, or emergency clinicians with apparently disconnected findings such as new Raynaud phenomenon, persistent puffy fingers, fingertip lesions, reflux or dysphagia, unexplained cough or dyspnea, skin tightening, or new hypertension. The 2013 ACR/EULAR classification criteria assign weighted scores to skin, vascular, pulmonary and serologic features, but these research classification criteria should not replace clinical diagnosis or exclusion of mimicking conditions.[7] Diagnosis from first symptom may still take months to years. Evidence-based care should include prompt rheumatology evaluation, characterization of cutaneous subset and autoantibody assessment, baseline screening for silent organ involvement, and risk-based monitoring. Multiorgan care should also include PAH screening, renal and blood-pressure monitoring, cardiovascular and gastrointestinal assessment, and timely specialty referral.[12,13] Yet U.S. practice remains inconsistent. In a rheumatology and pulmonary quality-improvement study, baseline adherence to recommended PAH screening was 69.2%; only 67% of clinicians knew the minimum screening recommendations and 44% reported difficulty ordering the necessary tests. Education and an electronic ordering prompt improved adherence to 79.6%, but persistent gaps reflected both clinician and system-level barriers.[10]

SSc management is challenging because the disease is heterogeneous, progression and treatment response are difficult to predict, and no single therapy controls all organ manifestations or reverses established damage. Although organ-specific treatments are available, only nintedanib and tocilizumab have U.S. indications for slowing pulmonary-function decline in SSc-ILD, while many other recommended therapies are used under broader indications or off-label. Glucocorticoids are strongly discouraged as first-line therapy for SSc-ILD because of the risk of scleroderma renal crisis.[11] Most treatment recommendations remain conditional. Emerging approaches, including B-cell-directed therapies, CD19-targeted CAR T-cell therapy, and other immune, vascular, and antifibrotic strategies, are under investigation but are not established standards of care.[16] Clinicians must therefore integrate U.S. organ-specific guidance with international recommendations while critically evaluating the efficacy, safety, durability, and appropriate role of emerging therapies.[11-16]

Education is needed to help clinicians recognize SSc as a progressive multiorgan disease, identify early features and risk markers, and understand how vascular, immune, and fibrotic mechanisms contribute to organ damage.[1,2,5] Clinicians also need greater competence in applying classification criteria, interpreting diagnostic and monitoring assessments, and individualizing organ-specific treatment according to disease phenotype, progression, safety, and patient needs.[7,8,11-13] Performance-focused education should reinforce consistent cardiopulmonary screening, timely response to disease progression, appropriate referral, and coordination across specialties.[8-13] The goal of this program is to support standardized care pathways and clearer clinical responsibilities. Addressing these gaps may contribute to earlier diagnosis,

safer and more consistent monitoring, better-informed treatment decisions, and improved preservation of function and quality of life.

Reference:

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3. Fan Y, Bender S, Shi W, Zoz D. Incidence and prevalence of systemic sclerosis and systemic sclerosis with interstitial lung disease in the United States. *J Manag Care Spec Pharm.* 2020;26(12):1539-1547. doi:10.18553/jmcp.2020.20136. PMID:32996805.
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14. American College of Rheumatology. Clinical Practice Guidelines. Accessed August 6, 2026.
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Geographic Scope:	Primary geography of interest: United States (National, Regional, and/or Local) Note: Applications for this RFP must be US focused for the audience, expert faculty, educational needs, and standards of care.
Project Description:	The Novartis Office of Grants & Education has identified the need for innovative continuing medical education programs that strive to optimize patient outcomes through education on: • Describe systemic sclerosis as a progressive, multi-organ disease • Discuss the pathobiology of systemic sclerosis, including immune dysregulation, vasculopathy, fibrosis, and B-cell involvement • Explain the rationale for early identification and management of systemic sclerosis before irreversible organ damage develops • Identify early systemic sclerosis features, risk factors, and signs of internal organ involvement that warrant prompt evaluation • Implement standardized, guideline-informed screening and monitoring approaches for patients with systemic sclerosis to support timely detection of organ involvement and coordinated multidisciplinary care • Apply current evidence-based treatment strategies, including organ-specific and targeted therapies, to the management of patients with systemic sclerosis The Novartis Office of Grants & Education is seeking to fund accredited programs across a range of formats, which may include: • Enduring online modules / on-demand series, including case-based expert educational series Additional reinforcement tools may include: • Clinical practice toolkits • Microlearning • Downloadable slides • On-demand library • Follow-up expert Q&A • Podcasts Outcome measurement should include: • Moore's Outcomes Level 4 or higher • Quarterly data entry of satisfaction, knowledge, competence, and/or performance (Levels 3-4+) data into Novartis Grants Central Station portal account
Target Audience:	Academic and community rheumatologists and other HCPs involved in the care of patients with systemic sclerosis.

	Educational providers should include target number of participants. Further, please include details on proposed audience recruitment. Please note: Novartis will not participate in the distribution of invitations to the CME/CE event(s).
Available Funding:	Multiple single-support or multi-support initiatives may be funded; The total amount of funding available for this RFP is $100,000.
Submission Specifications:	All aspects of the Program(s) including location and placement are independent of Novartis. Partnership with a non-profit organization is preferred but not required. Please provide a contingency plan if the program is scalable. Please submit the application under the therapeutic area of ***Systemic Sclerosis*** in Novartis Grants Central System. Grant applications must be submitted by the Accredited Provider (or the Office of CME if from an Academic Institution) electronically via the Novartis Grants Central Station website: www.ngcs.novartis.com *by **5 PM EST on September 25, 2026** to be considered*. The grant application should include "RFP Response" within the Program Title [example: "RFP Response: *Program Title*"]. Proposals that include collaborations with third parties, including (but not limited to), medical societies, health education companies/centers, not-for-profit organizations, and academic institutions, are encouraged, as appropriate.
For grant request submission information, FAQs, and eligibility criteria, please visit: **https://www.novartis.us/corporate-responsibility/external-funding** **If you have any questions regarding this RFP, you should only contact The Novartis Office of Grants & Education via email at:** grants.office@novartis.com and sofia.yang@novartis.com. [Please title the subject of your email: "RFP SSc 2026"]. ****Please submit under Systemic Sclerosis in the Grants System****	