

RFE ID code	RFE-SM-2023-03
Focus Area	<p>Indolent Systemic Mastocytosis (ISM)</p> <p>Preference is for educational programs discussing evaluation, differential diagnosis, and treatment of ISM</p>
Educational Gap	<ul style="list-style-type: none"> • Mast cell disorders (MCD) comprise a diverse group of rare conditions which can be derived from either nonclonal or clonal origins. MCD involve mast-cell activation (e.g., IgE-mediated activation) and mast cell proliferation (e.g., mastocytosis), and often exhibit both features.¹ • Systemic mastocytosis (SM)—a rare clonal, mast cell disease, driven by the KIT D816V mutation in ~95% of adult cases—is considered a form of proliferative MCD. SM is characterized by mast cell (MC) accumulation, infiltration, and hyperactivation & affects about 1:10,000 people globally.²⁻³ • Indolent SM (ISM) is a nonadvanced form of SM & accounts for ~95% of all SM.⁴ Many patients with ISM experience unpredictable, severe, & debilitating symptoms characterized by skin manifestations (e.g., rash, pruritus, etc.), gastrointestinal pain or discomfort, cognitive difficulties, and not uncommonly, severe allergic reactions, including life-threatening anaphylactic episodes.^{1,5-8} • The differential diagnoses of SM & other MCD can be challenging based on their rarity, heterogenous presentations, non-specificity of symptoms, & testing challenges.^{1,9-11} During the diagnostic work up of ISM, experts recommend evaluation of peripheral blood to detect the presence of the KIT D816V mutation, using high-sensitivity techniques, such as droplet digital PCR or allele-specific PCR.¹¹⁻¹² • To manage symptoms of ISM, most patients rely on mediator-symptom-directed polypharmacy, i.e., medications such as antihistamines, mast-cell stabilizers, etc. However, despite use of symptom-directed therapies, ISM symptoms are not adequately controlled in many patients.^{1,13-14}
Target Audience	<ul style="list-style-type: none"> • US-based clinicians ONLY who are involved in the care of patients with ISM (e.g., allergists, immunologists, dermatologists, gastroenterologists, hematologists, allergy nurses, nurse practitioners, physician assistants, & pharmacists, etc.)

<p>Format Preferences</p>	<ul style="list-style-type: none"> • Our preference is to fund educational activities that use multi-channel platforms, reach a national audience via virtual live with audio and/or video plus enduring materials. • Educational initiatives MUST BE designed to measure educational outcomes using Moore’s 2009 expanded educational outcomes framework. • Programs MUST AT A MINIMUM measure improvement/change in HCP knowledge (Level 3*), with preference given to initiatives designed to capture competence (Level 4*), performance (Level 5*), and/or patient/community health (Level 6/7*) <p><i>* Moore DE, et al. J Contin Educ Health Prof. 2009;29:1-15</i></p>
<p>Budget</p>	<p>The maximum amount of funding available for this RFE is \$150,000.</p> <p>Blueprint Medicines reserves the <i>right to approve funding for an amount less than what was requested in the application.</i></p> <p>Preference is given to multi-support requests.</p>
<p>Key dates</p>	<p>Deadline for submitting a Proposal is July 1st, 2023</p> <p>Preferred Activity Start Dates: September 1st – November 30th, 2023</p>
<p>Eligibility Criteria</p>	<ul style="list-style-type: none"> • Educational grants are limited to organizations which are accredited to provide HCP continuing education (i.e., CME, CE) within the United States by a national accrediting body such as the Accreditation Council for Continuing Medical Education (ACCME), Accreditation Council for Pharmacy Education (ACPE), American Nurses Credentialing Center (ANCC), or American Association of Nurse Practitioners (AANP). • Organizations must be fully compliant with the ACCME (and other nationally recognized accrediting body) standards for commercial support and design and deliver all activities (including content, faculty, and speakers) independent from Blueprint Medicines control, influence, and involvement. • Organizations CANNOT be listed on the U.S. Food and Drug Administration (FDA) debarment lists, the Office of Inspector General (OIG) U.S. Department of Health and Human Services Exclusion List, or U.S. General Services Administration (GSA) Excluded Parties List System (EPL); or • Prior to submitting a grant application, an organization must first register within Blueprint Medicines’ grant application portal/system. Please use the link provided in the “Requirements” section of this RFE to access the portal.



