

**Call for Concepts (CFC) IME-CFC-2025
AbbVie Independent Education (IE)**

Call for Concepts Details

Therapeutic Area/Disease State	Oncology/Acute Myeloid Leukemia (AML)
Issue Date	April 1, 2025
Submission Deadline	April 30, 2025
Target Audience	<ul style="list-style-type: none"> • AML Specialists (Academic Medical Center) • Community-based Oncologists/Generalists
Geographic Scope	United States
Anticipated Notification Date	By June 2, 2025
Budget	≤\$300,000
Expected Outcomes <i>Please see the AbbVie Outcomes Standardization Playbook for Independent Medical Education for our required outcomes processes, including templates and examples.</i>	Improved outcomes for AML patients who are ineligible for chemotherapy and treated in community settings to reduce widespread delays in the adoption of cancer treatments ¹ and accelerate the implementation of new Guidelines ² .

Statement of Need

Although treatments that improve outcomes are available for AML patients >65 years of age and who may be chemotherapy ineligible, >50% of these patients received no anti-AML therapy³. Those who do receive therapy have better outcomes when treated at academic centers than those treated in community settings^{3,4}. This may be due to the fact that non-specialized oncology practices are relatively inexperienced due to the low incidence of AML (~1% of all cancers) and have limited access to required resources⁵.

Additionally, partnership between community practices and academic/leukemia centers is often crucial to optimizing AML management for many patients^{4,7}. Consistent with these data, NCCN Guidelines recommend highly considering consultation with high-volume tertiary care/academic medical centers to optimize patient care².

AbbVie is seeking proposals to accelerate the adoption of Guideline-recommended care to improve the outcomes of AML patients who are ineligible for chemotherapy and are treated in community settings. AbbVie is interested in reviewing concepts of co-management models between academic and community practices that elevate the management of AML patients who are ineligible for intensive chemotherapy. Interventions that will lead to timely and measurable improvements in patients' continued treatment will be considered.

All proposals should clearly describe the anticipated impact and improvements as a result of the model. Preference will be given to proposals that involve partnerships between major societies, academic medical centers of excellence, regional community practices and/or known leaders in the oncology field. Co-management models with processes that can be scaled up or applied by other institutions will also be prioritized^{4,5}.

References

1. Shafrin, J., et al. (2017). Effects of delays in the adoption of cancer innovation: Case studies of six landmark medications. *Journal of Clinical Oncology*, 35(5_suppl), 27-27. https://doi.org/10.1200/JCO.2017.35.5_suppl.27
2. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) for Acute Myeloid Leukemia V1.2025
3. Halpern, A. B., & Walter, R. B. (2020). Practice patterns and outcomes for adults with acute myeloid leukemia receiving care in community vs academic settings. *Hematology American Society of Hematology Education Program*, 2020(1), 129–134. <https://doi.org/10.1182/hematology.2020000097>
4. Benton, C., Grunwald, M. R., Safah, H., & Kasner, M. (2022). Co-management strategies for acute myeloid leukemia patients in the community setting. *Frontiers in Oncology*, 12, 1060912. <https://doi.org/10.3389/fonc.2022.1060912>. PMID: PMC9791081. PMID: 36578924.
5. Jillella, A. P., Cortes, J. E., & Kota, V. K. (2020). Optimizing management of acute leukemia in community centers and when to refer. *Hematology American Society of Hematology Education Program*, 2020(1), 123–128. <https://doi.org/10.1182/hematology.2020000096>
6. Taha Al-Juhaishi, Servillano Dela Cruz, Rohan Gupta, Gina Keiffer, Vicki A. Morrison, Iuliana Shapira, Ashley Woods, Kelly Norsworthy, Romeo Angelo de Claro, Marc R. Theoret, Ravin Garg, & Elizabeth Dianne Pulte. (2024). Treatment of acute myeloid leukemia in the community setting. *The Oncologist*, 29(9), 801–805. <https://doi.org/10.1093/oncolo/oyae051>
7. Pham, N., Lantz, J., Jones, C., Kundu, D., McCann, N., El Chaer, F., Reed, D., & Keng, M. (2024). Quality improvement initiative of patients with acute myeloid leukemia receiving non-intensive therapy in academic-community medicine partnerships in rural Appalachia. *Blood*, 144(Supplement 1), 791. <https://doi.org/10.1182/blood-2024-211962>

