

**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

<b>Key Dates:</b>	RFP Issued: April 17, 2026 <b>Applications Due to Novartis: June 1, 2026 by 5 PM EST</b> Notification of Grant Decisions: By August 31, 2026 Educational Programming Starts: Before December 31, 2026
<b>Therapeutic Area:</b>	HR+/HER2-negative Early Breast Cancer
<b>Educational Need:</b>	<p>Hormone receptor-positive (HR+), HER2-negative breast cancer is the most prevalent breast cancer subtype, comprising approximately 70% of all new diagnoses worldwide, the majority of which present at an early, potentially curable stage.<sup>1</sup> While survival outcomes have improved with advances in early detection and systemic therapy, the long-term recurrence burden in HR+/HER2-negative early breast cancer (eBC) remains a major unresolved clinical challenge, one that is frequently underestimated. Overall, approximately 12 to 15% of patients with stage I to III HR-positive breast cancer will experience metastatic recurrence, and one of the defining management challenges in this subtype is the persistent risk of recurrence extending over decades, with as much as 50% of recurrences occurring more than 5 years after diagnosis.<sup>2</sup></p> <p>This late recurrence pattern, unique to hormone receptor-driven disease, necessitates sustained vigilance and optimal risk-mitigating adjuvant therapy well beyond the early post-diagnosis period. The landmark meta-analysis by Pan et al. demonstrated that among women with ER-positive disease who were disease-free after 5 years of adjuvant endocrine therapy, distant recurrences continued to occur steadily through 20 years, with cumulative risks stratified by nodal status ranging from 22% in node-negative patients to 52% in those with four to nine positive nodes, and with meaningful residual risk persisting even among patients with low-grade T1N0 disease.<sup>3</sup> Critically, the majority of these events represent distant recurrences for which no cure currently exists, making prevention through optimal adjuvant management a clinical imperative.<sup>4</sup></p> <p>Compounding this challenge is a rapidly evolving treatment landscape in which new data, approvals, and emerging therapeutic options are continuously generating new clinical considerations. While the breadth of available therapies reflects meaningful scientific progress, translating this expanding evidence base into consistent, individualized clinical practice represents a significant and ongoing challenge for HCPs.</p>

	<p>These converging challenges define a dual educational imperative. HCPs require structured, outcomes-focused educational opportunities to accurately quantify and communicate long-term recurrence risk across patient subgroups, interpret and apply an evolving body of clinical evidence, and implement individualized, evidence-based adjuvant therapy decision-making in a treatment landscape that is growing in both complexity and opportunity. Continuing medical education serves a critical role in equipping HCPs with the knowledge and frameworks needed to deliver optimal, current standard of care for their patients.</p> <p><b>References:</b></p> <ol style="list-style-type: none"> <li>1. Giaquinto AN, Sung H, Newman LA, et al. Breast cancer statistics 2024. <i>CA Cancer J Clin.</i> 2024;74(6):477-495. doi:10.3322/caac.21863.</li> <li>2. Marra A, Curigliano G, et al. Incorporating clinicopathological and molecular risk prediction tools to improve outcomes in early HR+/HER2-negative breast cancer. <i>npj Breast Cancer.</i> 2023;9(1):47. doi:10.1038/s41523-023-00560-z.</li> <li>3. Morganti S, Marra A, Crimini E, et al. Refining risk stratification in HR-positive/HER2-negative early breast cancer: how to select patients for treatment escalation? <i>Breast Cancer Res Treat.</i> 2022;192(3):465-484. doi:10.1007/s10549-022-06535-1.</li> <li>4. Slamon D, Lipatov O, Nowecki Z, et al. Ribociclib plus Endocrine Therapy in Early Breast Cancer. <i>N Engl J Med.</i> 2024;390(12):1080-1091. doi:10.1056/NEJMoa2305488</li> </ol>
<p><b>Geographic Scope:</b></p>	<p>Primary geography of interest: United States (National, Regional, and/or Local)</p> <p>Note: Applications for this RFP must be US focused for the audience, expert faculty, educational needs, and standards of care.</p>
<p><b>Project Description:</b></p>	<p>The Novartis Office of Grants &amp; Education has identified the need for innovative <b>continuing medical education programs</b> that strive to optimize patient outcomes through education on:</p> <ul style="list-style-type: none"> <li>• Interpret breast cancer staging criteria and anatomic risk factors, including nodal burden, tumor size, and grade, to accurately categorize recurrence risk in HR+/HER2-negative eBC patients, including those with no or low nodal involvement</li> <li>• Describe the long-term recurrence risk associated with HR+/HER2-negative eBC, including how nodal status and key clinicopathological features influence an individual patient's risk profile</li> <li>• Apply evidence-based, guideline-concordant risk stratification criteria to integrate nodal status with tumor biology</li> <li>• Develop risk-adapted adjuvant treatment plans for HR+/HER2-negative eBC patients across the risk spectrum</li> <li>• Demonstrate improved consistency in documenting individualized recurrence risk assessments for HR+/HER2-negative eBC patients as part of routine adjuvant therapy planning</li> <li>• Improve the frequency and quality of documented shared decision-making conversations with HR+/HER2-negative eBC patients at high recurrence risk, addressing individualized benefit-risk considerations, patient preferences, and long-term disease management goals</li> </ul>

