



Call for Grant Applications Improving Health Equity in Cancer

The intent of this document is to encourage community-based organizations that serve populations impacted by disparate health outcomes in cancer to submit an application for funding an initiative that contributes to improving health equity.

Please note that applications must be submitted in English.

Background:

The mission of this joint Call for Grant Applications from the Takeda Center of Medical Education and Takeda Oncology Patient Advocacy and Engagement is to increase community capacity to address health disparities and advance health equity in cancer. Takeda recognizes that the barriers to achieving health equity in cancer are multi-dimensional and complex, and that efforts to impact those disparities must go beyond traditional health care to include programs that address the social determinants of health that affect the conditions of where people are born, live, learn, work, play, worship, and age. We invite community-driven organizations, addressing the social determinants of health and advancing health equity for people with cancer, especially multiple myeloma and non-small cell lung cancer, to consider submitting an application for this funding opportunity. Takeda is committed to understanding and fostering community-based solutions that address health disparities in cancer and is excited to offer this inaugural Call for Grant Applications as part of a long-term effort to increase community capacity to affect change in cancer outcomes.

The initiatives funded through CGAs are independent and are the full responsibility of the recipient organization. Takeda has no influence over any aspect of the project and only asks for reports about the results and impact of the projects in order to share them publicly and within the company.

Eligibility:

Community-based 501(c)(3) nonprofit organizations located in the United States focused on addressing health disparities and serving people impacted by cancer are eligible.

Preference will be given to organizations located within the community they serve. Additionally, Takeda is interested in funding organizations that are led by, or work in close partnership with, people who are impacted by cancer health disparities.

Preference will be also given to organizations or programs that can demonstrate experience with implementation of community-driven solutions to address barriers to equity, or tactics that have been co-created with the community or people impacted.

Organizations serving the target population with no previous experience in cancer-related programs are encouraged to apply. However, applicants must demonstrate a historical commitment to health equity and success in implementing programs that improve health outcomes for the communities they serve.

Collaborations between different organizations are encouraged. All partners must have a relevant role and the requesting organization must have a key role in the project. All funding will be awarded to the requesting organization.

Specific topics of interest:

Despite improvements in overall cancer-related deaths and incidence in the past five decades, significant disparities continue to persist across different population groups in the US, indicating that the extraordinary advances in science, research, and technology are not benefiting everyone equally. People who are racial and ethnic minorities, people living in rural areas, people experiencing poverty, or people belonging to sexual or gender minority groups experience increased incidence of certain cancers, higher rates of advanced-stage diagnoses, and higher mortality. For instance, disparities in the burden of disease, treatment, and outcomes are especially evident in multiple myeloma (MM) and non-small cell lung cancer (NSCLC) with racial and ethnic minorities, and other medically underserved groups in the United States experiencing unequal access to screening, molecular testing, and high quality, guidelines-based care.

Narrowing the equity gap in cancer can only be achieved by addressing the social determinants of health (SDOH) such as systemic racism, poverty, housing insecurity, nutrition insecurity, environmental conditions, social connectedness, and the other multifactorial causes of inequities within cancer. SDOH operate at individual, community, and population levels, and no one intervention or program will be able to solve them, just as no one stakeholder group can address them alone. Takeda is interested in supporting programs targeted at the community level, that center community-driven solutions and are delivered by or in partnership with the people most affected by health disparities.

In addition, we seek to support projects that can have an incremental, measurable impact on reducing disparities and improving outcomes for people with cancer by addressing one or more of the following priority areas:

- Access: Increase access to effective and appropriate care for medically underserved populations

- Screening/Testing: Increase accessibility of screening, imaging, and molecular testing for populations most at risk for adverse cancer outcomes and prognosis problems resulting from late detection or inadequate care
- Awareness: Improve awareness about evidence-based treatment and diagnostic options for populations most affected by disparate outcomes

Funding can be used to support ongoing or new initiatives.

