

**Sanofi US Medical  
Request for Proposal(RFP)**

<b>Date: June 17, 2026</b>	
<b>Disease State: Chronic Graft Versus Host Disease (cGVHD)</b>	
<b>Therapeutic Area: Transplant</b>	
<b>Area of Interest: Multidisciplinary approach to identification, treatment, and timely referral for organ manifestations in chronic graft-versus-host disease (cGVHD)</b>	
<b>Geographic Scope: United States, National</b>	
<b>Internal Requestor Information:</b>	
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<b>Due Date: 07/31/2026</b>	
<b>Submission Portal:</b> <a href="https://sanofi.envisionpharma.com/ienv_sanofi_qual/visiontracker/portal/login.xhtml">https://sanofi.envisionpharma.com/ienv_sanofi_qual/visiontracker/portal/login.xhtml</a>	
<b>RFP Title (to include in request): Innovative multidisciplinary education to address organ manifestations and treatment strategies in cGVHD</b>	

**The Health Care Gap and Independent Background Information:**

Chronic GVHD is a complex, multi-organ disease that requires coordinated care across multiple specialties. Patients with cGVHD often experience manifestations affecting the skin, eyes, oral cavity, lungs, and other organ systems, yet there remains a significant gap in multidisciplinary education and collaboration. Healthcare providers across specialties need enhanced understanding of how cGVHD presents in different organ systems, evidence-based treatment approaches for organ-specific manifestations, and the critical importance of timely referral and coordinated care.

Recent evidence highlights the biobehavioral aspects of cGVHD care, emphasizing the interconnection between physical symptoms, psychological well-being, and quality of life.<sup>5</sup> A comprehensive approach to cGVHD management must address not only the medical manifestations but also the psychosocial needs of patients and their support persons. Effective patient-physician communication is essential throughout the cGVHD trajectory, particularly regarding symptom detection, treatment adherence, and management of complications.<sup>6</sup>

Additionally, healthcare advancements and available data in cGVHD have resulted in clinical practice and educational gaps which include, but are not limited to:

- Lack of knowledge about current and emerging therapies
- New and emerging safety data from recent clinical trials and practical integration of novel new and emerging strategies into current treatment paradigms/clinical practice
- Clinicians and other healthcare professionals who care for patients, in both adult and pediatric populations, with hematologic malignancies may be uncertain about how best to integrate new treatments into current treatment paradigms and how to proactively manage treatment-related side effects.

Education on new and emerging treatment strategies for cGVHD is of paramount importance for clinicians who are involved in the care of patients who have undergone allogeneic transplant for treatment of hematologic malignancies.

**Sanofi US is seeking proposals for innovative, independent medical education initiatives designed to bring together a multidisciplinary panel of experts—including a Dermatologist, Ophthalmologist, Oral Medicine, Pulmonologist further specializing in cGVHD, and patient representative—in a live activity at the Tandem 2027 Meetings strategically scheduled at times designed to maximize attendance amid a full congress agenda. To extend educational reach and impact, the live activity should be supported by an enduring component. Although multi-supported programs will be considered, Sanofi will also be open to sole-supported proposals that incorporate AI-enabled learner identification and health claims data within a robust outcomes framework. The program should engage Bone Marrow Transplant (BMT) Physicians, related subspecialists (e.g., dermatologists, ophthalmologists, pulmonologists), Transplant Multidisciplinary team members (e.g., NPs, nurses, PAs, pharmacists, fellows), Patients/Caregivers, and Adult and Pediatric HCPs who actively manage cGVHD.**

Sanofi US will prioritize innovative, high-reach, and engaging programs that leverage contemporary methods and technologies to improve knowledge, competence/confidence, and/or performance.<sup>7</sup> These methods may include AI-driven tools and cutting-edge digital educational methods to increase understanding of organ-specific manifestations, multidisciplinary treatment approaches, emerging scientific evidence, and clinical implications for patients with cGVHD so that learners will be better able to: identify and educate on different organ manifestations in cGVHD, describe evidence-based treatment options for organ-specific manifestations and discuss the importance of timely referral and coordinated treatment approaches across specialties.<sup>8</sup>

**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.<sup>1-3</sup> 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.<sup>4</sup>
- **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 registrations 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. Lahijani S, Rueda-Lara M, McAndrew N, et al. A biobehavioral perspective on caring for allogeneic hematopoietic stem cell transplant survivors with graft-versus-host disease. *Transplant Cell Ther.* 2024;30(9):S493-S512. doi:10.1016/j.jtct.2024.05.024
6. Barata A, Tavori G, Wolff D, Herrmann A. Patient and physician communication in the allogeneic transplantation setting: challenges and potential solutions. *Transplant Cell Ther.* 2024;30(9):S559-S569. doi:10.1016/j.jtct.2024.04.020
7. Zhao AT, Holtzman NG, Golubic M, Pavletic SZ. Improving outcomes in allogeneic transplantation and chronic graft-versus-host disease patients through lifestyle medicine: current landscape and future directions. *Transplant Cell Ther.* 2024;30(9):S597-S609. doi:10.1016/j.jtct.2024.05.023
8. Cutler C. Forward to chronic GVHD supplement in Transplantation and Cellular Therapy. *Transplant Cell Ther.* 2024;30(9):S491-S492. doi:10.1016/j.jtct.2024.08.017