Submission Directions

1. Concept submissions must include the components listed below and should be **no more than 5 slides/pages in length**.
 - a. **Executive Summary:** Introductory description/snapshot of the proposed concept(s)
 - b. **Needs Assessment:** Critical gaps/barriers and root causes to be addressed
 - c. **Target Audience(s):** Include primary and secondary learners and anticipated number of total learners



- d. **Learning Objectives:** Clearly defined, measurable, and attainable learning objectives that address the identified gaps
- e. **Educational Design and Methods:** Brief overview of the activity format(s), length, instructional features, resources, etc. used to achieve the learning objectives
- f. **Program Evaluation and Outcomes:** Description of the measures used to assess improvements in the treatment of AML and the approach to evaluating the quality of the activity; describe methods used for determining the overall impact of the educational program
- g. **Provider/Partner Experience:** Description of your organization's experience in the therapeutic area, its ability to develop appropriate partnerships, and the educational design included in your concept.
- h. **Budget:** Proposed total activity budget requested, and identify other potential funding sources, if any.

Submit your concept via email to abbviegrants@abbvie.com. In the subject line, you must reference [ONC/AML-CFC-2025-Submitting Org Name](#). **PPT or PDF files are acceptable attachments.**

1. If you have questions or require assistance, please contact: **AbbVie Independent Education Department** via email at abbviegrants@abbvie.com.

IMPORTANT: Concepts submitted in response to this CFC after the due date will not be reviewed by the AbbVie Independent Education Department and will be automatically declined. In addition, concepts must include the required information outlined in the Submission Directions. Failure to provide this information may result in a decline.

Decision Process and Notification

Once AbbVie has reviewed the proposed concepts, the submitting organization will be notified via email. AbbVie may or may not request live or virtual presentations of the concepts under consideration. The grant management system will be open for selected concepts to move forward with formal grant applications in alignment with existing grant application procedures. Please do not consider any request approved until an email notification is received from AbbVie stating that the grant request is approved.

Background

AbbVie is committed to supporting independent, high-quality evidence-based education with the most up-to-date information on current, new, and emerging therapies. This helps to expand knowledge, competence, and performance to improve quality of care for patients and support the elimination of health care disparities in underserved patient populations.



Eligibility Criteria

Grant applicants must be US-based, registered in AbbVie's Grant Management System at grants.abbvie.com with no outstanding reconciliations and authorized to provide accredited CME/CE by an official accrediting agency (e.g. ACCME, AOA, AAFP, AMA, ADA CERP, ANCC, ACPE, etc.).

Transparency

AbbVie and the AbbVie grant review and approval process complies with applicable laws, regulations, recommendations and guidance, including, without limitation: guidance from the Department of Health & Human Services Office of Inspector General (OIG), Pharmaceutical Research and Manufacturers of America (PhRMA), Advanced Medical Technology Association (AdvaMed), the Accreditation Council for Continuing Medical Education (ACCME), "National Physician Payment Transparency Program: OPEN PAYMENTS" (commonly known as the "Sunshine Act"), and internal AbbVie policies and procedures.

AbbVie, at its sole discretion, may disclose the details of funded independent medical education activities, including as may be required by federal, state, and/or local laws and regulations. This disclosure may include, but shall not be limited to, details of the activity and the grant amount.

Terms and Conditions

AbbVie reserves the right to cancel, in part or in its entirety, this CFC. AbbVie is not responsible for any costs associated with this CFC submission.