EDUCATIONAL GAP

Managing Multiple Sclerosis (MS) is an ongoing process, beginning with the first symptoms throughout the disease course. In an effort for patients to take care of themselves and to effectively discuss with their health care provider it is important for them:

1. to understand the disease and the symptoms;
2. to be aware of the available therapies and emerging therapies; and
3. to be aware of disease management and health and wellness.

There is a range of data that illustrates how comprised quality of life and MS affects patients. Studies worldwide show that health-related quality of life (HRQoL) is diminished more often in patients with MS than in patients with other chronic diseases. The reason: MS-related disability affects daily living to a greater extent than other chronic diseases. After diagnosis, at least one third of MS patients experience a significant decline in their standard of living. Unemployment rates among community-dwelling patients with MS reach 70%, and half of these individuals are unemployed because of their disease. Within 10 years of symptom onset, 50% of MS patients cannot fulfill household or employment responsibilities.

While progressive disease and physical disability are associated with poor HRQoL, limited social participation among patients with MS appears to be more predictive of low HRQoL. Among the strongest, validated predictors of low HRQoL in MS are depression and cognitive impairment; although other possible factors—like poor anxiety, fatigue, and behavioral problems—exist.¹

When considering HRQoL, there appears to be a disconnect between clinicians and patients with MS. Clinicians are more concerned about the physical aspects of the disease, whereas patients are more concerned with the burden of role limitations and neuropsychiatric issues.¹

ELIGIBILITY CRITERIA FOR PROPOSALS

Biogen Grants Office is seeking proposals that will address the above-noted independently identified gaps. Initiatives should ultimately increase patients’ and caregivers’ knowledge in:

1. How to effectively communicate with their HCP.
2. New therapies and disease management agents.
3. Ways to motivate and maintain a patient’s commitment to healthy living.

Preference will be given to proposals that reinforce the above-mentioned gaps and that are multi-supported and offer multi-component delivery formats (for example: live activity with enduring materials as spin-offs).
**NOTE**

Consistent with Biogen’s policies and our commitment to conduct business ethically, all proposals for continuing education programs must comply with Federal laws, regulations and the guidelines established by the OIG, FDA, PhRMA Code and other relevant agencies.

- Proposals must be fair and balanced and scientifically sound.
- Data must be objectively selected.
- Content must be independently developed.
- Biogen will not provide input or suggestions relating to content, selection of presenters or moderators, or program format.
- Biogen will not support proposals that are linked to prescribing, purchasing, and formulary status or reimbursement activities.

**References:**

1 The prevalence of pediatric MS is unknown. A recent surveillance study in Canada indicated that the incidence of acquired demyelination of the CNS in persons younger than 18 years of age is 0.9 per 100,000 (Source: Banwell B et al. Incidence of acquired demyelination of the CNS in Canadian children. Neurology. 2009;72:232-239). For the purposes of this analysis, only adults with MS are considered.
