

# Professional Medical Education Grants

Our mission is to support high quality educational programs for US HCPs that will improve patient care.

We will evaluate professional medical education grant requests that are independent of commercial bias and non-promotional in nature. Professional medical education grants can be requested to support a variety of different activities, including live events, web-based education, and enduring materials.

We will accept grant requests for professional medical education programs from the following types of organizations:

- Academic medical centers, medical universities
- Hospitals, community health centers
- Professional medical associations/societies
- Accredited continuing medical education providers
- Medical education companies

Preference will be given to non-profit organizations (societies or institutions), or requests that include collaborations with non-profit organizations.

We will also evaluate grant requests in support of research fellowships and awards from academic medical centers, medical universities and professional medical associations/societies. Individual recipients of these fellowships/awards should not have already been selected and Novartis can have no role in the selection of the recipient. Further Novartis funds cannot be used towards the physical award (eg plaque, trophy, etc).

## Submission Requirements

In order to be considered, a complete grant application package must be submitted via the online portal at least 60 calendar days prior to the event date. If the completed grant application package is not received at least 60 days prior to the event date, the grant request may be denied. In addition, requests must be disease focused.

Required documents for submitting a Professional Medical Education Grant request.

- Detailed budget
- Proposal document: needs assessment, agenda, learning objectives, target audience, outcomes measurement plan, etc.
- Current W9 (signed and dated)

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Following are examples of submissions that will not be accepted for a Professional Medical Education Grant request

- Requests received less than 60 days prior to the activity start date
- Requests that are not within the identified therapeutic areas of interest
- Grants to individuals
- Personal travel
- Expenses related to HCP attendance (other than faculty members) at major meetings

- Website development or mass media production not associated with an accredited provider
- Entertainment
- Capital campaigns, building funds or operating expenses
- Professional career development (e.g. office/practice management skills, presentation skills, etc.)
- Events that do not have an educational focus
- Requests for programs that have already started or are in progress
- Service contracts
- Textbooks or equipment-related requests
- Promotional exhibit and display fees
- Recognition awards
- Charitable contributions
- Requests for meals only
- Travel costs for any non-faculty participants
- Clinical grants, including Investigator Initiated Trials (IITs). [Additional information can be found here.](#)
- Activities held in lavish venues/resort locations are strongly discouraged

## List of Disease Areas

Novartis will receive and review professional medical education grant requests for the disease areas listed below. Please note that these areas are subject to change and funding availability may vary.

### Non-Oncology

- Cardiovascular - ASCVD
- Cardiovascular - Hyperlipidemia
- Chronic Spontaneous Urticaria (CSU) / Chronic Inducible Urticaria (CindU)
- Complement-Mediated Kidney Diseases (C3G)
- Giant Cell Arteritis (GCA) / Polymyalgia Rheumatica (PMR)
- Hidradenitis Suppurativa
- IgA Nephropathy
- Multiple Sclerosis
- Spinal Muscular Atrophy (SMA)
- Sjogren's Disease
- Systemic Lupus Erythematosus (SLE) / Lupus Nephritis (LN)

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### Oncology

- Breast Cancer
- Hemolytic Anemias (PNH)
- Lymphoid Malignancies (pALL, FL)
- Myeloid Malignancies (CML)
- Neuroendocrine Tumors (NET)
- Platelet Disorders (ITP)
- Prostate Cancer

## Details for Non-Oncology Therapeutic Areas of Interest

### Cardiovascular - Hyperlipidemia and ASCVD

- Screening, Diagnosis - Increase knowledge on the role of elevated Lipoprotein(a) as a risk enhancer of

cardiovascular disease (CVD) and the importance of Lp(a) testing as part of a comprehensive CVD management strategy. Increase awareness of guideline-directed LDL-C screening post an ASCVD-related event (coronary or peripheral).

