



## Call for Grant Applications (CFG) Dermatology-CFG-Psoriasis AbbVie Independent Education (IE)

<b>Therapeutic Area/Disease State</b>	<b>Dermatology - Psoriasis</b>
<b>Title</b>	<b>Dermatology-CFG-Psoriasis</b>
<b>Issue Date:</b>	<b>Monday, May 13, 2024</b>
<b>Due Date/CFG Close Date:</b>	<b>Friday, June 14, 2024</b>

### 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](https://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 approve or deny any or all grant applications received as a result of this Call for Grants (CFG) or to cancel, in part or in its entirety, this CFG. AbbVie is not responsible for any costs associated with this CFG submission.

### Submission Directions

1. Please go to [grants.abbvie.com](https://grants.abbvie.com) and sign in. First-time users should click “Register”
2. In the grant application:
  - STEP 1. Select “Submit New Request” to start the submission process.
  - STEP 2. Select the “Education Requests” button to continue the submission process.
  - STEP 3. Read the Request Submission Instructions and click “Proceed” to enter the request form.
  - STEP 4. Enter Request Information on the General Information Tab.
    - In the Activity Sub-Type field, select **Independent Medical Education**
    - **In the Program Title field, start the title of the grant request as: Dermatology-CFG-Psoriasis**
  - STEP 5. Continue entering requested information as outlined in the grant application, including document uploads.
3. If you have questions or require assistance, please contact:

**AbbVie Independent Education Department at 877/228-7177 or via email at [abbviegrants@abbvie.com](mailto:abbviegrants@abbvie.com).**

**IMPORTANT: Grant applications submitted in response to this Call for Grants after the due date will not be reviewed by the AbbVie Independent Education Department and will be automatically declined. In addition, grant applications must include the required information outlined in the Submission Directions. Failure to provide this information may result in the grant application being declined.**

### Decision Date and Notification

Once AbbVie has reached a decision about the grant application, a system-generated email notification will be sent. If the request is approved, the Authorized Signer identified in the grant application must log into the AbbVie grant management system to review and approve the Letter of Agreement. The Letter of Agreement must be electronically signed by all parties prior to the activity start date. Please do not consider any request approved until an email notification is received from AbbVie stating that the grant request is approved.

**Call for Grant Details**

<b>Therapeutic Area/Disease state</b>	Dermatology - Psoriasis
<b>Target Audience</b>	Dermatologists and Dermatology NPs and PAs involved in the care of patients with Psoriasis
<b>Geographic Scope</b>	United States
<b>Submission Deadline</b>	Friday, June 14, 2024, by 5:00 PM ET
<b>Anticipated Notification Date</b>	No later than mid-July 2024
<b>Budget</b>	\$400,000 Grant requests up to this amount will be considered.
<b>Specific Area of Interest for this CFG</b>	<p>Major Dermatology meetings occurring in late 2024 (HIGHEST PRIORITY) and early 2025, including but not limited to:</p> <ul style="list-style-type: none"> <li>• 2024 Fall Clinical Dermatology Conference</li> <li>• 2024 SDPA 22nd Annual Fall Dermatology Conference</li> <li>• Maui Derm NP+PA Fall 2024</li> <li>• 2025 Winter Clinical Dermatology Conference – Hawaii</li> <li>• Maui Derm Hawaii 2025</li> </ul> <p>Preference will be given to organizations that also include enduring programming as well as innovative educational design approaches that engage and sustain learners’ interest and attention.</p> <p>All proposals should clearly describe the anticipated impact and improvements as a result of the education. Preference will be given to projects that aim to identify the impact of education on real-world clinical behavior.</p> <p>IMPORTANT NOTE: To address the distinct healthcare gaps and educational needs most effectively, AbbVie will not consider submissions that combine multiple disease states within dermatology into a single session/program.</p>

**Statement of Need:**

There is a need to improve the overall care, assessment, and management of patients with psoriasis to ensure more patients get timely access to appropriate therapies.

