



I. Background:

Alnylam Pharmaceuticals, Inc. (Alnylam) is committed to supporting innovative, high-quality, independent medical education for healthcare professionals (HCPs) that addresses unmet educational needs, maintains clinical excellence, and is designed to change HCP healthcare competence, ultimately leading to improved outcomes in the patient communities that Alnylam serves.

The intent of the Request for Grant Proposal (REGP) announcement is to notify experienced and eligible medical education providers that Alnylam is interested in receiving requests for independent medical education activities pertinent to Alnylam's areas of interest and aligned to the specifications outlined below. "Independent" means that activities are solely responsibility of the recipient organization and Alnylam has no influence over any aspect of the activity.

Such independent medical education activities must be based on the identified professional practice gaps and educational needs of HCP learners, utilize instructional design in the planning and evaluation, be evidence-based in the aim to improve the care of patients, and must offer continuing education (CME/CE) credit. Maintenance of Certification (MOC) is encouraged, but not required. Most importantly, Alnylam supported education will adhere to relevant laws, codes, regulations, accreditation criteria, industry standards, and align with best practices in continuing education in the health professions.

II. Grant Proposals must include the following information:

1. **Gap Analysis/Needs Assessment:** Include a comprehensive gap analysis/needs assessment that is well referenced and demonstrates a thorough understanding of the specific gaps and barriers of the target audience(s), delineating when applicable. The gap analysis/needs assessment must be independently developed and validated by the accredited provider, in alignment with ACCME criteria, if applicable. Gaps and needs must be distinguished from each other, and from root causes. Identify any potential barriers to HCP practice change and how these barriers will be addressed within the educational initiative.
2. **Target Audience and Audience Recruitment:** Requests should describe the target audience(s) and provide a rationale for how and why this target audience(s) is important to closing the identified healthcare gap. Bringing HCPs from various disciplines together in tailored learning environments can enable participants to learn both individually and as collaborative members of the healthcare team, with the common goal of improving patient health. In addition, please describe the methods for reaching the target audience(s), including a description of and rationale for recruitment and placement strategies to maximize participation based on need. Any unique recruitment efforts specific to the target audience should be highlighted. When describing how many individuals the activity will reach, focus should be made on those who complete the activity, not just those who are aware of the activity.
3. **Learning Objectives and Content Accuracy:** Provide clearly defined, SMART (specific, measurable, achievable, relevant, timely) learning objectives that outline what the learner will be able to know, know how to do, or do in practice as a result of attending this activity. Learning objectives should be distinct from educational objectives. Include an overview of program content and explanation of criteria that will guide content selection, considering level



of evidence and other variables. Alnylam is committed to the highest standards in ensuring patient safety and improving patient outcomes; the applicant should describe methods to ensure complete, accurate, evidence-based review of key safety data for any therapeutic entities discussed in the activity. Explain how content will be updated if necessary throughout the activity period, and how accuracy will be ensured.

4. Educational Design: Described educational methods should be selected based on the professional practice gaps and educational needs of the target audience(s), linked to clinical practice, utilizing instructional design and adult learning principles to change HCP competence, performance, and/or patient outcomes. Educational design must be interactive and considers appropriate target audience and learning preferences.²⁻³ Use of technology to enhance learner engagement, reinforcement, and retention is encouraged.⁴ New types of and innovation in educational design is preferred, as well as methods that keep the learner engaged throughout the entire activity.
5. Faculty Recruitment and Development: Provide information on the expected qualifications of contributors and description of methods to ensure recruitment of course directors and faculty who meet the qualifications. Explain any methods that will be used to ensure faculty are fully trained in the activity expectations and any skills that may be needed to ensure effective delivery of intended education. Do not include faculty names in your proposal.
6. Activity Evaluation and Outcomes: Provide a description of how the activity will be evaluated and outcomes will be measured to assess the reach and quality of activity delivery. Descriptions should include how the healthcare gap was closed and how the intended outcomes level was achieved. Describe how outcomes will be utilized to plan future educational interventions. If utilizing multiple choice questions to assess learners, utilization of best practices in item writing, including rationales, is strongly encouraged.
7. Budget: Include a detailed budget, with a breakdown of costs for each line item, clear explanation of the units, and how Alnylam funds will be allocated for each of the line items. Budget costs should be reasonable and customary, within fair market value, proportionate to the type and length of activity, and in compliance with applicable, laws, codes, and regulations. Include any information on support from other sources, such as additional commercial support, exhibit and advertising income, and registration fees. Final reconciliation of the budget is also due at the conclusion of the funded project.
8. Accreditation: Activities must be accredited by the appropriate accrediting bodies and fully compliant with all standards and criteria, including the ACCME Standards for Commercial SupportSM (SCS). If the activity is jointly provided, the accredited provider must be involved from the concept origin, fully knowledgeable all contents of the grant submission, and documentation should be provided on the relationship between the accredited provider and non-accredited educational partner.
9. Identification and Resolution of Conflicts of Interest: The request should clearly describe methods for ensuring fair and balanced content, identification and resolution of conflicts of interest, and how the activity will remain free from commercial bias and utilize all available sources of data.
10. Disclosure: The request should include a description of how the provider a) discloses relevant financial relationships for all individuals in control of content, and b) discloses educational grant support for this activity.