- Pathophysiology - Increase knowledge of the pathophysiology of long-term exposure to elevated LDL-C levels and its impact as a causal risk factor for atherosclerotic cardiovascular disease (ASCVD).
- Treatment - Increase knowledge of safety and efficacy of current and emerging lipid lowering treatments.
- Guidelines, Goals and Evidence-Based Medicine - Increase knowledge on the need for patients to reach recommended evidence-based LDL-C goals and the importance of patient adherence to treatment.
- Care Approach - Increase knowledge of the implementation of individualized patient-centered treatment plans for ASCVD patients with persistently elevated LDL-C levels.

### **Chronic Spontaneous Urticaria (CSU) / Chronic Inducible Urticaria (CindU)**

- Educate on the key inflammatory and intracellular signaling pathways
- Educate on the disease presentation, diagnostic criteria, and workup of CSU
- Educate on the signs of inadequate treatment response and insufficient symptom relief and the need to escalate care
- Educate on the differentiation between current and emerging treatments for CSU
- Educate on strategies to integrate patients as part of the care team and participate in shared decision-making

### **Complement-Mediated Kidney Diseases (C3G)**

- Pathogenesis, Disease Progression and Classification - Understand the overactivation of the alternative complement pathway in CMKDs and its forms and classifications, including post-transplant recurrence.
- Screening, Diagnosis, Referral to Specialty Care - Develop strategies to screen patients and improve timely, accurate differential diagnosis in clinical practice, including classification of renal biopsy based on histological assessment.
- Current Supportive Therapies and Emerging Treatment - Describe the safety and efficacy of targeted therapies under investigation and construct personalized treatment plans for patients diagnosed with CMKD that include monitoring of hematuria/ proteinuria to evaluate treatment responses and outcomes.
- Disease Burden and Quality of Life - Reduce disease burden and optimize outcomes and quality of life of patients with CMKD.

### **IgA Nephropathy**

- Pathophysiology and disease progression - Assess the pathophysiology of the disease progression of IgAN and outline the multi-hit hypothesis.
- Prognostic factors and treatment goals - Design a treatment strategy based on the goal of reducing proteinuria in patients with IgAN to delay disease progression and improve prognosis.
- Role of complement/alternative pathway, endothelin pathway, and emerging therapeutic targets - Summarize novel mechanisms of action and the role of the complement, endothelin, and APRIL/BAFF in IgA nephropathy.
- Guidelines and evidence-based treatment sequencing - Apply recent efficacy and safety clinical trial data on new and emerging treatments for IgAN and clinical guidelines to guide individualized treatment plans for patients with IgAN.
- Patient centricity in disease management - Design patient-centric strategies to empower and help patients better understand IgAN and overcome barriers to disease management.

### **Hidradenitis Suppurativa**

- HS Pathophysiology and Progression - Describe the pathophysiological mechanisms underlying the clinical manifestations, disease spectrum, and progression of HS.
- Screening, Diagnosis, Treatment Goals - Identify the best practices in diagnosing HS and develop personalized treatment goals, including sustained symptom relief and inflammation reduction. Educate HCPs on the benefits of timely disease management, particularly in moderate HS patients.
- Clinical Trial Data on Current and Emerging Treatment - Differentiate between the current and emerging biologic treatments with the most up to date, evidence-based efficacy and safety data, outlining the benefits of early treatment.
- Disease Burden, Quality of Life and Comorbidities - Outline the impact of HS on quality of life for patients, common comorbidities (including mental health), and economic burden of health care cost.

