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Name of Recipient	Program Name	Program Description	Amount
Pharmacy Times Continuing Education	Treatment Approaches For Iron Deficiency in Heart	<p>The accredited activity will be a 12 to 14-page accredited in-book printed and distributed in Pharmacy Times and Directions in Health-System Pharmacy. Pharmacy Times is a monthly publication reaching 173,000 subscribers, the largest circulation in the industry. This distribution reaches pharmacists practicing in the retail, community, and independent settings. Directions in Health-System Pharmacy is BPA audited and is distributed to 30,000 health system pharmacists working as staff pharmacists, specialty pharmacists, clinical pharmacists, P& T committee members and formulary directors in the health systems setting. The In-book will be converted into an online article and available to the over 166,000 monthly online users (retail, community, health-system, specialty, managed care pharmacists) at pharmacytimes.org for 1 year. Additionally, featured in the CE initiative will be expert video vignettes. These vignettes will be an interview with a clinical specialist practicing in the field of cardiology or hematology who has experience diagnosing and managing patients with iron deficiency and heart failure. The interview will be filmed in PTCE's state-of-the-art studio and divided into multiple 3 to 5-minute clips. The interview clips will then be embedded directly within the digital article to enhance the didactic information and will be called out in the printed article for participants to view online.</p> <p>Lecture Topics and Course Description of Content includes but not limited to:</p> <ul style="list-style-type: none"> The Overview of Iron Deficiency and Iron Deficiency Anemia in Patients with Heart Failure Prevalence of ID and IDA in heart failure Pathophysiology of HF and ID in HF Association of serum hepcidin levels to iron deficiency <ul style="list-style-type: none"> Clinical features of ID in HF Role of ID in functional capacity and QoL in patients with HF Importance of treating ID before advancing to IDA Diagnosis of Iron Deficiency and Iron Deficiency Anemia in Patients with Heart Failure Recommendation for IV iron over oral No preferred form of iron in US guidelines European guidelines strongest indication for FCM Strength of US and European guidelines in iron depletion in HFrEF; limitations Differentiating between IV iron products What are the barriers to prescribing IV iron? Emerging strategies in HFpEF Role of the Pharmacist Emphasize the importance of medication adherence to improve the quality of life and prevent hospital readmissions Encourage patients to engage in discussions with their HCPs about treatment strategies and potential options, such as parenteral iron therapy Provide recommendations on therapy options and dosing regimen, as well as addressing potential adverse reactions Collaborate with the multidisciplinary healthcare team to improve outcomes in patients with ID/IDA 	\$ 133,285

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Academy for Continued Healthcare Education	Clinical Review of IV Iron Replacement Therapy for Cancer and Chemotherapy-Induced Anemia	<p>The following study will be reviewed and discussed by faculty: IRON CLAD</p> <ul style="list-style-type: none"> Overview of unmet needs n cancer- and chemotherapy-induced anemia Trial design Safety and Efficacy Endpoints Comparison to other studies of IV iron administration Clinical implications to practice Correction of anemia Prevention of exacerbation of anemia Decreasing blood transfusion rates Response to cancer treatment/overall survival <p>To increase awareness of the therapeutic potential of IV iron replacement in patients with chemotherapy-induced anemia, ACHL suggests the development of an online 15-minute CME digital clinical review. An expert faculty will be tasked with reviewing current clinical trial information and discussing future clinical implications. This activity will be recorded via a webcam with an expert faculty in the comfort of their own office or practice setting.</p> <p>The proposed online format is presented in a manner that is responsive to a variety of mobile devices in addition to the traditional PC desktop. Employment of this type of format broadens accessibility and increases participation by appealing to the growing use of mobile devices and tablets by clinicians.</p> <p>Outcomes will be measured for the activity to assess changes in knowledge, competence, confidence, and intent to change (Moore's Levels 3-4). To obtain these data, a series of multidimensional situation-based questions will be developed. Questions will assess learners' knowledge of the latest published data and their ability (competence) to actively apply this knowledge to future practice through a series of case vignettes.</p> <p>The activity will be posted via Epocrates and attract a minimum of 1600 learners over the course of one year.</p>	\$ 87,775