11. **Sustainability and Replicability:** Describe specific plans to broadly disseminate the proposed activity's results and ensure sustainability beyond the funding program. Explain how the proposed activity could be replicated in other geographic regions or to address other types of audiences.
12. **Reporting:** Please specify the descriptive and evaluative reporting of activity results that you will provide. Reports are required every 6 months (if enduring material) and a detailed final outcomes report is due at the conclusion of the funded activity. Final reconciliation of the budget is also due at the conclusion of the funded activity.

III. Selection Criteria:

Requests will be evaluated on:

- Ability to meet all elements in submission
- Well defined and researched gap analysis/needs assessment that specify current practice gaps of identified learners within the educational focus indicated
- Requestor's knowledge of and experience within the therapeutic area and disease state
- Proposed activity structure and delivery options
- Linkage of educational needs to specific, achievable, and measurable learning objectives
- Incorporation of adult learning principles and instructional design method, interaction, and innovation in the educational format that reflect the preferred learning styles of the target audience
- Outcomes measures that are in alignment with learning objectives and educational format, utilizing best practices in assessment methods
- Rigor of mechanisms in place to validate content and resolve identified conflicts of interest, including review and revision of content as necessary to ensure a balanced view of therapeutic options and elimination of commercial bias
- Compliance with guidelines and regulations related to CME/CE or other local governance related to medical education
- Fiscal responsibility and fair market value
- Sustainability and replicability of initiative

Preference will be given to proposals that have funding from other sources, such as registration fees, internal budget allocation, and/or multi-support.



IV. Scope:

REGP Number	ALNY-ME-REGP-6b
Posting Date	February 2020
Submission Deadline	Due by May 31, 2020. Requests received after that date will not be considered. Requestors will be notified no later than July 31, 2020. Review is prioritized based on date of receipt, ability to meet required elements, and available budget.
Applicant Eligibility	<p>Professional associations dedicated to pharmacists, medical, nursing, allied health, and/or pharmacy professional schools, healthcare institutions (both large and small), and other organizations committed to healthcare improvement are all encouraged to apply.</p> <p>Inter-professional development within institutions and collaboration between educational providers are encouraged. Please note that all educational partners must have an inclusive role and the requesting organization must have a key role in the development and implementation of the activity.</p> <p>For activities that are accredited to provide continuing education credit of any kind, the accredited provider must be the entity that submits the grant request.</p> <p>Individuals (such as individual healthcare providers), healthcare provider practice groups, healthcare provider-owned clinics, managed care organizations, and pharmacy benefit managers are prohibited from applying for this grant.</p>
Therapeutic Areas	Hereditary Transthyretin Amyloidosis (hATTR)
Educational Focus	<p>Identification, Diagnosis, and Management of ATTR Amyloidosis in Pharmacy Practice</p> <p>Clinical pharmacists act as part of the multidisciplinary team with physicians and other healthcare professionals to develop care plans for patients with chronic conditions, including polyneuropathy and heart failure. Pharmacists are uniquely positioned to evaluate the constellation of symptoms affecting patients and monitor their response to medication. Given their role as drug therapy experts, it is important to cultivate knowledge of the less common causes of polyneuropathy and cardiomyopathy among pharmacists, as this may inform future management in those patients who do not respond as anticipated to standard care strategies.</p> <p>ATTR amyloidosis is a progressive, life-threatening disease caused by misfolded TTR that accumulates as amyloid fibrils in multiple organs and tissue types. There are two different types of ATTR amyloidosis: hereditary transthyretin-mediated (hATTR) amyloidosis (TTR gene mutation is present) or wild-type (wtATTR) amyloidosis (no TTR gene mutation present). hATTR amyloidosis is an inherited, progressive disease</p>

