

**Pfizer Independent Grants for Learning & Change (IGLC) and  
National Psoriasis Foundation (NPF)  
Request for Proposals (RFP)  
*Plugging the Treatment Gap in Psoriasis and Psoriatic Arthritis***

**I. Background**

Pfizer and National Psoriasis Foundation (NPF) are collaborating to offer a new grant opportunity focused on facilitation of the optimal management of psoriasis by supporting projects aiming positively impact patients' quality of life (QOL).

The mission of Pfizer Independent Grants for Learning & Change (IGL&C) is to partner with the global healthcare community to improve patient outcomes in areas of mutual interest through support of measurable learning and change strategies. "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.

NPF is a non-profit, voluntary health agency dedicated to curing psoriatic disease and improving the lives of those affected. To this end, NPF is guided by a five-year strategic plan, which focuses on increasing research and dramatically improving health outcomes for all with psoriatic disease by:

- Ensuring 77 percent of those with moderate to severe psoriasis and 62 percent with psoriatic arthritis are on the right treatment — a 50 percent increase;
- Reducing from 59 to 30 percent the number of individuals who report their disease to be a problem in everyday life;
- Initiating annual progress reports in key areas of psoriatic disease care and comorbidities.

The intent of this document is to encourage organizations with a focus in healthcare professional education and/or quality improvement to submit a letters of intent (LOI) 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 your 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](http://www.pfizer.com/independentgrants)) in the Request for Proposals section and is sent via e-mail to all registered users in our grants system. Some RFPs may also be posted on the websites of other relevant organizations, as deemed appropriate.

**II. Eligibility**

<b>Geographic Scope:</b>	<input checked="" type="checkbox"/> United States Only <input type="checkbox"/> International(specify country/countries)_____
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<b>Applicant Eligibility Criteria:</b>	<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 entities with a mission related to healthcare improvement.</p> <p>More information on organizations eligible to apply directly for a grant can be found at <a href="http://www.pfizer.com/files/IGLC_OrganizationEligibility_effJuly2015.pdf">www.pfizer.com/files/IGLC_OrganizationEligibility_effJuly2015.pdf</a>.</p> <p>Collaborations within institutions (e.g., between departments and/or inter-professional), as well as between different institutions/organizations/associations, are encouraged. Please note all partners must have a relevant role and the requesting organization must have a key role in the project.</p>
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### III. Requirements

<b>Date RFP Issued:</b>	July 13, 2015
<b>Clinical Area:</b>	Dermatology
<b>Specific Area of Interest for this RFP:</b>	<p>It is our intent to support projects that focus on increasing the number of psoriatic disease patients treating their disease using means appropriate to the severity of their disease. This ranges from individuals with psoriasis who are not treating at all to individuals with moderate to severe psoriasis who are treating but not taking advantage treatment options that would maximize skin clearance. Ultimately the goal is to improve patient quality of life and long term health outcomes.</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. Projects including an educational element can find more information on principals of learning and behavior change for health professionals at <a href="http://www.pfizer.com/files/HealthProfessionalsLearningandBehaviorChange_AFewPrinciples.pdf">www.pfizer.com/files/HealthProfessionalsLearningandBehaviorChange_AFewPrinciples.pdf</a>.</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> <p><i>It is not our intent to support clinical research projects. Projects evaluating the efficacy of therapeutic or diagnostic agents will not be considered.</i></p>
<b>Target Audience:</b>	The scope of this RFP includes programs targeted at patients with psoriasis and/or psoriatic arthritis and their healthcare professionals. There is no restriction concerning age or gender.