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Creative Education Concepts	60 Minute Webinar: Infusing Renewed Hope into Cancer-Related Anemia with Intravenous Iron. Expert Led Exploration of Recent and Emerging Trial Data and Current Guideline Recommendations	<p>Description of the intended use of the funds:</p> <p>This timely, adaptive, and dynamic virtual activity is targeted to hematologists, oncologists, hematology/oncology residents/fellows, and the interprofessional hematology/oncology care team of nurse practitioners, physician assistants, pharmacists, and nurses. Designed and developed to maximize digital audience reach and engagement, this Medical Moments webinar will review all clinically relevant aspects of cancer-related anemia (CRA) management, including chemotherapy-induced anemia (CIA). The activity will begin with a brief primer on iron metabolism and absorption principles, including the practical distinctions between absolute and functional iron deficiency, and the impact of that distinction on treatment approaches. An appraisal of the foundational pathophysiology of CRA will follow, with a central emphasis on the role of hepcidin in a hyperinflammatory disease state like cancer, and the resultant rationale for the preferential use of intravenous (IV) iron versus oral iron modalities in patients with cancer. Finally, the preeminent emphasis of the session will be an incisive exploration of completed, ongoing, and planned clinical trials of IV iron for CRA/CIA, including systematic reviews and meta-analyses, as well as recently-reported pivotal trials, such as IRON-CLAD.</p> <p>Lecture Topics and Course Description of Content:</p> <p>Moderated by Dr. Jeff Gilreath, this 60-minute webinar will provide a comprehensive appraisal of the evolving and expanding evidentiary base for IV iron in CRA, including a top-line review of systematic reviews and meta-analyses, as well as a more detailed dive into recently-reported pivotal trials for IV iron, such as the IRON-CLAD study in CIA, and current expert consensus guideline statements, such as those promulgated by NCCN, ASCO/ASH, and ESMO.</p> <p>Activity Overview:</p> <p>This timely, adaptive, and dynamic virtual activity is targeted to hematologists, oncologists, hematology/oncology residents/fellows, and the interprofessional hematology/oncology care team of nurse practitioners, physician assistants, pharmacists, and nurses. Designed and developed to maximize digital audience reach and engagement, this Medical Moments webinar will review all clinically relevant aspects of cancer-related anemia (CRA) management, including chemotherapy-induced anemia (CIA). The activity will begin with a brief primer on iron metabolism and absorption principles, including the practical distinctions between absolute and functional iron deficiency, and the impact of that distinction on treatment approaches. An appraisal of the foundational pathophysiology of CRA will follow, with a central emphasis on the role of hepcidin in a hyperinflammatory disease state like cancer, and the resultant rationale for the preferential use of intravenous (IV) iron versus oral iron modalities in patients with cancer. Finally, the preeminent emphasis of the session will be an incisive exploration of completed, ongoing, and planned clinical trials of IV iron for CRA/CIA, including systematic reviews and meta-analyses, as well as recently-reported pivotal trials, such as IRON-CLAD.</p>	\$ 79,410