## **Multiple Sclerosis**

- Understand current and emerging efficacy and safety data, unique MOA, and differentiation between BTK inhibitors for management of MS.
- Discuss the importance of high-efficacy Disease Modifying Therapies (DMTs) on MS disease progression.
- Understand the appropriate use of biomarkers to assess MS activity and treatment response.
- Review the mechanisms of action of current and emerging immunotherapies, their relevance to treatment decisions, and the relative risks and benefits of the options.
- Identify patients in underserved populations; determine appropriate treatment; assess available data on approved disease-modifying therapies for treatment.
- Understand the importance of Patient-reported Outcomes and outcomes that matter to patients [ex. impact on Activities Daily Living (ADL), cognitive impairment, fatigue] and recommend optimal screening, monitoring, and adherence to treatment strategies.
- Identify symptoms of disease progression that most impact QoL and provide strategies for management; and how Patient-reported Outcomes can be applied as viable markers in clinical trials (biomarkers for progression).
- Identify more reliable and representative clinical trial outcome measures for MS disease activity and progression.
- Increase awareness of MS treatment guidelines/best practices.
- Recognize the importance of the management of the silent symptoms of MS, including on the impact to mental health.

## **Sjögren's Disease**

- Pathogenesis - Understand the theoretical development of autoimmune response in Sjögren's Disease with a focus on B cells.
- Screening and Diagnosis - Emphasize the importance of early diagnosis, using diagnostic tools like ultrasound, and recognize the utility of biomarkers in diagnosis.
- Disease Burden - Understand the burden of the disease and its systemic manifestations, recognizing that Sjögren's is a serious, B-cell driven inflammatory disease with multi-system manifestations that require urgent recognition and treatment.
- Treatment - Recognize the urgency to treat with Sjögren's-specific systemic therapies beyond just symptom control, understanding the MOA of new and emerging treatments for Sjögren's. Gain knowledge around moderate-to-severe Sjögren's, and establish a new treatment algorithm
- Quality of Life - Communicate the burden of the disease to ensure HCPs, both specialists and other HCPs, appreciate the full impact Sjögren's disease has on patient's lives (impact of daily living, work impairment, psychological, physical functioning, and social well-being).

## **Spinal Muscular Atrophy (SMA)**

- **Diagnosis and Disease Progression** - Understand the basis for diagnosis of SMA and expected disease progression based on subtype and presentation.
- **Guidelines, Goals and Evidence-Based Medicine** - Identify current recommendations for care and apply evidence-based strategies to treat patients with SMA.
- **Coordination and Transition of Care** - Utilize shared decision making and the multidisciplinary team to effectively treat patients with SMA. Encourage effective management of transitions of care between pediatric and adult patient care.
- **Patient-Reported Outcomes** - Increase knowledge of patient-reported outcomes, activities of daily living assessments, measurement of caregiver burden, and other quality of life measurements to gauge disease progression and response to treatment.
- **Clinical Trials and Treatment** - Differentiate between current and emerging treatments with the most up to date, evidence-based efficacy and safety data for treatment of patients with SMA.
- **Gene Therapy** - Broaden understanding of gene therapies including how to minimize barriers to use.
- **Scales and Assessments** - Educate on the use of scales and assessments to assess disease progression and guide treatment selection.

## **Giant Cell Arteritis (GCA)**

- **Pathogenesis** - Increase knowledge on the pathophysiology of GCA and describe key inflammatory and proliferative pathways.
- **Screening, Diagnosis, Escalation of Care** - Identify factors to ensure prompt diagnosis of GCA, escalation of care to specialty clinicians, and disease monitoring in relapsing patients.
- **Treatment** - Differentiate between the current and emerging treatments for GCA.
- **Guidelines Goals, and Evidence-Based Medicine** - Review current guidelines on GCA, evolving standards of care, and apply evidence-based strategies to treat patients with GCA.
- **Quality of Life** - Increase knowledge regarding the severity of GCA and its negative impact on quality of life for patients as well as risks and benefits of treatments.

## **Polymyalgia Rheumatica (PMR)**

- **Pathogenesis** - Increase knowledge on the role of inflammatory markers and cytokines in the pathogenesis of PMR.
- **Screening, Diagnosis, Escalation of Care** - Identify prognostic biomarkers for diagnosis of PMR and disease monitoring.
- **Treatment** - Differentiate between the current and emerging treatments for PMR.
- **Guidelines Goals, and Evidence-Based Medicine** - Review the current guidelines on PMR, and current standards of care, and apply evidence-based strategies to treat patients with PMR.
- **Quality of Life** - Increase the knowledge of the impact of PMR on quality of life for patients and risks and benefits of long-term treatment.

