

**Pfizer Independent Grants for Learning & Change
Request for Proposals (RFP)
*Management of Flares in Rheumatoid Arthritis Patients***

I. Background

The mission of Pfizer Independent Grants for Learning & Change (IGL&C) is to accelerate the adoption of evidence-based innovations that align the mutual interests of healthcare professionals, patients, and Pfizer through support of independent, professional education activities. “Independent” means that the projects funded by Pfizer are the full responsibility of the recipient organization. Pfizer has no influence over any aspect of the projects and only asks for reports about the results and the impact of the projects in order to share them publicly.

The intent of this document is to encourage organizations with a focus in healthcare professional education and/or quality improvement to submit letters of intent (LOIs) in response to a Request for Proposal (RFP) that is related to education in a specific disease state, therapeutic area, or broader area of educational need. The RFP model is a two-stage process. Stage 1 is the submission of the LOI. After review of the LOI, you may be invited to submit a Full Grant Proposal. Stage 2 is the submission of the Full Grant Proposal.

When a RFP is issued, it is posted on the Pfizer IGL&C website (www.pfizer.com/independentgrants) and is sent via e-mail to all registered organizations and users in our grants system. Some RFPs may also be posted on the websites of other relevant organizations, as deemed appropriate.

II. Eligibility

Geographic Scope:	<input checked="" type="checkbox"/> United States Only <input type="checkbox"/> International(specify country/countries)_____
Applicant Eligibility Criteria:	<p>The following may apply: medical, dental, nursing, allied health, and/or pharmacy professional schools; healthcare institutions (both large and small); professional associations; and other not-for-profit entities with a mission related to healthcare improvement.</p> <p>Collaborations within institutions, as well as between different institutions/organizations/associations, are encouraged. All partners should have a relevant role. Inter-professional collaborations that promote teamwork among institutions/organizations/associations are also encouraged. Please note the requesting organization should have a key role in the project.</p>

III. Requirements

Date RFP Issued:	4/10/2014
Clinical Area:	Management of flares in rheumatoid arthritis patients
Specific Area of Interest for this RFP:	<p>It is our intent to support projects that promote active monitoring for, and management of, flares in patients being treated with disease modifying anti-rheumatic drugs (DMARDs).</p> <p>Although there is no well-validated measure for flares in rheumatoid arthritis (RA)¹, OMERACT (Outcome Measures in Rheumatology) established a working definition in 2009. The OMERACT working definition distinguishes flares from random daily fluctuations in symptoms, stating that a “flare occurs with any worsening of, or return of, disease activity that would, if persistent, lead to (re)initiation, increase or/and change of therapy; a flare represents a cluster of symptoms of sufficient duration intensity to require (re)initiation, change, or increase in therapy.”²</p> <p>In the absence of a well-validated measure, flares have been assessed by multiple approaches, including some that rely on patient reporting, some that rely on healthcare professional (HCP) evaluations, and hybrids that include elements of both.³ Patient reported measures have included simple ratings or scales for worsening of disease activity,⁴ whereas HCPs have used increases in scores on disease activity composite measures, such as the DAS28, to indicate occurrence of flares.⁵ More detailed questionnaires, such as the Flare Questionnaire, have been developed to tap the perspective of both patients and HCPs.⁶</p> <p>RA treatment increasingly emphasizes treating to target, with the goal of improving outcomes by achievement of low disease activity (LDA) or remission.^{7,8} Just as important as getting to a state of LDA or remission is recognition that outcomes improve further with increased depth and durability of treatment response.⁹ However, it has become apparent through practice-based studies that flares occur not only in patients who have persistently higher levels of disease activity, but also in many patients who have achieved a state of LDA or even clinical remission.^{1,9}</p> <p>Flares in RA may occur for a variety of reasons, including loss of efficacy of current therapies, non-adherence to prescribed treatment, planned dose reductions, or discontinuation of therapies.^{1,3} Flares can impact the a patient’s quality of life through increased pain, stiffness, fatigue, impaired function, decreased participation in usual activities, and a sense of losing control over the ability to balance management of the disease with demands of daily life.^{4,10,11,12} Moreover, occurrence of flares may put patients at higher risk for progressive joint damage.^{1,13}</p>