<p><b>Disease Burden Overview:</b></p>	<p>Psoriasis is a highly prevalent, chronic inflammatory disease affecting as many as 7.4 million people in the United States. The most common manifestation is red scaly patches on the skin that itch and flake. Beyond the skin, a debilitating joint disease called psoriatic arthritis develops in up to 30% of cases and additional comorbidities including cardiovascular disease, metabolic syndrome, and depression, are common<sup>1</sup>. Treatment options do exist to help manage psoriasis, including topicals, phototherapy, and systemic medications.</p> <p>As a result of the multiple facets to psoriasis, patients experience a significant disease burden. Patients suffer from reduced quality of life in association with social and psychological consequences of skin symptoms, lost mobility and productivity, and reduced long-term health outcomes in association with comorbidities. Furthermore, the economic burden of psoriasis is significant, with an estimated toll of up to \$135 billion annually<sup>2</sup>.</p>
<p><b>Recommendations and Target Metrics:</b></p>	<p><b>Related Guidelines and Recommendations</b></p> <p>A number of different metrics exist to assess the severity of psoriatic disease. Skin disease<sup>3</sup>, nail disease<sup>4</sup>, joint disease<sup>5</sup>, and quality of life<sup>6</sup> all have metrics commonly used to assess the patient experience. These measures have a complex relationship, and with our evolving understanding of the systemic nature of psoriasis these metrics have an opportunity to improve.</p>
<p><b>Gaps Between Actual and Target, Possible Reasons for Gaps:</b></p>	<p>A significant number of patients do not treat their disease to the extent warranted by the severity of their disease<sup>7</sup>. A number of reasons may account for this treatment gap, and work remains to be done to understand these reasons. Possible reasons include fear of treatment side-effects, fear of treatment pain, inconvenience, geographical or socioeconomic limitations, lack of education regarding their disease and its associated comorbidities, lack of diagnosis, fault of the health care provider, social limitations, insurance limitations, and others. In general, these categories can be broken down into internal and external factors.</p>
<p><b>Current National Efforts to Reduce Gaps:</b></p>	<p>Many research gaps remain to be filled in the field of psoriatic disease, spanning from basic biology to the patient experience<sup>8</sup>. Researchers are working hard to fill these gaps, many with the support of NPF research funding. NPF also mounts significant efforts in the areas of advocacy and education to help the patient population living with psoriatic disease treat their disease appropriately. More information regarding NPF's efforts can be found at <a href="http://www.psoriasis.org">www.psoriasis.org</a>.</p>

<p><b>Expected Approximate Monetary Range of Grant Applications:</b></p>	<p>Individual projects requesting up to \$500,000 will be considered. The total available budget related to this RFP is \$1,000,000.</p> <p>The amount of the grant Pfizer will be prepared to fund for any project will depend upon the external review panel's evaluation of the proposal and costs involved, and will be stated clearly in the approval notification.</p>
<p><b>Key Dates:</b></p>	<p>RFP release date: July 13, 2015</p> <p>LOI due date: Aug 20, 2015 Please note the deadline is midnight Eastern Time (New York, GMT -5).</p> <p>Review of LOIs by External Review Panel: Late Aug- Mid Sept, 2015</p> <p>Anticipated LOI Notification Date: Sept 28, 2015</p> <p>Full Proposal Deadline: * Oct 15, 2015 *Only accepted LOIs will be invited to submit full proposals; this is subject to change and applicants will be notified at the time of LOI acceptance of the final date. Please note the deadline is midnight Eastern Time (New York, GMT -5).</p> <p>Anticipated Full Proposal Notification: December 2015</p> <p>Grants distributed following execution of fully signed Letter of Agreement</p> <p>Period of Performance: Feb 2016 to Aug 2018</p>
<p><b>How to Submit:</b></p>	<p>Please go to the website at <a href="http://www.pfizer.com/independentgrants">www.pfizer.com/independentgrants</a> and click on the button "Go to the Grant System". Registered users should select the LOI link under Track 1 – Learning &amp; Change.</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: <i>Treatment Gaps in PsO and PsA</i></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>

<b>Questions:</b>	If you have questions regarding this RFP, please direct them in writing to Michael Siegel at <a href="mailto:msiegel@psoriasis.org">msiegel@psoriasis.org</a> and copy Susan Connelly at <a href="mailto:susan.connelly@pfizer.com">susan.connelly@pfizer.com</a> , with the subject line "Treatment Gaps in PsO and PsA 7-13-15."
<b>Mechanism by which Applicants will be Notified:</b>	All applicants will be notified via email by the dates noted above.  Applicants may be asked for additional clarification or to make a summary presentation during the review period.

