

CE EVALUATION FORM
31st Annual Fall Cancer Conference - October 27, 2023 N= 87

- H. What topics would you like to see discussed at future conferences?** Practical topics for nurses. Mental illness; How cancer centers assist patients with high co-pays for cancer treatment; Neuro- onc (GBM, PCNSL), **Radio Pharmaceuticals**, medication updates (New approvals), **Radiology** and Therapy (Theragnostic); Topics vlt nursing care; Supportive care/ end of life measures how to speak to patients; Immunotherapy. TKI; Nova; cancer treatments SE and related interventions; Bread; N/A- retired; Bio specifics, oncology policy- present bills; Types of cancer and their specific treatment and related research; Explanation of multiple myeloma labs; Evolution of cancer care; CLL/ SLL, follicular lymphoma, esophageal/ pancreatic cancers; Nursing implications; Nursing POV; Updated drugs approved in year since last conference; Updated career referring guidelines, next generation referring updates; Surgical oncology, nursing concepts; DOACs In Cancer; Low dose lung CT clinic; **Allogeneic stem cell transplant**; More BITES therapy; Similar topics- new treatments; New equipment in **Radiation therapy**; cardio- oncology, sexuality issues with cancer patients; Lung! **And Radiation Oncology**; Colon and Breast treatment updates, treatment side effect management- other than immuno toxicity; Unique toxicities and management of toxicities of antibody- DNA conjugates with focus on role of **multi-disciplinary team** (cardio, pulm, ortho, dermat); Communication efforts between appointments; New imaging tracers (noc med/pet) rad onc Tx; **Community outreach**; Bone marrow transplant; **Genetics**, breast oncology; Any.
- I. What do you consider to be the single biggest problem that you face in your practice?** N/A (2); Financial co-pays transportation; Staff shortages; Availability of testing; Med access (cost); Lack of support staff; Staffing- overbooking; Health Illiteracy; Pt. poverty- lack of resources; Lack of staff, information does not always cross form outpatients to inpatient; Communication; Access; No social worker; N/A- retired; Resources , money, staffing, and drive to apply more modern interventions; Transportation; The bread large of knowledge required for all of the diseases we treat; Access to care and lack of a medical oncologist; Social issues affecting patient care; Burnout; Staffing; lack of time and staff; learning all new updates and research how it changes practice; **WVU main campus changes or updates need to be better communicated to satellite service areas**; Med-onc. 1 day every other week, we need med onc at least one day weekly; lack of many services; Access to care in rural patients; Time, pushed to see more and more patients and slots shortened; ?; Time, support; Clinical trials- physician by in. Providing specialty services close to home- pts unable to travel- transportation limiting pt. treatments; Physician engagement. Staff engagement; Implementation of more automated ways to identify patients that are candidates for trials would be extremely beneficial; Communication (meaningful); Not enough staff, non-competitive salary; None.
- J. Additional Comments:** Enjoyed Panel Discussions and case Studies; Please improve the lunch entrée quality; remember the inpatient side for education with new treatments; Wish speakers would repeat questions asked of them as many did not use microphone- could not hear question- tables in back on many accesses has difficulty hearing speaker as they did not speak into microphone as well- they need reminded to do so! Our table under air-cond. fan and we all were cold- meals were excellent!; registering for this conference was challenging which it shouldn't be. Main conference room too cold, not enough beverage available; N/A; Could each exhibition have a business card that would be ? In our pockets? Maybe attached to the "special thanks" page; catering fail- Food was great, but having a single line for these many attendees is not good planning. Took an hour for everyone to make it thru the line; Very good; the line for lunch was ridiculous, not the first time. Sound was terrible. Speakers, organization great; having patients and/ or caregivers provide insight/ experiences as part of presentations would be very impactful; None.

CE EVALUATION FORM
30th Annual Fall Cancer Conference - November 4, 2022 (N = 74)

- H. What topics would you like to see discussed at future conferences?** Surgical aspects, nursing topics/care; Molecular studies, NGS, **genomic testing**, liquid biopsy; Patient assistance transportation options; Pancreatic cancer; More outside speakers; Sarcoma; GI microscopy; N/A; **Genetics**, HPB / Colorectal / GI cancers, survivorship; Symptom management regarding new oral therapies; Palliative care and peri management of cancer; Relapsed/refractory myeloma, hematologic malignancy, GU oncology; Immunotherapy; Melanoma, thymoma, palliative care or hospice discussion early in clinical course; Oropharyngeal malignancies; Addressing WV patient barriers to care; Focus on women's health – specifically gynecologic cancer; Surgical therapies, oral chemo adherence, more from IV to puncture drug prescriptions PBM therapy for oral symptoms; Colon cancer updates and **genetics**; **new techniques RT radiation therapy**; GYN malignancies; More malignant care, I would love it if you would do an ASH review; Chemo adverse events; The pharmacy update – was done in the past years; Oral & Nako/lofanol complications of cancer therapies; Other cancers like GI/GU/Melanoma/Head & neck/Clinical trials, would like to see surg-onc surgeons speak; Improving quality of life while on treatment, symptom management; N/A; Research/clinical trials; GI oncology, GU oncology; Oral chemotherapy management; Integration and utilization of oncology specific pharmacies / pharmacists; Updates in immunotherapy toxicity management, updates with lung cancer; **ONC drug updates in general would be great**; Monitoring & management of newer targeted therapies like bispecific t-cell engagers, **WVU experience with radioactive targeted therapies** such as Lutathera and Pluvicto; Current clinical trials
- I. What do you consider to be the single biggest problem that you face in your practice?** Obtaining info on new treatments / clinical trials; **Collaboration amongst team members**; Insurance approval / patient access to medications; Lack of resources, more staff needed; Insurance; Insurance approvals; Too many patients too little time; Lack of communication; N/A; Poor communication, necessity to do multiple things at once; Time, support from all levels of management; **Interprofessional connections**; Time constraints; Getting breast imaging, biopsy & surgery in a timely manner; N/A – not in practice (RN educator); Transportation, poor health literacy; Large patient number, limited clinic space/time; Difficulty with patient transportation and inconsistent follow-up; Lack of staff; Barriers to treat our patient population; Transportation; Getting all the ducks in a row (so hard to practice when things don't work together); Compliance; Inadequate tissue obtained & vague pathology reports; Having enough tissue from biopsy for molecular testing; Staff attrition; Lack of space to treat patients in a timely manner; Patients distance, poor health literacy; Patient compliance; N/A; Work/life balance, not enough time to complete daily tasks; Nonadherence; Provider/pt education / awareness; Transportation barriers; Wearing multiple hats; Insurance coverage in a timely manner, delayed appointments due to a busy clinic; Staffing shortages
- J. Additional Comments:** It was hard to hear the speakers; None; The quality of the food was much poorer than in the past, in the future please consider options that have been salted if the food would typically be cooked without salt, also it would be great to have water/coffee at each table; I always enjoy Dr. Abbas speak, his passion shows by his commitment to provide care; Give CE to dentistry – we are part of the cancer patient care (dentist and dental hygienists); None; Virtual component would have been great for those unable to

travel du to patient care constraints; CE to dental teams – we have an oral medicine expert at WVU SOD, dental integrated