AstraZeneca – Call for Grant Applications (CGA CV 1901)

Submission Deadline	Accepting applications until 11:59 PM EST on November 1, 2019
Primary Area of Focus	Acute Coronary Syndromes and History of Myocardial Infarction
Therapeutic Area	Cardiovascular
Healthcare Burden	Heart disease continues to be the leading cause of death in the United States, with over 600,000 new heart attacks and 200,000 recurrent attacks each year. Specifically, patients with acute coronary syndromes (ACS) and a history of myocardial infarction (MI) have a high risk for future events. Despite clinical evidence and guideline recommendations for dual antiplatelet therapy (DAPT) to help prevent subsequent events, many patients do not receive DAPT, or do not continue DAPT for the recommended duration after an ACS event.
Need	Programs that address the educational and practice gaps that have resulted in patients not receiving guideline-concordant care, and are designed to reduce future cardiovascular events, improve long-term health status, and reduce health care resource utilization and costs. There remains a need for education on the role of DAPT in preventing CV events.
Target Audience	Cardiologists (clinical and interventional), Primary Care Physicians, physician assistants, and nurse practitioners
Educational Program	Accredited medical education programs/initiatives designed to address knowledge gaps and attitudinal barriers to improve clinical performance and patient experience. May include satellite symposium with enduring activities, regional/hospital series, online activities, etc.
Program Cost	≤ $350,000.00
Successful submission	• Independently-developed application, providing rationale (educational and practice gaps) and detailed description of the goals, learning objectives, format, execution and measurement of program • Program design including multiple non-didactic formats to enhance knowledge transfer, retention, and translation to practice (eg, panel discussions; case-based) • Measurement of Level 4 and 5 outcomes, including sub-analyses by audience characteristics
CGA Code	CGA CV 1901
Website URL	https://www.astrazenecagrants.com/us-grants.html

References:

Benjamin EJ, Muntner P, Alonso A, et al, on behalf of the American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics—2019 update: a report from the American Heart Association. *Circulation*. 2019;139(10): e56-e528.

Ho PM, Tsai TT, Wang TY, et al. Adverse events after stopping clopidogrel in post-acute coronary syndrome patients: insights from a large integrated healthcare delivery system. *Circ Cardiovasc Qual Outcomes.* 2010;3: 303-308.

Jernberg T, Hasvold P, Henriksson M, et al. Cardiovascular risk in post-myocardial infarction patients: nationwide real world data demonstrate the importance of a long-term perspective. *Eur Heart J.* 2015;36(19): 1163-1170.

Levine GN, Bates ER, Bittl JA, et al. 2016 ACC/AHA guideline focused update on duration of dual antiplatelet therapy in patients with coronary artery disease. *J Am Coll Cardiol*. 2016;68: 1082-1115.

Mauri L, Kereiakes DJ, Yeh RW, et al; DAPT Study Investigators. Twelve or 30 months of dual antiplatelet therapy after drug-eluting stents. *N Engl J Med*. 2014;371(23):2155-2166.

Shen L, Shah BR, Nam A, et al. Implications of prior myocardial infarction for patients presenting with an acute myocardial infarction. *Am Heart J.* 2014;167:840-845.

Stone GW, Maehara A, Lansky AJ, et al. A prospective natural-history study of coronary atherosclerosis. *N Engl J Med.* 2011;364: 226-235.

Varenhorst C, Hasvold P, Johansson S, et al. et al. Culprit and nonculprit recurrent ischemic events in patients with myocardial infarction: Data from SWEDEHEART (Swedish Web System for Enhancement and Development of Evidence-Based Care in Heart Disease Evaluated According to Recommended Therapies). *J Am Heart Assoc.* 2018;7: e007174.

Program Requirements:

The Program must be planned and executed as if an accredited activity 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, if applicable, accreditation 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.