## **Details for Oncology Therapeutic Areas of Interest**

### **Breast Cancer**

- **Advanced Breast Cancer (ABC):**
  - Discuss overall survival (OS) from RCT findings as a gold-standard, clinically meaningful endpoint in oncology
  - Recall the differences in trial populations and criteria for different CDK4/6 inhibitor trials
  - Examine the latest endocrine and targeted therapies and the mechanisms behind treatment

resistance and response

- Recognize prognostic and predictive factors of various BC subset classifications
- Early Breast Cancer (eBC):
  - Educate on the unmet needs in the treatment of eBC including risk of recurrence
  - Consider clinical vs. genomic risk evaluations in prognosis and treatment decisions
- eBC and ABC:
  - Recognize evolving guidelines, levels of evidence and recommendation categories for targeted BC therapies
  - Discuss the appropriate detection, monitoring, & management of adverse events for targeted BC therapies
  - Discuss the role of liquid biopsy to detect Minimal Residual Disease
  - Evaluate patient criteria, clinical data, and sequencing strategies for cyclin-dependent kinase inhibitors across BC stages, including relapses
  - Consider the importance of patient QOL when making BC treatment decisions
  - Address barriers to optimal BC care for diverse and minority populations
  - Educate on the importance of adherence and persistence in optimizing patient outcomes

## **Hemolytic Anemias**

- Awareness on the unmet needs in PNH patients
- Understand how current and emerging treatments differ with their efficacy and safety data
- Understand the definitions and guidelines with lines of therapy use
- Understand the importance of hemoglobin normalization in PNH patients, and its impact on fatigue and QoL
- Explain the new pathways and unique MOAs of treatments
- Understand the importance of patients adhering to treatment to ensure optimal PNH management
- Educate on vaccination requirements and mitigation strategy for encapsulate bacteria
- Recognizing the signs and symptoms of BTH for immediate intervention

## **Lymphoid Malignancies**

- Educate the medical community on the efficacy, safety, and medical value of approved and investigational T-Cell therapies in the treatment of follicular lymphoma (FL), pediatric acute lymphocytic leukemia (ALL), and Diffuse Large B Cell Lymphoma (DLBCL)
- Educate community HCPs on differentiation of T-Cell therapies and its place in therapy, appropriate patient selection/eligibility, and optimal management of patients undergoing CAR-T therapy
- Educate community HCPs on the value of CAR-T therapy and the importance of timely referral and broad access to treatment for patients in need
- Education on how to set up CAR-T therapy programs and options for outpatient infusion
- Educate about adverse event management strategies associated with T-Cell therapies to ensure optimal patient outcomes
- Educate payers on the overall value of T-Cell therapies, their place in therapy, and risk/benefit profile

## **Myeloid Malignancies**

- Educate on the current and emerging treatment landscape in 1L and 2L settings, therapy selection and sequencing of treatments, and challenges, for patients with treatment intolerance and resistance
- Educate on the unique MOA of CML treatments
- Educate on tolerability of current and emerging treatments and Quality of Life in CML patients
- Educate on the clinical benefits of molecular monitoring/mutation testing, treatment milestones per NCCN

- guidelines and deep molecular response (DMR)/ Treatment free remission (TFR) for patients with CML
- Educate on how to manage adverse events, dose optimization and adherence to treatments to ensure optimal patient outcomes

