Independent Medical Education (IME)

Request for Proposals (RFP):

Genmab Bispecific Readiness Initiative (BRI)

RFE Title	R/R DLBCL & R/R FL
Grant Amount	$1,000,000 Total Available $100,000 – $300,000 per project
Targeted Learners	Community-Based Oncologists, Community Based Hematologist, Community-Based Hematology Oncologists, Nurse Practitioners, NP's, APP's, Pharmacists, and other Community-Based practicing HCP's with a role of treating patients with R/R DLBCL & R/R FL
RFE Requirements	• Summary • Needs Assessment ○ Root Causes Detailed • Educational Objectives (if applicable) • Agenda • Intended Audience • Outcomes level and description of intended outcomes plan/delivery • Description of Partnership and why (If Applicable) • Description of why chosen locations were prioritized for education (If a live activity or applicable).
RFE Posting Date	May 11, 2026
Submission Deadline	June 8, 2026 Genmab Grants & Giving Portal (steeprockinc.com)
RFE Decision	June 22, 2026
Educational Program Design	Preference will be given to those RFE submissions that demonstrate extensive knowledge of R/R DLBCL & R/F FL care gaps related to the patient care continuum, the ability to assess and address the evolving healthcare landscape and the specific needs of learners, and where educational design is focused on supporting sustained improvements in clinician performance and patient/population health.

Program Overview:

Genmab is committed to advancing innovative therapies that improve outcomes for patients with hematologic malignancies. As bispecific antibodies emerge as an important treatment option for patients with relapsed/refractory (R/R) follicular lymphoma (FL) and diffuse large B-cell lymphoma (DLBCL), there is a critical need to support healthcare providers (HCPs) in effectively integrating these therapies into clinical practice.

The Bispecific Readiness Initiative (BRI) is a pilot funding program designed to support healthcare organizations in developing and implementing educational and operational models that enhance the safe, effective, and equitable use of bispecific antibodies in R/R FL and DLBCL.

Background and Rationale:

Recent advances in CD20xCD3 bispecific antibodies, including subcutaneous options, have expanded treatment possibilities for patients with R/R FL and DLBCL. These therapies offer the potential for off-the-shelf access, outpatient administration, and meaningful clinical responses in heavily pretreated populations.

However, real-world adoption remains variable due to gaps in:

- HCP familiarity with bispecific mechanisms of action and evolving clinical data
- Experience with step-up dosing protocols and outpatient initiation strategies
- Confidence in early recognition and management of treatment-related adverse events (e.g., cytokine release syndrome [CRS], neurotoxicity)
- Infrastructure readiness to support longitudinal administration in community-based settings

In particular, there is a growing need to support the transition of bispecific therapies into **community oncology and outpatient care models**, where scalable, standardized protocols are essential for safe delivery.

Bridging these gaps requires not only education, but also practical implementation strategies that enable sustainable integration into routine care

Program Objectives:

The BRI aims to:

1. Drive evidence-based changes in clinical decision-making and increase appropriate use of bispecific antibodies for patients with R/R FL and DLBCL
2. Support development of standardized clinical workflows and integration protocols
3. Improve multidisciplinary care team readiness across care settings
4. Expand equitable access to advanced therapies in community oncology environments
5. Generate scalable models and best practices for broader dissemination
6. Enable safe use in appropriate patients

7. **Priority Focus Areas**:

Proposals should address one or more of the following areas:

A. Clinical Education

- Evidence-based education on bispecific antibodies, clinical trial data, & AE management
- Training programs for physicians, advanced practice providers, nurses, and pharmacists

B. Implementation and Integration Protocols

- Development of standardized workflows for:
    - Patient identification and selection
    - Step-up dosing protocols and outpatient initiation pathways
    - Subcutaneous administration workflows (where applicable)
    - Monitoring and follow-up aligned to real-world practice

C. Adverse Event Management

- Protocols and training for recognition and management of adverse events (including but not limited to CRS, ICANS, and infections).
- Simulation-based or case-based learning approaches