References:

1. Gottlieb, Alice B., Chun Chao, and Frank Dann. "Psoriasis comorbidities." *Journal of Dermatological Treatment* 19.1 (2008): 5-21.
2. Brezinski, Elizabeth A., Jaskaran S. Dhillon, and April W. Armstrong. "Economic Burden of Psoriasis in the United States: A Systematic Review." *JAMA dermatology* 7 (2015).
3. Puzenat, E., et al. "What are the best outcome measures for assessing plaque psoriasis severity? A systematic review of the literature." *Journal of the European Academy of Dermatology and Venereology* 24.s2 (2010): 10-16.
4. Rich, Phoebe, and Richard K. Scher. "Nail Psoriasis Severity Index: a useful tool for evaluation of nail psoriasis." *Journal of the American Academy of Dermatology* 49.2 (2003): 206-212.
5. Mease, P. J., et al. "Psoriatic arthritis assessment tools in clinical trials." *Annals of the rheumatic diseases* 64.suppl 2 (2005): ii49-ii54.
6. Augustin, Matthias, et al. "Quality of life measures for dermatology: definition, evaluation, and interpretation." *Current Dermatology Reports* 1.3 (2012): 148-159.
7. Patel, Vaishali, et al. "Psoriasis treatment patterns: results of a cross-sectional survey of dermatologists." *Journal of the American Academy of Dermatology* 58.6 (2008): 964-969.
8. Ryan, Caitriona, et al. "Research gaps in psoriasis: opportunities for future studies." *Journal of the American Academy of Dermatology* 70.1 (2014): 146-167.

#### **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 IGL&C. Applicants should not contact other departments within Pfizer regarding this RFP. 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 with organizations that may be interested in contacting you for further information (e.g., possible collaborations) the title of your proposed project and the name, address, telephone number, and e-mail address of the applicant from the requesting organization.
6. To comply with 42 U.S.C. § 1320a-7h and 42 C.F.R. §§ 403.900-.914 (the Sunshine Act), Provider (sponsor) must provide to Pfizer specific information for the U.S.-licensed physicians and U.S. teaching hospitals ("Covered Recipients," as defined by applicable law) to whom the Provider (sponsor) furnished payments or other transfers of value from the original independent grant awarded by Pfizer. Those payments or transfers-of-value include compensation, reimbursement for expenses, and meals provided to faculty (planners, speakers, investigators, project leads, etc.) and "items of value" (items that possess a discernible value on the open market, such as textbooks) provided to faculty and participants, if those faculty and/or participants meet the definition of Covered Recipient. Provider (sponsor) must submit the required information during the reconciliation process or earlier, upon Pfizer's request, so Pfizer can meet Sunshine Act reporting commitments. Be advised Pfizer will not make any payments to any individuals; grant funding shall be paid directly to Provider (sponsor).

Frequently Asked Questions related to IGLC's Sunshine Act Reporting Requirements are available on our website ([http://www.pfizer.com/files/IGLC\\_SunshineFAQ\\_Oct2014.pdf](http://www.pfizer.com/files/IGLC_SunshineFAQ_Oct2014.pdf)).

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 the reconciliation process and/or the periodic collection of Sunshine reporting that 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 there is a 3-page limit in the main section of the LOI. ***LOIs not meeting these standards will not be reviewed. It is helpful to include a header on each page listing the requesting organization and project lead.***

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. Also describe how this goal aligns with the focus of the RFP and the goals of the applicant organization(s).

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.

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 whom 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.
2. 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. Anticipated Project Timeline

#### I. Requested Budget

1. A total amount requested is the only information needed for the LOI stage. Full Budget is not required. This amount can be adjusted at the Full Proposal stage as applicable.
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.
    - The inclusion of these costs cannot cause the amount requested to exceed the budget limit set forth in the RFP.
  - 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. Letters of support from partner organizations will be required at the Full Proposal stage only and should not be included with the LOI.

Please note that any project partners listed in this section should also be listed within the online system. Tax-IDs of partner organizations will be requested when entering this information. If a

partnership is only proposed, please indicate the nature of the relationship in the Organizational Detail section of your LOI.

**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).

All required sections should be combined in one document (MS Word or Adobe PDF). 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**.*