

EVALUATION FORM
Advances in Cancer Immunotherapy™ Regional Education Program 2018
December 15, 2018 – Pittsburgh, PA
Activity ID: 14058-LI-37

Please complete the following evaluation questions to receive your certificate.

1. What degree best describes you?

- MD/DO PA/PA-C NP RN
 PharmD/RPh PhD Other, please specify: _____

2. What is your area of specialization?

- Biochemistry Cellular Biology Clinical Investigations/Clinical Trials
 Dermatology Genetics and Genomics Hematology
 Immunology Internal Medicine Medical Oncology
 Microbiology Molecular Biology Neuro-oncology
 Pathology Pediatric Oncology Pharmacology/Toxicology
 Radiation Biology/ Oncology Research Administration Surgical Oncology
 Transplantation Other (please be specific): _____

3. Which of the following best describes your *primary* practice setting?

- Academic Medical Center Clinic Group Independent Clinic Group Owned
 Solo Private Practice Community Hospital with Community Hospital without
 Government/Regulatory Training Program Training Program
 Industry/Biotech Industry/Biotech Industry/Biotech
(1-50 Employees) (51-500 Employees) (500+ Employees)
 Investor Foundation/Non-Profit/
Patient Advocacy Organization
 Other, please specify: _____

4. How long have you been in practice?

- More than 20 years 11-20 years 6-10 years
 1-5 years Less than 1 year I do not directly provide care

5. Approximately how many patients do you see each week?

- Less than 50 50-99 100-149
 150-199 200+ I do not directly provide care

6. How many oncology patients do you currently see each week?

- Less than 5 5-15 16-25 26-35
 36-45 46-55 56 or more I do not directly provide care

7. Please select the extent to which you agree/disagree that the activity supported the achievement of each learning objective:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Describe the rationale for common approaches to cancer immunotherapy.	⑤	④	③	②	①
Identify the appropriate clinical management of common side effects of immunotherapy agents.	⑤	④	③	②	①
Implement cancer immunotherapy treatments for melanoma, lung, genitourinary, head and neck, and/or hematologic cancers into clinical practice appropriately.	⑤	④	③	②	①
Identify solutions to overcome operational and financial barriers to integrating cancer immunotherapy into their practice setting.	⑤	④	③	②	①
Implement appropriate cancer care counsel in the clinical setting.	⑤	④	③	②	①

8. Please select the extent to which you agree/disagree that the activity achieved the following:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The faculty were effective in presenting the material	⑤	④	③	②	①
The content was evidence based	⑤	④	③	②	①
The educational material provided useful information for my practice	⑤	④	③	②	①
The activity enhanced my current knowledge base	⑤	④	③	②	①
The activity provided appropriate and effective opportunities for active learning (e.g., case studies, discussion, Q&A, etc.)	⑤	④	③	②	①
The opportunities provided to assess my own learning were appropriate (e.g., questions before, during or after the activity)	⑤	④	③	②	①

9. Based upon your participation in this activity, do you intend to change your practice behavior? (choose only one of the following options)

- I do plan to implement changes in my practice based on the information presented
- My current practice has been reinforced by the information presented
- I need more information before I will change my practice

10. If you plan to change your practice behavior, how confident are you that you will be able to make your intended changes?

	Very Confident	Somewhat Confident	Unsure	Not Very Confident	N/A
Apply latest guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will be more likely to refer a patient to a clinical trial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change in pharmacological therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change in non-pharmacological therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change in diagnostic testing (e.g. biomarker testing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change in how or when I refer patients to other specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change in how or when I ask my patients about symptoms indicative of irAEs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will be more likely to combine different immune-based therapies (together or with other agents)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seek additional support to initiate IO treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. If you plan to make a change not listed in the previous question, please describe that change below:

12. Thinking about how your participation in this activity will influence your patient care, how many of your patients are likely to benefit?

Please use a number (example 250): _____

13. Which of the following do you anticipate will be the primary barrier to implementing these changes?

- | | |
|--|---|
| <input type="radio"/> Formulary restrictions | <input type="radio"/> Insurance/financial issues |
| <input type="radio"/> Time constraints | <input type="radio"/> Lack of multidisciplinary support |
| <input type="radio"/> System constraints | <input type="radio"/> Treatment related adverse events |
| <input type="radio"/> Patient adherence/compliance | <input type="radio"/> Other, please specify: _____ |

14. Was the content of this activity fair, balanced, objective and free of bias?

Yes No, please explain:

15. Please list any clinical issues/problems within your scope of practice you would like to see addressed in future educational activities:

16. Would you recommend this program to others?

Yes No

17. On a scale from 1 to 5 (5 being the most satisfactory) what is your overall evaluation of this CME activity?

5 4 3 2 1

18. How do you prefer to receive education specific to cancer immunotherapy?

- | | | |
|--|---|--|
| <input type="radio"/> Specialized Degree/Certification | <input type="radio"/> Local In-Person Continuing Education Activities | <input type="radio"/> Journal Articles |
| <input type="radio"/> Print Material | <input type="radio"/> Archived Session Recordings of Live Events | <input type="radio"/> Smart Phone Applications |
| <input type="radio"/> Training at Work Place | <input type="radio"/> Online Continuing Education Activities | <input type="radio"/> Blogs |
| <input type="radio"/> National In-Person Continuing Education Activities | <input type="radio"/> Live Webcasts | <input type="radio"/> No previous education |
| <input type="radio"/> Regional In-Person Continuing Education Activities | <input type="radio"/> Self-Paced Online Course | <input type="radio"/> Other: _____ |

Request for Credit (*required fields)

Name* _____ Degree* _____

Organization _____ Specialty* _____

Address* _____

City, State, ZIP* _____

Telephone _____ Fax _____

**IMPORTANT: Your certificate will be EMAILED to your listed email address* below.
(please print legibly)**

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*Valid email address required for receipt of your certificate.
You will receive your certificate from CEcertificate@pimed.com.

For Physicians

- I participated in the entire activity and claim **3.0** credits.
- I participated in only part of the activity and claim _____ credits.

For Pharmacists

- I participated in the entire activity and claim **3.0** contact hours (0.30 CEUs).
NABP ePID (maximum of 10 digits) _____
Date of Birth (MMDD) _____

For Nurses

- I participated in the entire activity and claim **3.0** contact hours.

Following completion, either scan and email to inquiries@pimed.com, or fax directly to (303) 858-8848. You will receive a certificate with credit from CEcertificate@pimed.com once processed.

For ABIM MOC credit, you must follow complete the evaluation online, here are the instructions:

1. Go online to CME University at www.cmeuniversity.com.
2. Register or log in (takes less than one minute to register).
Once logged into CME University, follow these steps:
3. Click on the "Find Post-Test/Evaluation by Course" at the top of the page, type "14058" and hit enter.
4. Click on the activity title "Advances in Cancer Immunotherapy™ (2018-2019) Pittsburgh, PA MOC CREDIT"
5. Complete the posttest and evaluation form. Receive an immediate CME Certificate to download and/or print for your files