	<p>caused by the accumulation of amyloid fibrils and is characterized by multisystemic involvement, including sensorimotor, autonomic, gastrointestinal and cardiac symptoms. Current thinking views these manifestations as two ends of the same disease spectrum, with most patients exhibiting signs of involvement of both the peripheral nervous system and the heart to varying degrees. Other rare causes for these conditions can be easily overlooked, leading to misdiagnosis.</p> <p>As such, patients with hATTR amyloidosis often go undiagnosed or misdiagnosed for years before the underlying cause of their clinical signs and symptoms is determined. Providing pharmacists with education to better recognize the constellation of hATTR amyloidosis signs and symptoms may help them support the broader healthcare team, leading to more accurate diagnoses and ultimately, improve the clinical management and outcomes of these patients.</p>
Geographic Scope	United States
Target Audience	Pharmacists who care for patients with polyneuropathy and/or heart failure symptoms both in the inpatient and outpatient settings. Multidisciplinary and interprofessional education that focuses on the role of pharmacists in a patient's diagnosis and care is preferred.
Educational Format	All activity types will be considered through this REGP including live activities, sessions within an agenda, satellite symposia, workshops, and/or online enduring materials. Submissions must include interactive strategies, incorporate patient case discussions, and/or provide opportunities to enhance change and reinforce learning. Innovation in educational delivery is preferred.
Available Support	Individual requests up to \$100,000 will be considered for funding. The amount of the grant funded may vary from the amount requested. Therefore, Alnylam encourages submission of grant requests with multiple sources of funding support, including registration fees or other funding allocations.
Outcomes Measures	Up to Moore's Level 4 Outcomes ¹ are expected. Proposed outcomes that do not align with the learning objectives and educational format will not be given preference.
Submission Directions	Requests will be accepted from accredited CME/CE providers in good standing (e.g. ACCME, ANCC, ACPE, etc.). Requests must be submitted through https://www.alnylam.com/about-alnylam/grants-and-giving/independent-medical-education-programs/ and include all attachments that align with the conditions above in Section II.
Contact Information	For questions about this REGP, please direct them in writing to the Alnylam Grants and Giving office at grants@alnylam.com with the subject line "{Name of REGP and Date}". Failure to communicate directly with grants@alnylam.com may result in disqualification.
Notification	All applicants will be notified by email of a decision. Applicants may be asked for additional information or clarification as needed during the review period.



Terms and Conditions:

1. Alnylam reserves the right to not review incomplete applications.
2. This REGP does not commit Alnylam or its affiliates to award a grant of any size, nor to pay any costs incurred in the preparation of a response to this request. Alnylam reserves the right not to fund any request. No grant has been awarded until a formal grant agreement has been fully executed between Alnylam and the applicant organization(s).
3. Alnylam reserves the right to accept or reject any or all applications received as a result of this request, or to cancel this REGP in part or in its entirety.
4. Alnylam adheres to all applicable transparency laws, codes, and regulations, and, as a result, will appropriately report funding from any awarded grant in accordance with the foregoing. Alnylam may require receipt of required information in a certain format from applicant organization(s) in order to facilitate such reporting.
5. Alnylam reserves the right to verify all information provided by an organization in its grant application.
6. In fairness to all requestors, and in compliance with relevant ACCME criteria, all communications about grants must come exclusively to Alnylam's Grants and Giving office at grants@alnylam.com. Failure to comply may disqualify applicants.

References:

1. Moore D., Green J., & Gallis H. (2009). Achieving desired results and improved outcomes: Integrating planning and assessment throughout learning activities. *JCEHP*, 29(1), 1-15
2. McMahon G. (2015). Advancing continuing medical education. *JAMA*, 314(6), 561-562. doi:10.1001/jama.2015.7094
3. Mostofian F., Ruban C., Simunovic, N. & Bhandari, M. (2015). Changing physician behavior: What works? *AJMC*, 21(1),75-84.
4. Cervero R. & Gaines J. (2015). The impact of CME on physician performance and patient health outcomes: An updated synthesis of systematic reviews. *J. Contin. Educ. Health Prof.*, 35, 131–138. doi:10.1002/chp.21290