### **Neuroendocrine Tumors (NETs)**

- Recognize the challenges with the accurate diagnosis and management of NETs/Gastroenteropancreatic neuroendocrine tumors (GEP-NETs)
- Educate on the relevance of precision medicine in the accurate diagnosis and management of NETs/GEP-NETs, especially in the community setting
- Understand the impact of NETs/GEP-NETs on patient quality of life (QOL)
- Understand evolving data regarding diagnosis and imaging modalities for NETs/GEP-NETs
- Recognize the importance of early intervention upon clinical or radiological progression of NETs/GEP-NETs
- Explain the importance of appropriate treatment sequencing and selection for NETs/GEP-NETs
- Discuss the current and emerging treatment landscape for NETs/GEP-NETs
- Consider the appropriate patient type and tumor origin/characteristics when determining individual treatment selections
- Consider the use of guidelines for the diagnosis and treatment of NETs/GEP-NETs
- Apply a multidisciplinary approach to the management of NETs/GEP-NETs

### **Platelet Disorders**

- Understand the unmet needs in the academic and community setting and the current and emerging treatment landscape in line of therapies
- Understand innovative treatment goals for the management of patients (i.e. sustained response off treatment (SROT), Treatment Free Remission (TFR)).
- Explain the new pathways and unique MOAs of emerging treatments
- Understand long term management strategies to endure optimal patient outcomes and adherence
- Understand the definitions and clear guidance on lines of therapy

### **Prostate Cancer**

- Discuss the role of prostate-specific membrane antigen (PSMA) as a diagnostic and prognostic Biomarker for Prostate Cancer
- Discuss the role of precision medicine for Prostate Cancer imaging and therapy and consider the integration of an oncology Precision Medicine medical model into care plans
- Discuss the utility and appropriate use of novel imaging modalities including interpretation of the imaging results for advanced Prostate Cancer
- Understand the mechanism of action (MOA) of radioligand therapy (RLT) for Prostate Cancer.
- Differentiate current and evolving PC treatments based on evidence based-medicine, guidelines, and emerging data
- Understand the safety and efficacy data of current and novel Prostate Cancer treatments based on evidence based-medicine, guidelines, and emerging data
- Explain the importance of appropriate treatment sequencing and selection for treatment of different Prostate Cancers based on emerging data
- Consider patient types that are most appropriate for current and emerging PC treatments based on emerging data
- Utilize a multi-disciplinary team and collaborative approach for the diagnosis and treatment of Prostate Cancer

- Consider the patient's perspective and quality of life when formulating a treatment plan for Prostate Cancer
- Recognize barriers to optimal care for diverse and minority populations due to lack of awareness of Prostate Cancer disease incidence, burden and diversity in clinical trials.
- Improve knowledge for sequencing advanced prostate cancer therapies
- Provide knowledge on how to establish Prostate Cancer radiopharmaceutical treatment centers

## **Fellowships**

Novartis considers funding for established fellowship programs with non-profit organizations including medical societies, academic institutions and organizations that align with the Novartis mission of addressing identified education gaps in particular therapeutic areas of interest currently listed online.

## **Requirements for seeking fellowship funding**

Fellowships must have established both eligibility and selection criteria for fellows and an independent committee for fellowship selection. Fellows cannot have been selected at the time support is sought. To seek funding support, the following documents must be submitted:

- Organizational W-9
- Budget
- Program objectives or specified research priorities
- Program agenda or timeline
- Needs assessment
- Letter of request and outcomes measurement/evaluation plan

The fellowship term may be for up to 1 year. Organizations can apply for the additional years if needed. Novartis funding cannot go towards any overhead including admin expenses, insurance, lodging, etc.

## **Funding requests that will not be supported**

- Requests received less than 60 days prior to the activity start date
- Requests that are not within the identified therapeutic areas of interest
- Requests for textbooks or equipment-related requests only
- Recognition awards
- Requests for meals only
- Requests for travel or conference registration fees only

## **Requests for Proposals (RFPs)**

[Sjogren's Disease \(PDF 190 MB\)](#)

## **Submission Portal**

[Submit your education grant request](#)

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