CSL Behring – Global Program Call For Grants

Therapeutic Area: Cardiovascular

Disease State: Acute Myocardial Infarction (AMI)

Call for Grants Application Details:

- Your title must begin with ID Information **"CVAPR2021"**
- Refer to Grant Submission Instructions for further information on submitting your formal grant application at CSLBehring.com/grants under Independent Medical Education.
- Additional communication on the process will be conducted exclusively through Educational.Grants@cslbehring.com or the portal grant record.

Submission Timeframe:	04/09/2021 – 05/01/2021
Proposal:	US continuing medical education programs. Multi-support encouraged
Program Format:	US live/web programs, enduring materials,
Program Cost:	$100,000-120,000.00

CSL Behring is interested in providing grant support to a reputable and certified Continuing Medical Education (CME) provider to provide healthcare providers (HCPs) an educational, non-promotional opportunity to learn more about the unmet needs and high residual risk for patients post-Acute Myocardial infarction (AMI) during the 90-day period immediately after an AMI.

Needs Assessment: For 90-day period post MI

Despite recent interventions that have improved the standard of care post-MI, the first 90 days after an AMI remains a high-risk period[1].

Myocardial infarction (MI) is a major cause of morbidity and mortality in patients globally, and is a significant burden on healthcare systems all over the world. In the US alone, there are an estimated 805,000 MIs per year[2]. In those patients who survive an MI, the risk of having another coronary event is greatly elevated and life expectancy is reduced by about 50% compared to the general population[3]. Around 1 in 4 are recurrent MIs, demonstrating that there remains a considerable need to improve secondary prevention of coronary events.

The increased risk of having a recurrent cardiovascular (CV) event is known to be highest in the early period post-MI. Based on data from a large clinical trial conducted in patients with acute coronary syndrome (ACS), the risk of having a recurrent CV event (CV death, MI or stroke) in the first year after an MI, is reported to be approximately 12%[4]. The majority of these 1-year recurrent CV events (approximately 60%) occur in the first 90 days after the index event[4]. Although the overall rate of MIs has decreased over the last two to three decades due to new developments in treatment, the proportion of the events occurring in the first 90 days remains unchanged despite evidence and guidelines based therapies[5]. As more than half of recurrent CV events occur in this early period, novel interventions that target the 90-day period post-MI are needed to address this high unmet medical need.

The 90-day post-MI period is associated with significant economic costs to healthcare systems and QoL burden to patients, particularly for approximately half the patients who have additional risk factors[6,7]. It has been reported that approximately one in four patients are readmitted within 90 days of discharge after treatment for their index MI. This is not surprising as around one in three of all recurrent MIs occurring in the 2 years after discharge do so in the first 90 days. More than 50% of the early readmissions (within 30 days) post-MI are CV related[8,9]. Due to this disproportionally high number of hospital readmissions, the 90-day period post-MI poses a substantial burden on healthcare resources[10].

As new therapies become available and standard of care and guidelines are updated periodically, there is a need for continuing medical education for health care providers to maintain, develop, or increase their knowledge, skills, and professional performance and relationships to provide services for patients, the public, or the profession[11].

References:

1. Norgaard ML, et al. Changes in short- and long-term cardiovascular risk of incident diabetes and incident myocardial infarction--a nationwide study. Diabetologia. 2010; 53:1612-1619.
2. Virani SS, et al. Heart Disease and Stroke Statistics-2020 Update: A Report From the American Heart Association. Circulation. 2020; 141:e139-e596.
3. Peeters A, et al. A cardiovascular life history. A life course analysis of the original Framingham Heart Study cohort. Eur Heart J. 2002; 23:458-466.
4. Wallentin L, et al. Ticagrelor versus clopidogrel in patients with acute coronary syndromes. N Engl J Med. 2009; 361:1045-1057.
5. Khera R, et al. Comparison of Readmission rates after acute myocardial infarction in 3 patient age groups (18 to 44, 45 to 64, and >/=65 Years) in the United States. Am J Cardiol. 2017; 120:1761-1767.
6. Young et al. AMCP Nexus 2020 Poster.
7. Vora AN, et al. Differences in short- and long-term outcomes among older patients with ST-elevation versus non-ST-elevation myocardial infarction with

angiographically proven coronary artery disease. Circ Cardiovasc Qual Outcomes. 2016; 9:513-522.
8. Kim LK, et al. Thirty-day readmission rates, timing, causes, and costs after ST-segment-elevation myocardial infarction in the United States: A National Readmission Database analysis 2010-2014. J Am Heart Assoc. 2018; 7:e009863.
9. Dharmarajan K, et al. Diagnoses and timing of 30-day readmissions after hospitalization for heart failure, acute myocardial infarction, or pneumonia. Jama. 2013; 309:355-363.
10. Allen et al. AHA 2020 Poster presentation.
11. ACCME, accessed March 31, 2021. https://www.accme.org/accreditation-rules/policies/cme-content-definition-and-examples

Program Requirements:

The Program must be accredited and fully compliant with the ACCME standards for commercial support.

CSL Behring's grant in support of the Program is not subject to any condition or restriction regarding the content or execution of the Program or the selection of Program presenters or faculty members. The grant recipient will be solely responsible for the selection of the Program venue, faculty and/or educational methods, and for the quality and scientific integrity of the Program. CSL Behring will not influence the grant recipient's exercise of these responsibilities, even if asked by the recipient to do so.

The grant recipient must ensure that: (i) the Program is free of commercial bias; (ii) the Program presents objective information about any product(s) based on scientific methods generally accepted in the medical community; (iii) if CSL Behring products, or other products used to treat the same indications, are featured in the Program, featured data is objectively selected and presented, with both favorable and unfavorable information in respect of the products fairly represented, and that there is a balanced presentation and, if applicable, interactive discussion of the prevailing body of scientific information in respect of the products and alternative treatment options; (iv) there is meaningful disclosure during the Program of any limitations on information presented in the Program; and (v) if the Program addresses unapproved (unlabeled) uses of any product, or an investigational use not yet approved for any purpose, the Program includes disclosure that the product is not approved in the United States for the use under discussion or, as may be applicable, that the product is still under investigation in respect of such unapproved use.

The grant recipient also must ensure meaningful disclosure in Program announcements and materials, and to the audience during the Program, that (i) CSL Behring is funding the Program, and (ii) a relationship exists between the grant recipient and CSL Behring and, if applicable, between the Program presenters or faculty and CSL Behring.

Additional requirements will be included in the Grant Agreement between CSL Behring and the grant recipient to be executed following award of the grant.