AstraZeneca – Call for Grant Applications (CGA CKD-Anemia 2001)

Submission / Review Timeline:	• Accepting applications until June 30, 2020 • Internal review will be ongoing during this time
Anticipated Project Start & End Dates	February 2020 to December 2021
Primary Area of Focus	Nephrology
Therapeutic Area	Anemia associated with Chronic Kidney Disease
Educational Format	• Accredited medical education programs designed to address knowledge and competence gaps to improve clinical care • Examples include satellite symposium with enduring activities, regional/hospital series, and online activities
Educational Audience	Nephrologists and those health care professionals caring for patients with CKD-Anemia
Program Cost:	≤ $300,000.00
CGA Code	CGA CKD-Anemia 2001
Website URL	https://www.astrazenecagrants.com/us-grants.html

Anemia of Chronic Kidney Disease

Anemia is highly prevalent in patients with chronic kidney disease (CKD), increasing from 8% in patients with stage 1 CKD, to more than 50% in those with stage 5 CKD.[1] Anemia of CKD has been consistently associated with a number of morbid outcomes, including an increased risk of cardiovascular events and hospitalizations, and mortality.[2,3,4] In recent decades, our understanding of the pathophysiology of this condition has improved, in concert with the widespread implementation and use of therapies to treat the condition.[5] Important clinical trials and post-hoc analyses of these trials have more fully informed our understanding of the optimal clinical management of these patients, yet many questions remain unanswered.[5,6]

Given this, healthcare professionals who manage patients with CKD could benefit from evidence-based education on:

- The pathophysiology and 'new science' of anemia of CKD
- The impact of functional iron deficiency
- The epidemiology of anemia of CKD
- The appreciation of the impact of hepcidin in anemia management
- The role of inflammation in anemia
- A review of landmark trials establishing the current standard-of-care for anemia of CKD, and important post-hoc analyses of these trial cohorts
- The disease burden associated with anemia of CKD

Successful applications will include the rationale (educational and practice gaps) and a detailed description of the education goals, learning objectives, format, execution, and measurement of the program. The program design should include multiple non-didactic formats to enhance knowledge transfer, retention, and translation to practice. There should be measurement of Level 4 / 5 outcomes, including sub-analyses by audience characteristics.

References

1. Stauffer ME, Fan T. Prevalence of anemia in chronic kidney disease in the United States. *PLoS One*. 2014. http://dx.doi.org/10.1371/journal.pone.0084943.
2. Thorp ML, Johnson ES, Yang X, et al. Effect of anaemia on mortality, cardiovascular hospitalizations and end-stage renal disease among patients with chronic kidney disease. *Nephrology.* 2009;14:240-246.
3. Collins AJ. The hemoglobin link to adverse outcomes. *Adv Stud Med*. 2003;3:S194-S197.
4. Vlagopoulos PT, Tighiouart H, Weiner DE, et al. Anemia as a risk factor for cardiovascular disease and all-cause mortality in diabetes: the impact of chronic kidney disease. *J Am Soc Nephrol*. Nov 2005;16(11):3403-3410
5. Kidney Disease: Improving Global Outcomes (KDIGO) Anemia Work Group. *Kidney Int Suppl.* 2012;2:279-335; http://www.kdigo.org/clinical_practice_guidelines/pdf/KDIGO-Anemia%20GL.pdf. Accessed January 29, 2019.
6. McCullough PA, Barnhart HX, Inrig JK, et al. Cardiovascular toxicity of epoetin-alfa in patients with chronic kidney disease. *Am J Nephrol*. 2013;37(6):549-558.
7. Ganz T. Anemia of inflammation. *N Engl J Med.* 2019;381(12):1148-1157.

Program Requirements

The Program must be accredited 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 non-promotional 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 the ACCME 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.