



Independent Medical Education (IME)

Request for Proposals (RFP):

RFP Title	Improving Care Transitions and Referral Decision-Making Across the HNSCC Continuum
Grant Amount	Up to \$300,000 (Multi-support is preferred but not required)
Targeted Learners	ENT/head & neck surgeons, multidisciplinary team members (MDT), community oncologists, radiation oncologists, APPs, and other HCPs involved in early-stage and locally advanced HNSCC 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 29, 2026
Submission Deadline	June 26, 2026 <a href="https://www.steeprockinc.com">Genmab Grants &amp; Giving Portal (steeprockinc.com)</a>
RFP Decision	July 10, 2026
Expected Launch Date	Q4 2026
Interim Outcomes	6 months post launch
Final Outcomes	
Educational Program Design	<p>Preference will be given to proposals that:</p> <ul style="list-style-type: none"> <li>• Address care transition decision gaps</li> <li>• Focus on referral timing and care coordination across the MDT</li> <li>• Use continuum-based case design (LA → recurrence)</li> <li>• Incorporate multidisciplinary learning formats</li> </ul>

### **Statement of Purpose:**

Management of HNSCC requires coordinated decision-making across multiple specialties, particularly at key transition points between surgical, radiation, and systemic care.

ENTs and multidisciplinary teams play a central role in early-stage and perioperative management; however, gaps persist in:

- Ultimate treatment decision maker in the MDT setting
- Understanding of systemic therapy context including emerging therapeutic classes (e.g., bispecifics, immune checkpoint inhibitor combinations, HPV-targeted vaccines, and antibody-drug conjugates)
- Identification of referral patterns for patients with HNSCC
- Interpretation of clinical trial data
- Coordination of care transitions, including ownership of biomarker testing across the multidisciplinary team
- Integration of HPV-related (p16+) versus HPV-unrelated disease pathways into referral and MDT decision-making, and other patient characteristics such as but not limited to site of disease
- Awareness of mechanism-of-action heterogeneity across emerging therapeutic classes when communicating sequencing rationale to referring specialists

Evidence demonstrates that multidisciplinary care improves outcomes in HNSCC, yet implementation remains inconsistent across practice settings. Delays in referral and fragmentation in care coordination contribute to suboptimal treatment sequencing and missed opportunities for clinical trial participation.

Care fragmentation is particularly evident at recurrence, where unclear handoffs and referral pathways create variability in patient management.

Genmab seeks to support IME initiatives that improve decision-making at care transition points, with a focus on enhancing coordination and referral practices across the HNSCC continuum.

### **References:**

1. Taberna M, Gil Moncayo F, Jané-Salas E, et al. The multidisciplinary team (MDT) approach in head and neck cancer. *Crit Rev Oncol Hematol*. 2020; 148:102852.
2. Lydiatt WM, Patel SG, O'Sullivan B, et al. Head and Neck cancers—major changes in the AJCC 8th edition staging manual. *CA Cancer J Clin*. 2017; 67:122–137.
3. Pfister DG, Spencer S, Adelstein D, et al. NCCN Guidelines Insights: Head and Neck Cancers. *J Natl Compr Canc Netw*. 2020; 18:873–898.

4. Mehanna H, West CM, Nutting C, et al. Head and neck cancer—Part 2: Treatment and prognostic factors. *BMJ*. 2010;341:c4690.
  
5. Denis F, Garaud P, Bardet E, et al. Final results of the 94-01 French Head and Neck Oncology trial. *J Clin Oncol*. 2004; 22:69–76.

**RFP Evaluation:**

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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