**Date Issued** | **July 29th, 2015**
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**Deadline for application** | August 31st, 2015
**Award(s) Announced** | Early September 2015
**Therapeutic Area** | Gastroenterology- Ulcerative colitis
**CGA Identifier** | CGA-IBD-2015-3 Please reference this code in the “Activity Title” field on the Takeda Educational Grant online application form.
**Purpose of Call for Grant Application (CGA)** | To increase health care professional knowledge and skills related to:
- Evolving treatment goals for achieving and maintaining remission in Ulcerative Colitis (UC)
- Individualizing treatment approach to achieve improved outcomes
- American Gastroenterological Association (AGA) UC clinical decision support tool/care pathway

**Summary of Health Care Gap**

Nearly 1.2 million Americans are living with IBD, a group of chronic and heterogeneous disorders, with multiple clinical scenarios that make treatment recommendations challenging. (1, 16). About half suffer from ulcerative colitis (UC) (1). Current treatment approaches in UC have been moderately effective (2) with ongoing disease present in approximately 50% of all patients with UC (3). Furthermore, health outcomes worsen as colectomy rates remain high and the impact on quality of life remains higher in patients with UC compared to the general population (3).

A variety of misperceptions about UC may influence management strategies and limit opportunities for improving patient outcomes; for example, UC is commonly regarded as more benign than Crohn’s disease (CD) (17). However, despite continuing advances in the treatment of UC, approximately half of patients do not achieve sustained clinical remission, and ~15% of patients undergo a colectomy within 20 years after UC diagnosis (17, 19). Although colectomy is widely seen as a definitive treatment option for UC, the procedure often leads to complications such as acute or chronic pouchitis and risk of infertility (17, 20). Results from a recent systematic review of 99 studies (conducted between 1976 and 2014 and involving >180,000 patients) suggest that approximately one-third of patients who undergo colorectal surgery for UC have long-term or late-occurring complications (20).

A more systematic use of guidelines may influence physicians’ current therapeutic goals and perhaps provide an opportunity to provide sustained suppression of inflammation and perhaps change the course of the disease (18). Physicians utilize guidelines supported by clinical data to assess disease and make treatment recommendations. (21). The goal for treatment are induction and maintenance of remission of symptoms to provide an improved quality of life, reduction in need for long-term corticosteroids, and minimization of cancer risk (21).

AGA’s recently published care pathway for UC provides a systematic approach for assessing evidence and making recommendations that can be developed into a management pathway for UC and hold the promise of improving health outcomes (16). The Care Pathway illustrates that the standard assessment of UC activity (as mild, moderate or severe) at one
time point is insufficient and that disease risk is also important and allows for flexibility in certain clinical scenarios to guide selection of therapy. (16). For example, for high risk outpatients, recommendations include short course steroids within initiation of thiopurine, anti tnf or anti integrin therapies with or without thiopurines.

Optimizing current treatment options and employing systematic care pathways  may improve health care professionals’ ability to individualize treatment to achieve disease modifying goals, prevent disease progression, meet evolving quality improvement indicators and improve patient outcomes (2).

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<thead>
<tr>
<th>Potential learner</th>
<th>Gastroenterologists and other health care professionals (HCP) who treat patients with ulcerative colitis</th>
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<tbody>
<tr>
<td>Educational format</td>
<td>1) Live symposium at CCFA 2015 with an enduring component. 2) Other educational initiatives including delivery formats and learning techniques based on adult learning principles and tailored to independently identified gaps of the learners will be considered.</td>
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<td>Outcome measures</td>
<td>At minimum, the educational evaluation plan must be designed to objectively measure improvements in HCP knowledge and competence (Level 4) (15).</td>
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<td>Funding guide</td>
<td>Budget should demonstrate fiscal responsibility and cost effectiveness.</td>
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**Submission Requirements**

When responding to this CGA, please follow the established guidelines for the Takeda medical education grant submission process. If the activity includes multiple providers the accredited provider must submit the grant request. All applications must be submitted online through [www.takedaeducationalgrants.com](http://www.takedaeducationalgrants.com). Grant applications submitted after the deadline will not be reviewed.

The education must be accredited by the appropriate accrediting bodies, be fully compliant with ACCME criteria and the Standards for Commercial Support and must be in accordance with the U.S. Food and Drug Administration’s Guidance on Industry-Supported Scientific and Educational Activities. If accepted, must attest to the terms, conditions and purposes of an educational grant as described in the Takeda letter of agreement.

Immediately upon reconciliation, Takeda will solely determine if Provider or any Educational Partner made any value transfers in connection with the educational activity that must be reported in connection with Commercial Interest’s Transparency Reporting program. Should Takeda determine that a particular value exchange must be reported, Provider and/or Educational Partner shall provide any information requested by Takeda within thirty (30) days of the request. Provider and Educational Partners shall not withhold any information reasonably required by Commercial Interest in connection with its reporting obligations.
References