

Sanofi US Medical

Request for Proposal

Date: June 3, 2026	
Disease State: Pediatric Chronic Graft Versus Host Disease (cGVHD)	
Therapeutic Area: Transplant / Pediatric Hematology-Oncology	
Area of Interest: Identification of pediatric cGVHD disease and clinical application of sequencing of treatment options for steroid-refractory cGVHD in pediatric patients	
Geographic Scope: US - National	
Internal Requestor Information:	
Name:	Peter Brodhead
Title:	US IME Lead, General Medicines, NA Medical
Company:	Sanofi US
Email:	peter.brodhead@sanofi.com
Due Date: June 30, 2026	
Submission Portal:	
https://sanofi.envisionpharma.com/ienv_sanofi_qual/visiontracker/portal/login.xhtml	
RFP Title (to include in request): Innovative Education to Address Treatment Strategies in Pediatric cGVHD	

The Health Care Gap and Independent Background Information:

Healthcare advancements and lack of available data in pediatric cGVHD have resulted in significant clinical practice and educational gaps specific to the pediatric population. These include, but are not limited to:

- Lack of knowledge specific to current and emerging therapies approved or studied in pediatric patients with cGVHD, including agents approved for patients 12 years of age and older
- Limited awareness of pediatric-specific safety data from recent clinical trials, ongoing studies and the practical integration of novel treatment strategies into pediatric clinical practice⁵
- Pediatric hematologists, oncologists, transplant physicians, and other healthcare professionals who care for children with hematologic malignancies may be uncertain of how to navigate integration of new treatment options into pediatric care frameworks and how to proactively manage treatment-related side effects in growing children⁹
- Unique challenges in pediatric cGVHD including growth and developmental considerations, organ toxicity in developing organ systems, quality of life impacts on children and families, and caregiver burden⁵
- Gaps in understanding of pediatric-specific organ manifestations of cGVHD⁶ and the importance of a multidisciplinary approach in the pediatric setting¹⁰

Education on new and emerging treatment strategies for pediatric cGVHD is of paramount importance for clinicians involved in the care of children who have undergone allogeneic hematopoietic stem cell transplant (allo-HSCT) for treatment of pediatric hematologic malignancies.^{7,8,9}

Sanofi US is seeking proposals for innovative, independent medical education initiatives designed to engage Pediatric Bone Marrow Transplant (BMT) Physicians, Pediatric Hematologists/Oncologists, and related sub-specialties (e.g., pediatric dermatologists, pediatric pulmonologists, pediatric gastroenterologists), Pediatric Transplant Multi-disciplinary teams (e.g., NPs, nurses, PAs, pharmacists, pediatric fellows), Patients/Caregivers of pediatric cGVHD patients, and Pediatric HCPs who actively manage cGVHD. Alliances and partnerships with pediatric professional societies could be integrated into an engagement strategy.

Sanofi US will prioritize innovative, targeted and engaging programs leveraging contemporary methods and technologies to improve knowledge, competence/confidence and/or performance in the pediatric cGVHD setting. These methods may include AI-driven tools and cutting-edge digital educational methods leveraged to increase engagement, knowledge and understanding of: the unique mechanism of action used in the management of pediatric patients with cGVHD, the importance of organ manifestation in children,⁶ inflammation and fibrosis in the developing pediatric patient,¹⁰ potential new pediatric guideline recommendations, consensus statements,^{7,8} emerging scientific evidence in pediatric populations, and/or clinical implications for pediatric patients with cGVHD.

Proposal should include the following information:

- **Needs Assessment/Gaps/Barriers:** Include a comprehensive needs assessment that is well referenced and demonstrates an understanding of the specific gaps and barriers of the target audiences (in alignment with ACCME criteria). **The needs assessment must be independently developed and validated by the accredited provider, as applicable.**
- **Target Audience and Audience Generation:** Proposal should indicate the target audience(s) and provide a rationale for how and why this target audience is appropriate for closing the identified healthcare gap. In addition, please describe methods for reaching the target audience including description of any rationale for recruitment and placement strategies to maximize participation according to need. Any unique recruitment efforts specific to the target audience should be highlighted.
- **Learning Objectives and Content Accuracy:** Provide clearly defined and measurable learning objectives framed as expected practice improvements in relation to the identified gaps and barriers. Include an overview of program content and explanation of criteria that will guide content selection, considering level of evidence and other variables. Sanofi US is committed to the highest standards in ensuring patient safety; the applicant should describe methods to ensure complete, accurate, evidence-based review of key safety data for any therapeutic entities discussed in the activity. Explain how content will be updated if necessary throughout the program period, and how accuracy will be ensured.

