**AstraZeneca – Call For Grants (CGA OIC 1801)**

<table>
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<tr>
<th>Submission Deadline:</th>
<th>January 15, 2018; 5 pm EST</th>
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<tr>
<td>Primary Area of Focus</td>
<td>Neurology/Pain</td>
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<td>Therapeutic Area</td>
<td>Opioid-Induced Constipation</td>
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<td>Educational Design</td>
<td>Accredited medical education initiative designed to address independently-identified gaps that are impeding the translation of knowledge-to-action process and the advancement of best practices</td>
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<td>Educational Audience:</td>
<td>Oncology advanced practitioners</td>
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<td>Program Format:</td>
<td>Various activities</td>
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<tr>
<td>Program Cost:</td>
<td>≤ $125,000.00</td>
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<tr>
<td>CGA Code</td>
<td>CGA OIC 1801</td>
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**Background: Oncology Advance Practitioners and the Management of Patients with Cancer-Related Chronic Pain**

Pain is a prevalent and most feared and burdensome symptom reported by cancer patients, even after active cancer treatment. Specifically, the prevalence of pain after treatment was 40% (28% being moderate-to-severe) 55% during anticancer treatment (32% moderate-to-severe); and 66% in advanced, metastatic, or terminal disease (52% moderate-to-severe). Opioids are commonly employed in the management of moderate-to-severe chronic cancer pain. While effective, they are commonly associated with opioid-induced constipation (OIC), an adverse event that is well-known to advanced practitioners. The National Comprehensive Cancer Network appreciates the burden of OIC to the patient and advises in their Adult Cancer Pain guidelines that “patients taking daily opioids almost always require agenda for the management of constipation.”

AstraZeneca is interested in providing grant support for OIC-specific, accredited educational activities that address the educational needs and practice gaps of oncology advanced practitioners managing patients with chronic pain. Activities designed to advance the translation of knowledge to action will receive preference.

Topics of interest may include:
- Pain associated with various cancer types at different stages of treatment
- Pathophysiology of OIC
- Routine assessment of bowel patterns, including severity of OIC
- Effective management regimens for on-going OIC
- Importance of patient education about opioid therapy, including constipation risk and need for effective shared decision-making
References


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.