

As part of our commitment to improving the lives of people living with rare diseases Alexion, AstraZeneca's Rare Disease supports quality, independent Continuing Medical Education (CME) designed to enhance patient care and health outcomes.

This call for grant applications provides public notice of availability of funds to address areas related to the multidisciplinary care of patients with

<b>Deadline for Submission</b>	Sep 18 <sup>th</sup> , 2025
<b>Decision Notification</b>	Nov 2 <sup>nd</sup> , 2025
<b>Primary Area of Focus</b>	Rare Disease
<b>Therapeutic Area</b>	Nephrology-IgA nephropathy
<b>Geographic Focus</b>	Global
<b>CGA Code</b>	AX011
<b>Intended Audience</b>	IgA nephropathy physicians and care teams
<b>Budget</b>	\$150,000
<b>Educational Need</b>	<p>IgA nephropathy is a heterogeneous, progressive disease and the most common form of primary glomerulonephritis. Progression of IgA nephropathy is characterized by worsening kidney function (i.e., progression of chronic kidney disease) and eventual kidney failure (end-stage kidney disease [ESKD]), requiring dialysis or kidney transplant<sup>1</sup>.</p> <p>The pathogenesis of IgA nephropathy involves a multi-hit autoimmune process, in which aberrantly glycosylated IgA1 (Gd-IgA1) is produced and then recognized by autoantibodies, forming immune complexes that circulate and deposit in the glomerular mesangium<sup>2</sup>.</p> <p>Complement is activated in response to circulating immune complexes and by the deposition of immune complexes in the glomerular mesangium. An inflammatory reaction ensues with the release of pro-inflammatory and pro-fibrotic mediators. These mediators induce several histological changes that are characteristic of IgA nephropathy<sup>3</sup>.</p> <p>Alexion, AstraZeneca Rare Disease seeks to support independent medical education designed to develop practitioners' understanding of:</p> <ol style="list-style-type: none"> <li>1. Multi hit hypothesis in IgAN pathogenesis</li> <li>2. Role of complement activation in IgAN disease progression</li> <li>3. Emerging therapeutics targeting the complement system</li> </ol>
<b>Educational Design and Focus</b>	<p>Alexion funding is intended to support multi-modal programs (i.e. with live, virtual and enduring components) including but not limited to:</p> <ul style="list-style-type: none"> <li>•Interactive self-directed programs designed for impactful learner engagement using proven distribution channels</li> <li>•Symposium (face-to-face or virtual) that will be developed into a virtual enduring program. <i>Slots should be secured by grant recipient.</i></li> </ul>
<b>Application Requirements</b>	<b>Proposal must be independently developed and include the following:</b>

	<ul style="list-style-type: none"> <li>• <b>Needs Assessment/Gaps/Barriers:</b> Include a comprehensive, well-referenced needs assessment that provides a detailed description of the educational / practice gaps and barriers of the target audiences. The needs assessment must be independently developed and validated by the educational provider.</li> <li>• <b>Audience Generation:</b> Describe methods for reaching the target audience(s) and any unique recruitment methods that will be utilized.</li> <li>• <b>Educational Strategy:</b> Provide clearly defined and measurable learning objectives that are clearly designed to address the identified gaps and barriers. The proposal should demonstrate an understanding of instructional design issues as they relate to the gaps in the knowledge, competence, or performance of the targeted audience.</li> <li>• <b>Program Evaluation and Outcomes:</b> Provide a description of the outcomes methodology that will be employed to measure the impact of the educational program and how these results will be presented, published, or disseminated. Additionally, describe the methods that will be used to determine the extent to which activity has served to close the identified healthcare gap. Programs should include an outcomes plan of at least Moore's level 4.</li> <li>• <b>Budget:</b> Include a detailed budget with rationale, including breakdown of costs for content per activity, out-of-pocket cost per activity and management cost per activity.</li> <li>• <b>Accreditation:</b> Programs must be accredited and fully compliant with all ACCME Criteria and Standards for Commercial Support<sup>SM</sup>.</li> </ul>
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## References

1. Pitcher D et al., Clin J Am Soc Neurol, Vol 18 June, 2023
2. Stamellou E et al. Nat Rev Disease Primers. 2023;9(1):67.
3. Poppelaars F, Journal of Clin med, 2021, 10, 4715.

**Program Requirements:** The Program must be planned and executed as an accredited activity and fully compliant with the criteria and/or standards of commercial support for ACCME, AAFP, AOA, ACPE, ANCC, AANP, or NCCPA. Furthermore, the program will be educational and nonpromotional in nature and will be planned, designed and implemented in accordance with the U.S. Food and Drug Administration's Guidance on Industry-Supported Scientific and Educational Activities ("Policy Statement").

The Policy Statement and the ACCME Standards require, among other things, that (i) Institution conduct the Program independently and without control or influence by AstraZeneca over the Program's planning, content (including the selection of speakers or moderators), or execution;

(ii) the Program be free of commercial bias for or against any product; (iii) Institution make meaningful disclosure of AstraZeneca support of the Program and any prior relationship between Institution and AstraZeneca, and the relationship, if any, between AstraZeneca and the speakers selected by Institution; and (iv) AstraZeneca not engage in, and Institution not permit any other sponsor to engage in, promotional activities in or near the Program room or advertise its products in any materials disseminated as part of the Program.

In addition, Institution is required by the Policy Statement and, if applicable, accreditation standards to ensure that any product discussions at the Program be accurate, objective, balanced and scientifically rigorous. This includes a balanced discussion of each product and of treatment alternatives, that limitations on data be disclosed, that unapproved uses be identified as such, and that for live presentations there be opportunities for questioning or debate.