Psoriasis severity has most commonly been categorized as mild, moderate, and severe. Clinical trials employ numerous quantitative measures to determine psoriasis severity including body

surface area (BSA), Psoriasis Area Severity Index (PASI), Physician’s Global Assessment (PGA), as well as many others. Lack of uniformity among measures as well as limitations for use in clinical settings can result in the underestimation of psoriasis severity, especially in patients with lower degrees of skin involvement (BSA <10%). Psoriasis in patients with special area involvement (e.g., scalp, palmoplantar, genital, nail) can have a significant impact on quality of life while not meeting the BSA criteria for severe disease. These inconsistencies can result in treatment decisions that leave patients with psoriasis undertreated.

To address these diagnostic and treatment-related issues in psoriasis, the International Psoriasis Council (IPC) developed a Delphi consensus on the topic of recategorizing psoriasis severity. Global psoriasis experts developed a practical approach to classify psoriasis severity. Instead of the traditional mild, moderate, or severe categories, three criteria were identified to categorize patients eligible to receive systemic therapies (i.e., biologic and nonbiologic treatments, including phototherapy). Patients are deemed eligible for systemic therapy if they meet at least one of the following criteria:

1. BSA >10%
2. Psoriasis in special areas
3. Topical therapy failure

The therapeutic landscape continues to evolve with more efficacious and safe therapies becoming available to patients with psoriasis. **The goal is to ensure systemic-eligible psoriasis patients are appropriately evaluated and treated to achieve higher levels of skin clearance, optimize patient outcomes, and improve quality of life.** Preference will be given to education that addresses emerging data with patients that are eligible for systemic therapy including those with special areas that are treated with advanced biologics. Additionally, consideration will be given for emerging comparative data on achievement of higher treatment targets (e.g. PASI90) and patient-reported outcomes on quality of life (e.g. DLQI) and treatment preferences (e.g. TSQM9).

## References

1. Langley RG, Ellis CN. [Evaluating psoriasis with psoriasis area and severity index, psoriasis global assessment, and lattice system physician’s global assessment](#). *J Am Acad Dermatol*. 2004;51(4):563-569.
2. Strober B, Ryan C, van de Kerkhof P, et al. [Recategorization of psoriasis severity: Delphi consensus from the International Psoriasis Council](#). *J Am Acad Dermatol*. 2020;82(1):117-122.
3. Golbari NM, van der Walt JM, Blauvelt A, Ryan C, van de Kerkhof P, Kimball AB. [Psoriasis severity: commonly used clinical thresholds may not adequately convey patient impact](#). *J Eur Acad Dermatol Venereol*. 2021;35(2):417-421.

4. Spuls PI, Lecluse LLA, Poulsen MLNF, Bos JD, Stern RS, Nijsten T. [How good are clinical severity and outcome measures for psoriasis?: quantitative evaluation in a systematic review.](#) *J Invest Dermatol.* 2010;130(4):933-943.
5. Merola JF, Qureshi A, Husni ME. [Underdiagnosed and undertreated psoriasis: Nuances of treating psoriasis affecting the scalp, face, intertriginous areas, genitals, hands, feet, and nails.](#) *Dermatol Ther.* 2018;31(3):e12589.
6. Strober, B, Duffin, K. C., Lebwohl M, et al. [Impact of psoriasis disease severity and special area involvement on patient-reported outcomes in the real world: an analysis from the CorEvitas psoriasis registry.](#) *J Dermatolog Treat.* 2024;35(1):2287401.
7. Stein Gold LF, Bagel J, Tying SK, et al. [Comparison of risankizumab and apremilast for the treatment of adults with moderate plaque psoriasis eligible for systemic therapy: results from a randomized, open-label, assessor-blinded phase IV study \(IMMpulse\).](#) *Br J Dermatol.* 2023;189(5):540-552.
8. Lebwohl M, Bukhalo M, Stein Gold LF, et al. [A Phase 3b Study Evaluating Safety and Efficacy of Risankizumab in Adult Patients with Moderate-to-Severe Plaque Psoriasis with Palmoplantar \(Non-Pustular\) Involvement.](#) *SKIN The Journal of Cutaneous Medicine*, 7(6), s256.