Bristol Myers Squibb™

Quality Improvement Initiative in CAR T (QII-CAR T)

Applicant Guide

Real-world and clinical data have demonstrated the feasibility and benefits of delivering chimeric antigen receptor T-cell (CAR T) therapy through optimized care pathways, including but not limited to outpatient models, for appropriately selected patients. As CAR T adoption expands across hematologic malignancies, many centres are exploring innovative strategies to improve efficiency of care delivery, reduce strain on inpatient resources, enhance coordination across care teams, and improve the overall patient experience.

Outpatient administration and monitoring models, as well as other initiatives designed to optimize healthcare resource utilization, have shown the potential to maintain high standards of safety while improving system efficiency (Linhares et al, Blood Advances, 2024). These approaches may reduce inpatient bed utilization, improve patient flow, and lessen treatment burden by enabling care to be delivered in ambulatory or home-based settings when clinically appropriate. Beyond site of care, efforts may include workflow redesign, multidisciplinary coordination, and reduced patient monitoring.

The QI Initiative for CAR T Therapy supports quality improvement projects focused on optimizing healthcare resource utilization for lymphoma patients across the CAR T care continuum. Supported projects should aim to implement sustainable, system-level changes that improve efficiency of care delivery, strengthen healthcare system capacity and improve the patient experience. Initiatives may extend beyond outpatient administration to include process improvements, infrastructure optimization, and care pathway innovations with the potential for scalability and broader applicability across institutions and hospital networks.

Objective	The BMS Quality Improvement Initiative in CAR T Therapy (QII-CAR T) for patients with lymphoma, aims to support hospitals and healthcare providers in adapting to the growing use of CAR T therapies by advancing initiatives that improve efficiency across the CAR T care continuum. A central focus is the optimization of healthcare resource utilization—such as outpatient and ambulatory care models—while appropriately reducing reliance on traditional inpatient settings. Supported projects should be sustainable, data-driven, and focused on system-level improvements with clearly defined outcomes that enhance both patient experience and healthcare system efficiency. Projects are encouraged to generate insights that are scalable and transferable across institutions and healthcare networks.
Important dates	• **RFP Launch:** April 2026 • **Application Deadline:** Proposals will be reviewed on a rolling basis, with a final submission deadline of September 30th, 2026. BMS reserves the right to close the RFP prior to the stated deadline. • **Decision Notification:** Approximately one month following submission. • **Funding Distribution:** Upon execution of a fully signed agreement (no agreements will be executed after November 15, 2026) • **Anticipated Project Start Date:** Approximately one month after agreement execution

Bristol Myers Squibb™

Quality Improvement Initiative in CAR T (QII-CAR T)

Applicant Guide

Eligibility	The BMS QII-CAR T is open to all health care organizations involved in the delivery of CAR T therapy. Eligible applicants include hospital-based healthcare professionals actively involved in the care of lymphoma patients treated with CAR T therapies, applying on behalf of their institution. Eligible professionals may include, but are not limited to: • Physicians • Pharmacists • Nurses and all nursing-affiliated personnel • Other hospital-based professionals that participate in or who have an interest in improving the delivery of care to cancer patients treated with CAR T therapies. Proposals must describe a new quality improvement project or a new component of an existing initiative. Projects currently funded by BMS or other external sources are not eligible unless the funding is used to support a new aspect of the larger project. Research proposals are not eligible for funding.
Funds available	Individual projects requesting up to $50,000 will be considered. The number of funded projects will depend on application quality and budget justification. BMS reserves the right to close the RFP at any time.
How to submit	Applicants must complete the QII-CAR T Application Form and submit it to **QIICART@bms.com**. Applications received after the deadline will not be reviewed.
Conditions of funding	• Funding will be provided to the applicant's not-for-profit institution, which must enter into a standard agreement with BMS. • Payment will be provided at the time of contract execution. Some proposals may be tied to milestone completion. • BMS may use selected non-confidential elements of the project summary for visibility purposes (ex. Project Title, Applicant Name and Organization, Unmet medical need, Proposed Intervention). • Upon completion of the project, applicants are required to complete a short final project report to BMS. This final report may be used by BMS for visibility purposes to help the broader healthcare community through knowledge transfer and dissemination. • All presentations and publications must acknowledge BMS as a funding source.
Use of funds	• QII-CAR T funding must be used exclusively for the approved project. • Funds may not be used to: (i) pay travel, lodging, registration fees, or personal expenses; (ii) supplement or replace missing hospital operational resources or human resources; (iii) supplement or replace institutional /clinical operating budgets or (iv) purchase capital equipment such as computers, iPhones, tablets, appliances, machinery,

	camera equipment, sensors, etc (v) support research projects (clinical research or basic science projects). • Institutional overhead costs must be included within the total project budget.
Review process	Applications will be independently evaluated by a BMS Review Committee based on predefined criteria. A minimum average score of **80** is required for consideration. All applicants will receive a summary of reviewer feedback, with decisions communicated approximately one month after submission.

CRITERIA	SCORE
RELEVANCE • The project aims to improve healthcare resource utilization or workflow transformation that will directly impact lymphoma patients receiving CAR T therapy • The project does not duplicate other projects/materials already developed or available • The project targets rapid cancer care quality improvement (project to be completed in one year)	**/25**
FEASIBILITY • The project is realistic within the proposed health care environment, with realistic timelines • The team has the necessary expertise for the success of the project • Identified risks can be mitigated • The proposed budget is realistic • The project has received support from relevant Departmental Leadership and other project stakeholders (ex. Nursing, Pharmacy, etc)	**/25**
EVALUATION OF IMPACT • There is a plan for evaluating the impact of the project	**/10**
SUSTAINABILITY • The sustainability plan is realistic within the healthcare context • There is a plan to financially sustain this solution in the short and long-term (if applicable) • Consideration has been given to other domains of sustainability beyond financial (ex. people, health policy, socioeconomic/culture, environmental)	**/20**
TRANSFERABILITY • The experience gained, or knowledge obtained from the deployment of this project has the potential to be a spread initiative to other healthcare teams, or hospitals • There is a plan for knowledge transfer	**/20**
TOTAL SCORE	**/100**

Contact	For additional inquiries, please contact: **Caroline Rousseau, PhD** **Scientific Advisor, Cell Therapy** **QIICART@BMS.com**