	<p>Systematic monitoring for flares accompanied by appropriate self-management and, when necessary, a change in therapeutic regimen directed by the HCP, may present an important opportunity for further improvement in patient outcomes.^{1,3}</p> <p>Successful proposals will include a plan for generating evidence that collection and sharing of information on patients' self-assessment/monitoring and management of flares can aid HCPs with appropriate evaluations and adjustments to therapy, leading to improved outcomes. Measured outcomes may include greater sustainability of states of LDA or remission as well as improvement in patient-reported outcomes/health-related quality of life. Of particular interest, but not required, is use of validated measures of disease activity in the context of some type of treat-to-target approach to care. Also encouraged is use of validated measures of patient-reported outcomes and/or health-related quality of life.</p> <p>Multi-disciplinary collaborations are encouraged when appropriate, but all partners must have a relevant role.</p> <p>It is expected that projects will be evidence-based (education and/or quality improvement) and the proposed research/evaluation will follow generally accepted scientific principles. During review, the intended outcome of the project is given careful consideration and, if appropriate based on the project goal, projects with the maximum likelihood to directly impact patient care will be given high priority.</p> <p>There is a considerable amount of interest in receiving responses from projects that utilize system-based changes. Although educational efforts for providers and patients may be entirely appropriate components in responses to this RFP, projects that include an overt description of system changes will be given high priority.</p>
Target Audience:	Rheumatology healthcare professionals
Disease Burden Overview:	<p>RA, the most prevalent type of inflammatory arthritis, affects more than 1.5 million adults in the U.S.^{13,14} Now, in the fourth decade of DMARD focused treatment, RA management is transitioning as calls increase for the adoption of some form of treat-to-target, with the objective of LDA or remission. However, it is increasingly recognized that many patients who achieve LDA or remission still experience flares.^{1,9} Flare occurrence, if not appropriately managed by both patients and HCPs, may significantly impact a patient's quality of life and increase the risk of progression of structural joint damage.^{1,4,10,11,12}</p>

<p>Recommendations and Target Metrics:</p>	<p>Related Guidelines and Recommendations</p> <p>Although there are no dedicated guidelines or recommendations addressing solely assessment and management of flares, they are implicit in treat-to-target recommendations:</p> <p>ACR Treatment Recommendations</p> <ul style="list-style-type: none"> • 2012 Update of the 2008 American College of Rheumatology Recommendations for the Use of Disease-Modifying Antirheumatic Drugs and Biologic Agents in the Treatment of Rheumatoid Arthritis¹⁶ <p>International Task Force on Treat-to-Target</p> <ul style="list-style-type: none"> • Treating rheumatoid arthritis to target: recommendations of an international task force⁷ <ul style="list-style-type: none"> ○ “The desired treatment target should be maintained throughout the remaining course of the disease.”⁷
<p>Gaps Between Actual and Target, Possible Reasons for Gaps:</p>	<p>Although evidence supports treat-to-target as an appropriate option for management of RA,^{8,9} application of treat-to-target continues to present challenges in clinical practice.¹⁷ One such challenge is that patients may not always readily see potential benefit or need for treating their disease to target.^{17,18} Another challenge is the realization that successful execution of a treat-to-target approach requires frequent visits with rheumatology HCPs.¹⁷</p> <p>A practice gap can be defined as the difference between what should happen and what is actually happening in clinical practice. To this point, lack of attention to the possible role of flares in managing rheumatoid arthritis and collection and sharing of information from patients on their approach to assessing and self-managing flares may make it more difficult for rheumatology HCPs to address some of the previously stated challenges to implementation of a treat-to-target approach to care.</p>
<p>Barriers:</p>	<p>In addition to a range of challenges for implementation of a treat-to-target approach to managing RA,¹⁷ there are barriers to assessment and management of flares. One barrier is the lack of a validated measure for flares.^{1,2,3} Another barrier is recognition that flares often occur and are self-managed by patients in between visits to HCPs; that focuses attention on the potential role of innovative approaches to involving patients in monitoring their condition and communicating their observations and self-management experiences to their HCPs.¹</p>