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<p>Cardio Metabolic Health Congress</p>	<p>Iron Deficiency Anemia in Non-Dialysis Dependent Chronic Kidney Disease: Challenges, Advances, and Optimizing Treatment Based on New Evidence</p>	<p>Educational Hub: Iron Deficiency Anemia in Non-Dialysis Dependent Chronic Kidney Disease: Challenges, Advances, and Optimizing Treatment Based on New Evidence</p> <p><u>Educational Design</u></p> <p>In order to increase the awareness about IDA in NDD-CKD, CMHC will create an Educational Hub that will mirror the format of the #IDinHF Education Hub, without the CMHC branding. The NDD-CKD Education Hub will feature a collection of evidence-based articles and updates in the field, expert commentary/expert interviews in the therapeutic area, as well as provider and patient resources, which include downloadable infographics that are easily shareable to facilitate both clinician and patient education. In addition to the current content, CMHC would develop two CME/CE-certified webcasts as well additional non-CME content focusing on advances in the diagnosis and treatment of IDA in NDD-CKD, clinical cases, and additional patient resources. The pre-recorded webcasts will allow opportunities to interact with KOLs and will also be recorded and uploaded to the hub. Each webcast will include two faculty to allow for expert conversation. The hub would launch first, and the webcasts would be added as they are completed. Each webcast will be endured and certified for 12 months.</p> <p><u>Learning Objectives</u></p> <ul style="list-style-type: none"> • Discuss the burden of IDA in NDD-CKD patients • Summarize current and emerging screening and diagnostic approaches to optimize the identification of IDA in NDD-CKD patients • Review the current recommendations for iron repletion in NDD-CKD patients with IDA, as well as current limitations and gaps in guidelines • Compare and contrast the different types of treatments for IDA in NDD-CKD patients, including oral iron vs. iv iron, as well as their advantages and disadvantages. • Interpret newer data about the benefits of iv iron, including newer high-dose, low-frequency regimens, for the treatment of IDA in NDD-CKD patients • Develop individualized treatment regimens for IDA in NDD-CKD patients that utilize the full spectrum of updated evidence and practice <p><u>Target Audience</u></p> <ul style="list-style-type: none"> • US-based healthcare professionals, including nephrologists, cardiologists, endocrinologists, lipidologists, primary care clinicians (PCPs), pharmacists, and other allied health professionals <p><u>Potential Learners</u></p> <p>Educational Hub: 2000 learners CME/CE certified webcasts: 200 learners per webcast, 100 test takers per webcast. TOTAL: 400 learners, 200 test takers</p>	<p>\$ 215,050</p>

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Academy for Continued Healthcare Learning	A New Era: Targeting Iron Deficiency to Improve Heart Failure Outcomes	<p>A virtual morbidity and morality review (MMR) provides a forum in which the faculty panel (3) can engage in objective, non-judgmental review of adverse or suboptimal outcomes and commit to systematic process change. Three multispecialty panel members will discuss three (3) patients with heart failure where patient outcomes were suboptimal. Areas to improve practice and patient outcomes will feature current and emerging opportunities with IV iron for ID across the HF spectrum. Each faculty member will be filmed in their offices via their webcams and a video conferencing platform. The digital platform will show each faculty member as part of a virtual panel along with accompanying synchronized slides.</p> <p>The Segments of the virtual MME will include:</p> <ul style="list-style-type: none"> • Case history • Clinical pearls: Therapeutic question • Case Analysis: What factors contributed to the outcome? What are the system failures? • Summary and actions items: What solutions exist to address error? • Resources <p>Learning from failure employs the processes and behaviors that individuals use to gain insights and modify future behaviors and decision-making processes. This instructional model is especially powerful in medical education as it builds individual competency by introducing a “growth mindset” while simultaneously guarding against hubris. (Bohmer 2010; Edmondson 2004; Tucker 2003) Through this type of case-based instructional design, faculty have learners reflect on situations critically assess individual patient characteristics and avoid “failure” in the future.</p> <p>The proposed activity offers an ideal platform for modeling new treatment frameworks and identifying possible process, structural or clinical acumen areas to improve in an accessible and easily replicable manner.</p> <p>ACHL will use an agile marketing approach to optimize multi-channel target audience reach and educational impact. For every educational activity, ACHL will use data and analytics to continuously source and evaluation prospective opportunities, and rapidly iterate solutions.