Summary of Priority Areas' Impact on Health Equity:

Access:

The barriers to access are multilevel, and range from health insurance status to geographic location of specialty cancer treatment centers, to other more systemic inequalities relating to race, poverty, and mistrust of the medical system. Being able to travel to health care facilities and feel confident that care will be affordable, high-quality, and delivered without bias are just some components of how access can affect more equitable outcomes in cancer. As we have seen in non-small cell lung cancer and multiple myeloma, certain populations experience significant challenges in accessing targeted and novel therapies that have shown to increase progression-free survival, resulting in increased disparities in treatment outcomes and mortality. Beyond access to therapies, several recent studies have shown that across many cancers, if every patient had equal access to quality health care services, disparities in outcomes could be eliminated. For people and families impacted by non-small cell lung cancer and multiple myeloma, the challenges in accessing appropriate, timely, guideline-concordant care that may be addressed at a community level include financial assistance for every-day needs, transportation to care, patient navigation, culturally and linguistically appropriate education, and many other innovative practices that communities have identified as effective.

Screening/Testing:

Precision oncology and the development of personalized, targeted cancer therapy based on a person's specific tumor profile is one of the advances in cancer care that has the potential to further improve population outcomes, but widen disparities if everyone does not have equal access to molecular testing. Non-small cell lung cancer has emerged as a disease where biomarker testing is an important component of diagnosis and care to ensure people receive optimal treatment. A recent report by the American Cancer Society Cancer Action Network stated that only 29% of community practices reported the use of

panel tests (tumor profiling or comprehensive biomarker testing), compared to 33% in the private setting and 59% in the academic setting. In addition, the American Association for Cancer Research published a progress report on Cancer Disparities in 2022, in which they noted that African American people with NSCLC were less likely to be tested to determine whether their cancer was fueled by a mutation in the *EGFR* gene compared with White patients, and were less likely to be treated with an EGFR-targeted therapeutic. Even when health care teams are aware of biomarker testing and its importance for treatment of NSCLC, it can be presented as optional to the patients by their health care team. Within multiple myeloma, the incidence and mortality for African American people 2 times higher than for White people, making early diagnosis and connection to treatment all the more important in this population. A study published in 2019 found that African American and Hispanic patients with multiple myeloma started treatment with novel therapies on average 2 months later than their White counterparts.

Awareness:

Disease awareness including risk factors, prevention strategies, screening approaches, and evidence-based treatment are essential components to impacting equitable health outcomes. Knowledge and awareness are not solely the responsibility of the people affected. Health care providers have an important role in supporting patients' understanding and participation in care decisions, however, community leaders can also serve as trusted information sources to help arm communities with the information they need to self-advocate. For example, people with NSCLC surveyed in 2021 reported that they did not receive enough information at their initial doctor visits in order to make informed decisions about treatment. Especially within cancer, earlier diagnosis and connection to care can impact the outcome and progression of disease, so having the appropriate information and tools from trusted sources is crucial for people who are at higher risk of poor outcomes. For instance, within multiple myeloma, where there are no national screening recommendations, the typical symptoms can be confused with those of other conditions, and disease awareness within the community can be the difference between receiving a confirmed diagnosis or not. Community-level disease awareness approaches that address typical disease knowledge, risk, prevention, screening, and treatment, and are co-created and co-delivered with communities, can make an impact on cancer health disparities.

Geographic region: United States

Therapeutic areas: Cancer, specifically multiple myeloma and lung cancer

Target populations: Populations experiencing cancer health disparities. For the purpose of this CGA, cancer health disparities are defined as “adverse differences between certain population groups in cancer measures such as number of new cases, number of deaths, cancer-related health complications, survivorship and quality of life after cancer treatment, screening rates, and stage at diagnosis” (American Association for Cancer Research, Cancer Disparities Progress Report, 2022).

Length of proposed project: 12 months

Expected approximate monetary range of awarded applications: Requests up to \$50,000 per project will be considered. The amount of the grant Takeda will fund for any project or program will depend on the Review Committee’s evaluation of the application and costs involved and will be stated clearly in the approval notification.

Application Process:

Abstract: Please provide a summary (500-word maximum) of your proposed project, including a brief assessment of needs in the target population and how the proposed project will make a measurable impact.