<p>Current National Efforts to Reduce Gaps:</p>	<p>The American College of Rheumatology spearheaded efforts to increase use of validated measures of disease activity and incorporation of some type of treat-to-target approach to care.¹⁶ The International Task Force on treat-to-target provided additional guidance.⁷ Efforts to address the need for assessment of flares have been led by OMERACT since 2006, focusing especially on development of a valid measure of flares that incorporates domains that address the perspective of both patients and HCPs.^{2,4,12}</p>
<p>Expected Approximate Monetary Range of Grant Applications:</p>	<p>Individual grants requesting up to \$500,000 will be considered. The total available budget related to this RFP is \$1,500,000.</p> <p>The amount of the grant Pfizer will be prepared to fund for any full proposal will depend upon the external review panel's evaluation of the proposal and costs involved and will be stated clearly in the grant approval notification.</p>
<p>Key Dates:</p>	<p>RFP release date: 4/10/2014</p> <p>Letter of Intent due date: 5/7/2014</p> <p>Review of LOIs by External Review Panel: 5/8/2014 to 6/6/2014</p> <p>Anticipated LOI Notification Date: 6/9/2014</p> <p>Full Proposal Deadline: *7/17/2014 *Only accepted LOIs will be invited to submit full proposals</p> <p>Review of Full Proposals by External Review Panel: 7/18/2014 to 8/29/2014</p> <p>Anticipated Full Proposal Notification Date: 9/1/2014</p> <p>Anticipated award delivered following execution of fully signed Letter of Agreement</p> <p>Period of Performance: October 2014 to April 2017</p>

<p>How to Submit:</p>	<p>Please go to the website at www.pfizer.com/independentgrants and click on the button “Go to the Grant System.”</p> <p>If this is your first time visiting this site, you will be prompted to take the Eligibility Quiz to determine the type of support you are seeking. Please ensure you identify yourself as a first-time user.</p> <p>Select the following Area of Interest: Flares in RA</p> <p>Requirements for submission: Complete all required sections of the online application and upload the completed LOI template (see Appendix).</p> <p>If you encounter any technical difficulties with the website, please click the “Need Support?” link at the bottom of the page</p>
<p>Questions:</p>	<p>If you have questions regarding this RFP, please direct them in writing to the Grant Officer, Susan Connelly, at susan.connelly@pfizer.com, with the subject line “Flares in RA 4-10-14.”</p>
<p>Mechanism by which Applicants will be Notified:</p>	<p>All applicants will be notified via email by the dates noted above.</p> <p>Applicants may be asked for additional clarification or to make a summary presentation during the review period.</p>

References:

1. Bykerk VP, Shadick N, Frits M, et al. Flares in rheumatoid arthritis: Frequency and management. A report from the BRASS Registry. *J Rheumatol* 2014;41:227-234.
2. Bingham CO III, Pohl C, Woodworth TG, et al. Developing a standardized definition for disease “flare” in rheumatoid arthritis (OMERACT 9 Special Interest Group). *J Rheumatol* 2009;36:2335-2341.
3. van der Maas A, den Broeder AA. Measuring flares in rheumatoid arthritis: (Why) do we need validated criteria? *J Rheumatol* 2014;41:189-191.
4. Bykerk VP, Lie E, Bartlett SJ, et al. Establishing a core domain set to measure rheumatoid arthritis flares: report of the OMERACT 11 RA Flare Workshop. *J Rheumatol First Release* March 1 2014; doi:10.3899/jrheum.131252.
5. van der Maas, Lie E, Christensen R et al. Construct and criterion validity of several proposed DAS28-based rheumatoid arthritis flare criteria: an OMERACT cohort validation study. *Ann Rheum Dis* 2013;72:1800-1805.
6. Berthelot JM, Bandt MD, Morel J, et al. A tool to identify recent or present rheumatoid arthritis flare from both patient and physician perspectives: The ‘FLARE’ instrument. *Ann Rheum Dis* 2012; 71:1110-1116.
7. Smolen JS, Aletaha D, Bijlsma JW, et al. Treating rheumatoid arthritis to target: recommendations of an international task force. *Ann Rheum Dis* 2010;69:631-637.
8. Vermeer M, Kuper HH, Hoekstra M, et al. Implementation of a treat-to-target strategy in very early rheumatoid arthritis. Results of the Dutch Rheumatoid Monitoring Remission Induction Cohort Study. *Arthritis Rheum* 2011;63:2865-2872.