</p> <p>To achieve this, ACHL will follow these steps:</p> <ol style="list-style-type: none"> 1. Situational analysis: ACHL identifies size, anomalies, issues, or opportunities in the educational decision “journeys” of the target audience(s). 2. Goal setting (KPIs): ACHL establishes campaign goals and key performance indicators (KPIs) with metrics spanning qualitative (usability testing, session monitoring), quantitative (traffic analysis, user engagement), and comparative data (multivariate testing). In some instances where Google Analytics is integrated, competitive data is also scrutinized (keyword tracking, user satisfaction, demographic targeting). 3. Campaign modeling (marketing roadmap): ACHL is able to capture, aggregate and manage data from disparate systems to optimally develop both propensity and next-best-action recruitment plans considerate of available financial resources and key partnerships. 4. Experimentation & Iteration: ACHL releases smaller, targeted campaigns to test viability, prioritize efforts and diversify opportunities/target audience reach. 5. Data mining and testing: With each experiment, ACHL tracks engagement metrics and campaign performance (outside of outcomes methodology) to monitor success of the campaign relative to achieving KPIs. 6. Modifications: Based on ongoing performance analysis of campaigns, ongoing modifications are made to the audience generation plan. 	\$ 110,800

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Pharmacy Times	Anemia in Cancer	<p>Pharmacy Times to provide an accredited initiative titled “An In-book in American Journal of Managed Care Evidence-Based Oncology: Focused Updates and Evidence-Based Approaches to Anemia in Cancer.” The educational activity will be a 12-14-page accredited in-book in the March 2022 issue of The American Journal of Managed Care Evidence-Based Oncology. The activity will also be endured online as a digital article for 1 year and will be available on pharmacytimes.org and AJMC.com. The marketing and promotion of these programs will be deployed and coordinated with AJMC. The identified gaps indicate a need to educate managed care professionals on recent clinical updates and evidence-based recommendations for IV iron in the management of anemia in patients with cancer. Professional education will improve the competency of managed care practitioners to help reduce the burden of anemia in patients with cancer suffering the poor quality of life issues associated with iron deficiency while reducing the impact on healthcare resource utilization. Application of knowledge will facilitate identifying appropriate patients for IV iron, monitoring them, and ensuring they receive appropriate, evidence-based treatment. Iron deficiency anemia (IDA) is the most common and treatable type of anemia worldwide. [Elstrott 2020] In individuals with chronic diseases such as cancer, iron metabolism and equilibrium can be disrupted, which can lead to inadequate iron supplies and iron deficiency. [Abiri 2020]; [Ludwig 2013] Per the European Cancer Anemia Survey, 39% of patients with cancer are anemic at baseline. Following chemotherapy, these numbers increased to 67% of patients reporting anemia within a 6-month surveillance period. [Abiri 2020]; [Ludwig 2004] The cause of anemia in oncology patients is multifactorial, but the main cause is iron deficiency for many. [Naoum 2016] In comparison, only 25% of the worldwide population is anemic, half of which is secondary to iron deficiency. [Abiri 2020]</p> <p>PTCE is proposing a print and digital initiative to reach a wide audience of managed care, payor, pharmacy director, pharmacy benefit managers, specialty pharmacy directors, and any other managed care provider who have responsibilities that include the care of patients with cancer. Pharmacists practicing across subspecialties who have responsibilities that include the management of cancer medications or interactions with patients with cancer will also be invited to participate. PTCE will publish a 12 to 14-page inbook in the American Journal of Managed Care’s Evidence-Based Oncology™ publication. The deliverables are detailed below:</p> <ul style="list-style-type: none"> • 12-14 pages • Delivered to 20,500 managed care, C-suite, pharmacy benefit managers, pharmacy directors • ACPE accredited • 2.0 credits • 1-year accreditation • Digitalized as PDF for online access • Endured on pharmacytimes.org and AJMC.com and marketed to over 135,000 subscribers (100,000 PTCE + 35,000 AJMC) 	\$ 90,250