Please provide the following information in 5 pages or less:

- 1. Overview of requesting organization and collaborators:** Please describe the organization requesting the grant, including its history, current mission, a list of key officers, Project Lead, and other staff who will direct the program; and descriptions of any other participating organizations/partners. Describe the experience your organization has working in health equity, including previous or ongoing work, and the experience of the proposed Project Lead. Include a description of how your organization meets the criteria for a community-based organization (organizations located within the community they serve with members of the community in leadership positions, working in partnership to address issues of concern that have been identified by the community).
- 2. Project Goals and Implementation Plan:** Provide a clear description of why this project is needed and how it will impact cancer health disparities in your community. If data on health disparities within your community are readily available, include this information in your submission. A publicly available resource that describes medical vulnerability by county is available here:

<https://onemap.cdc.gov/Portal/apps/MapSeries/index.html?appid=3384875c46d649ee9b452913fd64e3c4>. Also include project goals, an implementation plan, the target population, and an anticipated timeline of project activities and milestones. Please indicate whether the project will be integrated into an existing program; if yes, please describe the existing program and how this project will be integrated.

3. **Budget:** Please provide a detailed budget for the proposed project. Please also include a narrative justification for the requested amount.
4. **Reach and impact:** Please describe the planned reach for your program (how many people the project will serve), as well as the estimated impact the program will have on your intended audience.
5. **Evaluation:** Specify how you will define and measure success for each of the proposed activities; indicate how the program will be measured and evaluated, and how results will be reported.
6. **Sustainability/replicability:** Describe any plans to broadly disseminate the proposed program's results and ensure that the learnings from the program, or the program itself can be sustained beyond the funding period. Describe how the proposed program could serve as a model in other geographic regions or to serve different populations.
7. **Reporting:** Indicate how the organization will report final outcomes to Takeda including but not limited to:
 - a. Reach (number of participants/people served, based on the number eligible or targeted to participate)
 - b. Effectiveness (did the proposed program achieve the goals and impact from sections 2 and 4 above, and how will this be measured)
 - c. Maintenance or sustainability (what are some longer-term outcomes that the community can expect from the program)
8. **Additional submission requirements:**
 - Letter of commitment from any collaborating organizations (if applicable)
 - IRS 501(c)(3) letter
 - Current annual operating budget of requesting organization
 - Biographies of key staff
 - 2021 impact report or articles relevant to the proposed project
9. **Optional attachments:**
 - Description of past projects in health equity

Any other supporting materials that convey the organization's commitment to health equity and connection to the community

Terms and conditions: Please take note that every Call for Grants released by Takeda Oncology is governed by specific terms and conditions.

Key dates:

Submission deadline: Wednesday, December 21, 2022

Awardees will be notified of decisions by March 1, 2023

Grants will be distributed following the execution of a fully signed Letter of Agreement

Submission Overview:

Requests for grant funding must be submitted to Takeda Oncology, via the Takeda Support navigator, at least 60 days prior to the scheduled program start date. While Takeda Oncology makes every effort to review submissions in a timely matter, we do not guarantee the amount of time necessary to review a specific request. Please include "CGA Improving Health Equity in Cancer" in the title of your submission via the Takeda Support navigator.

How to submit a CGA request:

1. Go to the Takeda Support Navigator <https://www.tsupportportal.com>
2. Scroll to the "Where to Submit Requests" section at the bottom and answer the two questions
 - a. "What type of support or funding would you like to request?" select "GRANT"
 - b. "What is the purpose of the Grant?" select "Patient Association or other Healthcare Related Initiative"
3. You will then have the option to submit a request by clicking on the red button that says "Takeda Support | US Grants, Donations, and Sponsorships"
4. Please note, all first-time users are required to register and create a user ID.
5. Once you create a user ID/log into the system, please ensure you select "Grant" for the request type
6. **IMPORTANT:** Please include "Improving Health Equity in Cancer CGA : [insert your program name]" in the title of your submission via the Takeda Support navigator to ensure it is eligible for consideration.
7. Once all fields are populated, submit your request for consideration

For questions related to grants and donations, please reach out to: GDS.TakedaSupport@takeda.com

Questions? If you have questions regarding this CGA, please direct them in writing to Bonnie Davidson, bonnie.davidson1@takeda.com, with the subject line “**Improving Health Equity in Cancer CGA**”