9. Vermeer M, Kuper HH, Bernelot Moens HJ, et al. Sustained beneficial effects of a protocolized treat-to-target strategy in very early rheumatoid arthritis: Three-year results of the Dutch Rheumatoid Monitoring Remission Induction Cohort. *Arthritis Care Res* 2013;65:1219-1226.
10. Flurey CA, Morris M, Richards P, et al. It's like a juggling act: rheumatoid arthritis patient perspective on daily life and flare while on current treatment regimens. *Rheumatol* 2014;53:696-703.
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12. Lie E, Woodworth TG, Christensen R, et al. Validation of OMERACT preliminary rheumatoid arthritis flare domains in the NOR-DMARD study. *Ann Rheum Dis* Published Online First (July 12, 2013) doi: 10.1136/annrheumdis-2013-203496.
13. Foltz V, Gandjbakhch F, Etchepare F, et al. Power Doppler ultrasound, but not low-field magnetic resonance imaging, predicts relapse and radiographic disease progression in rheumatoid arthritis patients with low levels of disease activity. *Arthritis Rheum* 2012;64:67-76.
14. Sacks JJ, Luo Y, Helmick CG. Prevalence of specific types of arthritis and other rheumatic conditions in the ambulatory health care system in the United States, 2001-2005. *Arthritis Care Res* 2010;62:460-464.
15. Myasoedova E, Crowson CS, Maradit Kremers H, et al. Is the incidence of rheumatoid arthritis rising? Results from Olmstead County, Minnesota 1955-2007. *Arthritis Rheum* 2010;62:1576-1582.
16. Singh JA, Furst DE, Bharat A, et al. 2012 Update of the 2008 American College of Rheumatology Recommendations for the Use of Disease-Modifying Antirheumatic Drugs and Biologic Agents in the Treatment of Rheumatoid Arthritis. *Arthritis Care Res* 2012;64:625-639.
17. Solomon DH, Bitton A, Katz JN, et al. Treat to target in rheumatoid arthritis: fact, fiction, or hypothesis? *Arthritis Rheum* 2013 Dec 24. doi: 10.1002/art-38323.
18. Curtis JR, Shan Y, Harrold L, et al. Patient perspectives on achieving T2T goals: a critical examination of patient reported outcomes. *Arthritis Care Res* 2013;65:1707-1712.

IV. Terms and Conditions

1. This RFP does not commit Pfizer or its partners to award a grant or a grant of any particular size if one is awarded, nor to pay any costs incurred in the preparation of a response to this request.
2. Pfizer reserves the right to accept or reject any or all applications received as a result of this request, or to cancel this RFP in part or in its entirety, if it determines it is in the best interest of Pfizer to do so.
3. For compliance reasons and in fairness to all applicants, all communications about the RFP must come exclusively to Pfizer Independent Grants for Learning & Change. Failure to comply will disqualify applicants.
4. Consistent with its commitment to openness and transparency, Pfizer reports education grants provided to medical, scientific and patient organizations in the United States. Pfizer reserves the right to announce the details of successful grant application(s) by whatever means insures transparency, such as on the Pfizer website, in presentations, and/or in other public media. In the case of this RFP, a list of all LOIs selected to move forward may be publicly disclosed. In addition, all approved full proposals, as well as all resulting materials (e.g., status updates, outcomes reports, etc.) may be posted on the IGL&C website and/or any other Pfizer document or site.
5. Pfizer reserves the right to share the title of your proposed project, and the name, address, telephone number and e-mail address of the applicant for the requesting organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations).
6. To comply with the Open Payments (Physician Payments Sunshine Act) (“Sunshine Act”), Provider (sponsor) must provide names and other required information for the US-licensed physicians and US teaching hospitals (“Covered Recipients,” as defined by Centers for Medicare and Medicaid Services) to whom the Provider (sponsor) furnished payments or other transfers of value stemming from the original independent grant awarded by Pfizer. This includes compensation, reimbursement for expenses, and meals provided to faculty (planners, speakers, investigators, project leads, etc.) and “items of value” (items that possess a value on the open market, such as textbooks) provided to faculty and participants, if such faculty and/or participants meet the definition of Covered Recipient. Such required information is to be submitted during the reconciliation process or earlier upon Pfizer’s request in order to meet certain Sunshine Act reporting commitments. Be advised Pfizer will not make any payments to any individuals; grant funding shall be paid directly to Provider (sponsor).
7. No portion of a Pfizer independent grant may be used for food and/or beverages for learners and/or participants in any capacity. Provider (sponsor) will be required to certify during final grant reconciliation that the funds were not used for food and/or beverages for learners and/or participants.

8. In the performance of all activities related to an independent grant, the Provider (sponsor) and all participants must comply with all applicable Global Trade Control Laws. “Global Trade Control Laws” include, but are not limited to, U.S. Export Administration Regulations; the International Traffic in Arms Regulations; EU export controls on dual-use goods and technology; Financial Sanctions Laws and Restrictive Measures imposed within the framework of the CFSP - Treaty on European Union; and the economic sanctions rules and regulations administered by the U.S. Treasury Department's Office of Foreign Assets Control.