D. Site-of-Care Optimization

- Strategies to enable safe administration in community oncology and outpatient settings
- Infusion/injection center preparedness and operational workflows
- Transition models from inpatient to outpatient care

E. Multidisciplinary Care Models

- Integration of care teams including oncology, nursing, pharmacy, and emergency response teams

5. Types of Supported Projects

Examples include (but are not limited to):

- Pilot implementation programs in community oncology networks
- Development of clinical pathways and decision-support tools
- Simulation-based training modules for adverse event management
- Digital tools (e.g., checklists, dashboards, remote monitoring workflows)

- Peer to peer program(s)
- Multisite collaborative models to standardize care delivery

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6. Eligibility Criteria

Eligible applicants include:

- Academic medical centers
- Community oncology practices or networks
- Professional medical societies
- Accredited continuing medical education (CME) providers
- Nonprofit healthcare organizations

Collaborative, multi-institutional proposals are encouraged.

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7. Funding and Duration

- Funding range: $100,000 – $300,000 per project
- Number of awards: Determined based on proposal quality and available funding

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8. Evaluation Criteria

Proposals will be evaluated based on:

- Clinical relevance to R/R FL and DLBCL
- Strength and clarity of implementation plan
- Feasibility in real-world practice settings
- Inclusion of community-based care sites
- Innovation and scalability
- Defined metrics and evaluation strategy
- Potential to improve patient access and outcomes
- Alignment to real-world treatment patterns and care pathways

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9. Outcomes and Metrics

Applicants must define measurable outcomes, which may include:

HCP-Level

- Decision change
- Change in practice
- Performance in prescribing and managing bispecific therapies
- Performance of appropriate patient selection

Practice-Level

- Adoption of standardized protocols
- Time from patient identification to treatment initiation
- Number of patients treated with bispecific antibodies
- Successful implementation of outpatient administration models

Patient-Level (if feasible)

- Access to therapy
- Safety outcomes (e.g., CRS management effectiveness)
- Site-of-care shifts (inpatient → outpatient where appropriate)

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10. Deliverables

Funded projects are expected to produce:

- Educational materials or training modules
- Implementation toolkits or clinical pathways
- Interim and final reports
- Dissemination of findings (e.g., publications, presentations, best practice guides)

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11. Compliance and Ethical Considerations

All projects must:

- Be non-promotional and independent in nature
- Ensure scientific rigor and fair balance
- Comply with all applicable regulatory and institutional requirements
- Avoid promotion of specific proprietary products

References:

1. Atiga C, Abdulhaq H. *A Review of Bispecific Antibody Therapy for Relapsed/Refractory Diffuse Large B-Cell Lymphoma and Implementation in a Community Hospital.* Lymphatics. 2024;4(1):3.
2. Nizamuddin IA, Bartlett NL. *Bispecific antibodies in follicular lymphoma.* Haematologica. 2025.
3. Alderuccio JP, et al. *Novel therapies in relapsed/refractory diffuse large B-cell lymphoma.* Cancer Treatment Reviews. 2023.
4. Lee DW, Santomasso BD, Locke FL, et al. *ASTCT Consensus Grading for Cytokine Release Syndrome and Neurologic Toxicity Associated with Immune Effector Cells.* Biol Blood Marrow Transplant. 2019;25(4):625-638.
5. Cwynarski K, et al. *Managing toxicities associated with bispecific antibodies in lymphoma.* Br J Haematol. 2024.
6. NCCN Clinical Practice Guidelines in Oncology: B-Cell Lymphomas. Current Version.
7. Herrera AF. *The evolving role of bispecific antibodies in B-cell lymphomas.* Am J Hematol. 2024.

RFE Evaluation:

Genmab welcomes submissions for IME grants from educational providers who can meet the associated deadlines for the RFE 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 RFE 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 RFE 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 RFE 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 RFE.

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

Contact:

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