	<ul style="list-style-type: none"> • Educational Grants may not be provided to: <ul style="list-style-type: none"> ○ Directly reimburse or pay the expenses for an HCP to attend a medical conference or other educational program, unless permitted by applicable law and local or regional codes or standards. ○ Expenses for HCP speakers, faculty and moderators of a medical education program may be included in the funding, but Blueprint may never directly pay an individual HCP or reimburse the HCP’s costs separate and apart from the Educational Grant. ○ Support capital or building expenses, personal development (e.g., leadership training, practice management training), or to support sports or entertainment related activities. ○ Directly fund meals at CME events. ○ A third party that is not the approved grant recipient.
<p>Requirements</p>	<ul style="list-style-type: none"> • Funding must be provided without any expectation or receipt of a benefit in exchange, other than corporate recognition. • All requests will be evaluated on individual merits, free from consideration of a prospective recipient’s ability to use, purchase, refer or recommend any Blueprint Medicines product, or the volume of any past or hoped for future business. • No funding to third-party organizations will be used to induce or reward the recipient for present, past, or future support for Blueprint Medicines or use of Blueprint Medicines products. • Educational Grant recipients must provide a budget and activity reconciliation within 90 days after the end date of the Educational Grant activity for the use of the funds; number of participants by specialty area; and educational outcomes. In addition, the recipient will be required to return any unused funds, or funds not used for the approved Educational Grant purposes. • Blueprint Medicines personnel may not prepare or assist with grant requests or provide direction about specific content or topics that should be included in a grant request. • Per Blueprint Medicines’ Letter of Agreement, Blueprint Medicines’ funds are not permitted to defray or pay any costs for food, beverage, meals, travel, or accommodations for program attendees. • Blueprint Medicines will not have any responsibility or control over the agenda, content, faculty, educational methods, materials, and venue • Please do not include faculty names in the application



<p>Instructions</p>	<p>All requests must be submitted via the Blueprint funding portal: https://funding.blueprintmedicines.com/</p> <p>Grant requests must be submitted NO LATER THAN 11:59PM EST on June 1, 2023, and review & decision process may take up to 4 weeks.</p> <p>When submitting your proposal, you MUST include the RFE reference number in parentheses after the title (RFE-SM-2023-03).</p> <p>Please review the following information carefully BEFORE SUBMITTING your grant application to ensure all required information and documents are provided, as this will facilitate a timely review:</p> <ul style="list-style-type: none"> • It is essential that you take time to review the gap assessment and areas of interest outlined in this RFE. We will consider proposals aligned with the area(s) of interest AND addressing one or more of the gaps listed here ONLY. • If this is your first time using the iEnvision portal, please register your organization and review the User Guide before logging in. Otherwise, registered organizations/applicants may log in with the e-mail address used during their original registration. • Complete your application and upload all required documents including a formal Needs Assessment Form and Program Agenda in PDF format with organizational letterhead. • Submit your application for review. • You will receive a decision notification once your application has been reviewed by Blueprint Medicines’ Grant Review Committee.
<p>Contact Information</p>	<p>For any questions related to the grant process and/or submissions please email the Blueprint Medicines’ Medical Education Team at: grants@blueprintmedicines.com.</p>
<p>Terms and Conditions</p>	<ul style="list-style-type: none"> • This RFE does not commit Blueprint Medicines to award a grant or to pay any costs incurred in the preparation of an application/response to this request. • Blueprint Medicines reserves the right to accept or reject any or all applications received as a result of this RFE, or to cancel this RFE either in part or in its entirety at any time and without prior notification or permission.



	<ul style="list-style-type: none"> • Conflicts of interest must be identified, mitigated, and disclosed. Failure to identify, mitigate, and disclose all known conflicts of interest will disqualify the grant requestor. <ul style="list-style-type: none"> ○ The educational provider is required to show that any organization, group, or individual who is in a position to control the content of an educational activity has disclosed all financial relationships with any commercial interest (ineligible company). This includes, but is not limited to, educational partners and any of its affiliates, subsidiaries, or parent company. ○ Blueprint Medicines accepts the ACCME’s definition of “relevant financial relationships” as financial relationships in any amount occurring within the past 24 months that create a conflict of interest. • In accordance with statutory requirements and consistent with our commitment to transparency, Blueprint Medicines may report funded educational grants and Blueprint Medicines reserves the right to post submissions and results on our website, in presentations, and/or in other public media.
References	<ol style="list-style-type: none"> 1. Akin C et al. <i>J Allergy Clin Immunol</i>. 2022;149: 1912–8. 2. Garcia-Montero AC, et al. <i>Blood</i>. 2006;108(7):2366-72. 3. Cohen SS, et al. <i>Br J Haematol</i>. 2014;166(4):521–8. 4. Sperr WR, et al. <i>Lancet Haematol</i>. 2019;6:e638-e649. 5. Mesa RA, et al. <i>Cancer</i>. 2022;128(20):3691-3699. 6. Hermine O et al. <i>PLoS One</i>. 2008;3:e2266. 7. van Anrooij B. et al. <i>Allergy</i>. 2016;71:1585–1593. 8. Hartmann K et al. <i>J Allergy Clin Immunol</i>. 2016;137:35–45. 9. Valent P, et al. <i>Hemasphere</i>. 2021;5(11):e646. 10. Jennings SV, et al. <i>Immunol Allergy Clin North Am</i>. 2018;38(3):505-525. 11. Boggs NA, et al. <i>Blood Adv</i>. 2023;bloodadvances.2023009826. 12. Pyatilova P, et al. <i>J Allergy Clin Immunol Pract</i>. 2022;10(8):2015-2024. 13. Pardanani A. <i>Blood</i>. 2013;121:3085–94. 14. Pardanani A. <i>Am J Hematol</i> 2021;96:508–525.