



Detect cancer early, when it can be cured

1525 O'Brien Drive Menlo Park, CA 94025 / www.GRAIL.com

Call for Grants Announcement (CGA)

Released: **26 Jan 2024**

GRAIL is committed to supporting educational activities focused on the improvement of knowledge, competence, confidence and performance of healthcare professionals and their teams in the delivery of quality care.

GRAIL invites accredited educational providers to submit applications for independent, certified medical education grants as outlined below. This announcement provides notice of the availability of funds for the development of independent education designed to address the healthcare gap(s) identified below. There has been no predetermined approval, nor any identified preferred educational providers. All submissions will be reviewed equally, thoroughly, and fairly.

Healthcare Gaps / Needs Assessment Summary

Rethinking Cancer Control: The Expanding Role of Multi-Cancer Early Detection Technologies

While early detection and prompt intervention represent a cornerstone of cancer control strategies, significant gaps persist. Many cancer types lack robust screening methods, and current modalities often suffer from low adherence or limited access. Consequently, late-stage diagnoses remain prevalent, leading to suboptimal patient outcomes and increased strain on healthcare systems. This necessitates innovative approaches to bridge these gaps and optimize patient journeys.

Multi-cancer early detection (MCED) technologies, based on analysis of circulating cell-free DNA, offer a promising paradigm shift in this landscape. By enabling the detection of multiple cancers at early stages, even for those lacking established screening methods, MCEDs hold the potential to revolutionize cancer control. Such capabilities empower primary care teams, the cornerstone of population health interventions, to personalize prevention strategies and initiate

timely interventions, potentially improving patient outcomes and reducing overall cancer mortality.

However, successful integration of MCEs into existing workflows demands a multifaceted approach. Beyond the technological advancements, ensuring effective utilization hinges on equipping healthcare professionals with the necessary knowledge and skills to interpret and utilize MCE data within their clinical practice. This necessitates the development and implementation of robust educational programs tailored to healthcare providers, focusing on:

- Understanding the intricacies of MCE technology and its clinical implications
- Effectively interpreting MCE results within the context of individual patient history and risk factors
- Developing personalized management plans based on MCE findings, potentially including additional diagnostic investigations or preventative measures
- Navigating the complexities of communication and shared decision-making with patients regarding MCE results and potential follow-up steps

Investing in such targeted educational interventions will bridge the knowledge gap and empower healthcare professionals to confidently integrate MCEs into their workflows. This, in turn, will enhance the effectiveness of overall cancer control strategies, enabling earlier detection, personalized interventions, and ultimately, improved patient outcomes.

The full potential of MCEs will be realized not through their stand-alone application, but rather through their seamless integration within the existing cancer control ecosystem. By equipping healthcare professionals with the necessary knowledge and tools, we can unlock the transformative power of early detection and pave the way for a future where personalized, proactive cancer control becomes the norm.

References Below

Call for Grants Announcement Details

CODE: MCD13

Submission Type: Independent Medical Education (CME/CPD), certified education

Submission timeframe (submitted through the GRAIL RMS):

CGA currently open; **will accept applications until:**
midnight (11:59pm PT) **Sunday 10 March 2024.**

Area of interest / unmet educational need:

- The science and technology behind multi-cancer screening tests and criteria for how to differentiate amongst new and emerging blood-based screening tests
- Barrier reduction methods to improve population-scale cancer screening, addressing health and sociodemographic disparities and challenges with patient engagement
- Tools for integration of new screening technologies into the clinical workflow to optimize patient engagement, patient outcomes, and ensure continuity of care

Target audience and target meeting (if applicable):

- Primary Care / Internal Medicine / Family Practice Physicians** and related healthcare professional audiences
- Conference Coverage of Spring Oncology Conferences, should include:
 - NCCN: March 9-12, 2024, Orlando, Florida
 - AACR: April 8-13, 2024, San Diego, California
 - ASCO: June 1-4, 2024, Chicago, Illinois

Anticipated educational formats and elements:

- Virtually-based, on-demand education
- Potential individual rapid conference responses
- Content and agenda focused in the areas of interest indicated above
- Included scope expansion materials (e.g., point-of-care tools, online resources, physical enduring material development, other innovative sustainable components)

Available budget: \$150,000.00

Multi-support is encouraged, but not required

Medical and/or Advocacy Association participation is encouraged

Requirements for Submission and Checklist

Eligibility Requirements:

- Organization must be an accredited educational organization, certified through a recognized accreditation council (eg, ACCME).

- Organization must be in good standing with all accrediting organizations for which work will be performed.
- Neither the Organization nor any of its owners, officers, or directors are excluded or debarred from participating in any government program.
- Organization is appropriately firewalled from any sister or parent organization that provides strategy, marketing, or commercial services to GRAIL and its partners.
- Organization must have appropriate experience for the requested program and audience; and must be able to provide examples with outcomes.

Submission Checklist (submitted through the GRAIL RMS):

- Needs assessment with appropriately linked educational objectives tied to referenced and /or assessed healthcare gaps
- Educational methodology, strategy, and related tactics tied to the educational objectives
- The faculty recruitment and audience generation plan
- Objective outcomes assessment plan linked to the educational objectives
- An anticipated agenda and/or line of content
- Examples of potential marketing or promotional materials for the program
- A timeline and implementation plan
- A publication plan (optional)
- A detailed budget for the anticipated activity
- Examples of programs (w/outcomes) done previously in this or a similar focus area

Submission Instructions and Timeline

Proposals must be received, via formal submission **through the GRAIL Request Management System (RMS) (www.grail.com/meded)** no later than midnight (11:59pm PT) **Sunday 10 March 2024**.

All submitted proposals will be reviewed via the GRAIL Medical Education Review Committee and a final decision will be communicated no later than **the week of 01 April 2024** via email.

A duly signed and formally executed letter agreement will be required to confirm support. Payment will be sent approximately 30 days after signatures are confirmed.

GRAIL reserves the right to defer and/or decline applications received after the due date indicated above.

Additional Information

All submissions will be reviewed against internal GRAIL policies, ACCME, AMA, the AdvaMed Code of Ethics on Interactions with Healthcare Professionals, and relevant OIG, and FDA guidance.

All grant applications received in response to this CGA will be reviewed in accordance with all GRAIL policies and appropriate guidelines.

This CGA does not commit GRAIL to award a grant or pay any costs incurred in the preparation of a response to this request.

GRAIL reserves the right to approve or deny any or all applications received as a result of this request or to cancel, in part or in its entirety, this CGA without prior written notification.

We request that all communications concerning this CGA should come exclusively to GRAIL's Medical Education team. You can reach the Medical Education team at GRAIL by contacting densign@grailbio.com.

Failure to follow the instructions within this CGA may result in a denial.

References

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18. Liu MC, Oxnard GR, Klein EA, Swanton C, Seiden MV, CCGA Consortium. Sensitive and specific multi-cancer detection and localization using methylation signatures in cell-free DNA. *Ann Oncol*. 2020;31(6):745-759. DOI: 10.1016/j.annonc.2020.02.011.
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21. Hubbell E, Clarke CA, Aravanis AM, Berg CD. Modeled reductions in late-stage cancer with a multi-cancer early detection test. *Cancer Epidemiol Biomarkers Prev*. 2020;30(3):460-468. DOI: 10.1158/1055-9965.EPI-20-1134.
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