	<p>The Novartis Office of Grants &amp; Education is seeking to fund accredited programs across a range of formats, which may include:</p> <ul style="list-style-type: none"> <li>• Practice-based quality improvement collaboratives</li> <li>• EHR-integrated clinical decision support initiatives</li> </ul> <p>Additional reinforcement tools may include:</p> <ul style="list-style-type: none"> <li>• Case-based educational curriculum</li> <li>• Clinician practice toolkits</li> </ul> <p>Outcome measurement may include:</p> <ul style="list-style-type: none"> <li>• Self-reported or objective Moore’s Outcomes Level 5</li> <li>• Audit and feedback programs</li> </ul> <p>Note: All aspects of the Program(s) including location and placement are independent of Novartis.</p>
<p><b>Target Audience:</b></p>	<p>Medical oncologists, specialty nurse practitioners and physician assistants, breast surgeons and surgical oncologists, radiation oncologist, hematology/oncology fellows, pathologist, radiologist, oncology nurse navigators and care coordinators, oncology clinical pharmacist, and patient navigators.</p> <p>Educational providers should include target number of participants. Further, please include details on proposed audience recruitment.</p> <p>Please note: Novartis will not participate in the distribution of invitations to the CME/CE event(s).</p>
<p><b>Available Funding:</b></p>	<p>Multiple single-support or multi-support initiatives may be funded; The total amount of funding available for this RFP is \$700,000, however, individual initiative should be capped at \$300,000.</p>
<p><b>Submission Requirements:</b></p>	<p>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: <a href="http://www.ngcs.novartis.com">www.ngcs.novartis.com</a> by <b>5 PM EST on June 1, 2026 to be considered.</b></p> <p>The grant application should include “RFP Response” within the Program Title [example: “RFP Response: <i>Program Title</i>”].</p> <p><b>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.</b></p>
<p align="center"><b>For grant request submission information, FAQs, and eligibility criteria, please visit:</b>  <a href="https://www.novartis.us/corporate-responsibility/external-funding">https://www.novartis.us/corporate-responsibility/external-funding</a></p>	
<p align="center"><b>If you have any questions regarding this RFP, you should only contact The Novartis Office of Grants &amp; Education via email at:</b> <a href="mailto:sofia.yang@novartis.com">sofia.yang@novartis.com</a> and <a href="mailto:riaz.baxamusa@novartis.com">riaz.baxamusa@novartis.com</a></p>	

[Please title the subject of your email: "RFP eBC 2026"].  
\*\*Please submit under Breast Cancer in the Grants System\*\*