Appendix: Letter of Intent Submission Guidance

LOIs should be single-spaced using Calibri 12-point font and 1-inch margins. Note that there is a 3-page limit in the main section of the LOI. ***LOIs not meeting these standards will not be reviewed.***

LOIs should include the following sections

Main Section (not to exceed 3 pages):

A. Title

B. Goal

1. Briefly state the overall goal of the project. Describe how this goal aligns with the focus of the RFP, the goals of the applicant organizations, and the proposed project.

C. Objectives

1. List the *overall* objectives you plan to meet with your project both in terms of learning and expected outcomes. Do not include individual activity objectives.
 - Objectives should describe the population as well as the outcomes you expect to achieve as a result of conducting the project.
 - Objectives should also include information on how the practice gap will be addressed (the gap that includes lack of attention to the possible role of flares, lack of collection of information from patients on their approach to assessing and self-managing flares, and the potential that sharing this patient-generated information on flares with rheumatology health care professionals could have an impact on their decision making and lead to changes in their approach to management of patients).

D. Assessment of Need for the Project

1. Please include a quantitative baseline data summary, initial metrics (e.g., quality measures), or a project starting point (please cite data on gap analyses or relevant patient-level data that informs the stated objectives) in *your* target area. Describe the source and method used to collect the data. Describe how the data was analyzed to determine that a gap existed. The RFP includes a national assessment of the need for the project. Please do not repeat this information within the LOI (you may reference the RFP, if necessary). Only include information that impacts your specific project, linking regional or local needs to those identified on the national basis, if appropriate.
2. Describe the primary audience(s) targeted for this project. Also indicate who you believe will directly benefit from the project outcomes. Describe the overall population size as well as the size of your sample population

E. Project Design and Methods

1. Describe the planned project and the way it addresses the established need.
 - If your methods include educational activities, please describe succinctly the topic(s) and format of those activities.

F. Innovation

1. Explain what measures you have taken to assure that this project idea is original and does not duplicate other projects or materials already developed.
2. Describe how this project builds upon existing work, pilot projects, or ongoing projects developed either by your institution or other institutions related to this project.

G. Design of Outcomes Evaluation

1. In terms of the metrics used for the needs assessment, describe how you will determine if the practice gap was addressed for the target group.
 - Identify the sources of data you anticipate using to make the determination.
 - Describe how you expect to collect and analyze the data.
 - Explain the method used to control for other factors outside this project (e.g., use of a control group or comparison with baseline data).
2. Quantify the amount of change expected from this project in terms of your target audience.
3. Describe how you will determine if the target audience was fully engaged in the project.
4. Describe how the project outcomes might be broadly disseminated.

H. Project Timeline

I. Requested Budget

1. A total amount requested is the only information needed at this time.
2. The budget amount requested must be in U.S. dollars (USD).
3. While estimating your budget please keep the following items in mind:
 - Institutional overhead and indirect costs may be included within the grant request. Examples include human resources department costs, payroll processing and accounting costs, janitorial services, utilities, property taxes, property and liability insurance, and building maintenance as well as additional project expenses such as costs for publication, IRB / IEC review fees, software license fees, and travel. Please note: Pfizer does not provide funding for capital equipment.
 - It should be noted that grants awarded through IGLC cannot be used to purchase therapeutic agents (prescription or non-prescription).
 - Pfizer maintains a company-wide, maximum allowed overhead rate of 28% for independent studies and projects.

J. Additional Information

1. If there is any additional information you feel Pfizer should be aware of concerning the importance of this project, please summarize it in within the page limitations.

Organizational Detail (not to exceed 1 page)

Describe the attributes of the institutions/organizations/associations that will support and facilitate the execution of the project and the leadership of the proposed project. Articulate the specific role of each partner in the proposed project.

LOIs should be single-spaced using Calibri 12-point font and 1-inch margins. There is a 3-page limit for the main section and a 1-page limit for organizational detail. If extensive, references may be included

on 1 additional page. **Final submissions should not exceed 5 pages in total** (3 pages for the main section, 1 page for organizational detail, and 1 page for references).

Make every effort to submit as **few** documents as possible—you are encouraged to include all required sections in one document. There is no need to submit the organization detail or references in a document separate from the main section of the LOI.

*Please note the formatting and page limit for the LOI. The LOI is inclusive of additional information of any kind. A submission exceeding the page limit **WILL BE REJECTED** and **RETURNED UNREVIEWED**.*