- **Educational Methods:** Sanofi US supports the ACCME guidance for educational methods to be clearly designed to address the knowledge, competence and/or performance gaps that may underlie an identified healthcare gap. Your proposal should demonstrate an understanding of

instructional design as it relates to the gaps in the knowledge, competence, or performance of the target audience. Educational methods and design should be based on current literature in CME best practice and consistent with ACCME accreditation criteria, as applicable. For example, systematic reviews have suggested that the most effective continuing education is clearly linked to clinical practice, uses methods including interaction, reflection, strategies that ensure reinforcement through use of multiple educational interventions, and more.¹⁻³ Sanofi US will prioritize applications that utilize methods that have been shown to result in practice improvements, and/or with data on the effectiveness of other programs of the same type. ACCME criteria recognize that barriers may be related to systems, lack of resources, or tools etc. and these may be included if relevant in your discussion of the gap and the educational methods you propose. In addition, the educational preferences of the target audience(s) may be considered to maximize attendance/participation and lead to practice improvements.

- **Faculty Recruitment and Development:** Provide information on the expected qualifications of contributors and description of methods to ensure recruitment of course directors and faculty who meet the qualifications. Explain any methods that will be used to ensure that faculty are fully trained in the program expectations and any skills that may be needed to ensure effective delivery of intended education.
- **Program Evaluation and Outcomes:** Provide a description of the approach to evaluate the reach and quality of program delivery; methods for monitoring individual activities and for ensuring ongoing quality improvements. For ACCME accredited programs, refer to accreditation elements and criteria, as applicable. Describe methods that will be used to determine the extent to which the activity will close the identified healthcare gap(s), and the qualifications of those involved in the design and analysis of the outcomes. Sanofi US will prioritize programs with Objectives and Outcomes Plans with objective measures of changes in knowledge, and/or additional measures of improvements in competence, performance, patient health, population health, and/or system improvements, as aligned with the design of the intervention.⁴
- **Budget:** Include a detailed budget with rationale and breakdown of costs, per unit, and description of each budget line item. In addition, please include any registration fees paid by the learner, and how the fees will be applied.
- **Accreditation:** If proposal involves an accredited program, the accreditation must be provided by an appropriate accrediting body and fully compliant with the accrediting body's criteria and applicable government guidelines and regulations.
- **Fair Balance:** The proposal should briefly describe methods for ensuring fair and balanced content, identification and resolution of conflict of interest, in alignment with applicable ACCME criteria.
- **Communication and Publication Plan:** Provide a description of how the provider will keep Sanofi US informed of progress. If applicable, include description of how the results of this educational intervention will be presented, published or disseminated.

References

1. Cervero RM, Gaines JK. (2015). The impact of CME on physician performance and patient health outcomes: An updated synthesis of systematic reviews. *J. Contin. Educ. Health Prof.*, 35: 131–138. doi:10.1002/chp.21290
2. McMahon GT. (2015). Advancing continuing medical education. *JAMA.*, 314(6):561-562. doi:10.1001/jama.2015.7094
3. Mostofian F, Ruban C, et al. (2015). Changing physician behavior: What works? *AJMC*, 21(1):75-84.
4. Moore DE, Green JS, and Gallis HA. (2009). Achieving desired results and improved outcomes: Integrating planning and assessment throughout learning activities. *JCEHP*, 29(1):1-15.
5. Carpenter PA, Kitko CL, Elad S, et al. (2015). National Institutes of Health Consensus Development Project on Criteria for Clinical Trials in Chronic Graft-versus-Host Disease: V. The 2014 Ancillary Therapy and Supportive Care Working Group Report. *Biol Blood Marrow Transplant.*, 21(7):1167-1187. doi:10.1016/j.bbmt.2015.03.024
6. Jacobsohn DA, Kurland BF, Pidala J, et al. (2011). Correlation between NIH composite skin score, patient-reported skin score, and outcome: results from the Chronic GVHD Consortium. *Blood.*, 118(15):4103-4107. doi:10.1182/blood-2011-05-352427
7. Wolff D, Schleuning M, von Harsdorf S, et al. (2011). Consensus Conference on Clinical Practice in Chronic GVHD: Second-Line Treatment of Chronic Graft-versus-Host Disease. *Biol Blood Marrow Transplant.*, 17(1):1-17. doi:10.1016/j.bbmt.2010.05.011
8. Zeiser R, Kröger N, Basak GW, et al. (2020). Prophylaxis and management of graft versus host disease after stem-cell transplantation for haematological malignancies: updated consensus recommendations of the European Society for Blood and Marrow Transplantation. *Lancet Haematol.*, 7(2):e157-e167. doi:10.1016/S2352-3026(19)30256-X
9. Flowers MED, Martin PJ. (2015). How we treat chronic graft-versus-host disease. *Blood.*, 125(4):606-615. doi:10.1182/blood-2014-08-551994
10. Inamoto Y, Storer BE, Petersdorf EW, et al. (2014). Incidence, risk factors, and outcomes of sclerosis in patients with chronic graft-versus-host disease. *Blood.*, 123(10):1550-1557. doi:10.1182/blood-2013-10-531277