

		CE/CME Evaluation & Credit Claim Form TITLE OF ACTIVITY: “Non-Small Cell Lung Cancer: Second-Line Therapy and Beyond”		Enduring Credits: 1.00 <input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored	
Date:					
Please Check One: <input type="checkbox"/> St. Vincent’s Birmingham <input type="checkbox"/> St. Vincent’s Blount <input type="checkbox"/> St. Vincent’s Chilton <input type="checkbox"/> St. Vincent’s East <input type="checkbox"/> St. Vincent’s St. Clair <input type="checkbox"/> St. Vincent’s One Nineteen <input type="checkbox"/> External Meeting					
St. Vincent’s Health System is committed to excellence in continuing education and your opinions are critical to us in this effort. Please note: a CME/CE certificate is issued only upon receipt of this <u>completed</u> evaluation form. PLEASE PRINT					
Legal Name:				Email Address: <i>(This is where your CE/CME certificate and or transcript will be sent)</i>	
Identify which continuing education hours apply to you:		<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/> RN <input type="checkbox"/> PharmD <input type="checkbox"/> RPh <input type="checkbox"/> Tech <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Social Worker <input type="checkbox"/> Student <input type="checkbox"/> Other		Ministry and Facility: Pharmacists please enter your NABP # & DOB	
Comments on this Enduring Material:					

Method of Participation - To receive a maximum of *1.0 Credit(s)* you should:

- View the materials in this enduring material.
- Complete the posttest (you must answer 4 out of 5 questions correctly).
- Complete and submit the CME/CE registration and evaluation forms.

The estimated time to complete this activity, including review of the materials, is 1.0 hour(s).

Statement of Evaluation Instrument: The activity post- test and evaluation instrument are required for credit. Learners must earn a 75% correct rate on the post-test to receive credit.

1. What would you recommend for a patient with nonsquamous NSCLC and low PD-L1 expression who progressed 4 months after completing first-line treatment with Carbo/Pemetrexed/Pembrolizumab, while receiving Pembrolizumab/Pemetrexed maintenance?
 - a) Switch to different immune checkpoint inhibitor and chemotherapy
 - b) Rechallenge platinum-based chemotherapy ± Bevacizumab
 - c) Continue Pembrolizumab and switch chemotherapy
 - d) Docetaxel + Ramucirumab
 - e) Docetaxel
2. During advanced NSCLS you determine current treatment landscape for performance status, histology, presence of driver mutations, PD-L1 expression.
 - a) True
 - b) False

3. Name two factors that impact treatment selection for patients who have progressive disease after first-line therapy:

4. During immune related adverse events it is important for early recognition/management and to educate patients and all the healthcare team.
- a. True
 - b. False
5. Immunotherapy is taking central stage in the management of advanced NSCLC.
- a. True
 - b. False

Please scan back for credit to: lisa.davis2@ascension.org

Phone: (205) 838-3225 Fax: (205) 838-3518

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JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION



Attendance Roster

“Lung Cancer – Second-Line
Therapy and Beyond”

Date: _____

Instructor: Rathi Pillai, M.D.
Cancer Institute

Credits: 1.0

OUTSIDE ACTIVITY

☒ Inter-professional ☐ Single Discipline
☒ Direct Sponsored ☐ Jointly Sponsored

Please Check One: ☐ St. Vincent's Health (Bham) _____
☐ Providence (Mobile) ☐ Ascension _____ ☐ Other: _____

Name (Please Print)	Hospital/Ministry/ Business	(Pharmacy) DOB & NABP #	Check That Apply
			<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> Pharmacist <input type="checkbox"/> RPh <input type="checkbox"/> Pharmacy Tech <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Social Worker <input type="checkbox"/> Student <input type="checkbox"/> Other
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In support of improving patient care, Ascension/St. Vincent's Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

This activity was planned by and for the healthcare team, and learners will receive 1.0 IPCE credits for learning and change.

Faculty/Course Director/Planners: STVHS has selected all faculty participating in this activity. It is the policy of STVHS that all CME/CE planning committees, faculty, authors, editors, and staff disclose relationships with commercial interests upon nomination or invitation of participation. Disclosure documents are reviewed for potential conflicts of interest and if relevant, they are resolved prior to confirmation of participation. Only those participants who have no conflict of interest or who agreed to an identified resolution process prior to their participation were involved in this activity.

Please scan back for credit to: lisa.davis2@ascension.org (Info must be completely filled out for credit)

Fax: (205) 838-33518



EVALUATION FORM

Post-Platinum Therapeutic Options in Advanced Non-Small Cell Lung Cancer

Tuesday, August 14, 2018 – Birmingham, Alabama

Project ID: PI8LCR018

prIME Oncology is committed to excellence in continuing education, and your opinions are critical in this effort. To assist us in evaluating the effectiveness of this activity and planning future educational offerings, please take a few minutes to complete this evaluation form. All responses are confidential.

Shade in bubbles = ●

What is your profession?

- ☐ Physician ☐ Physician assistant ☐ Nurse practitioner ☐ Nurse ☐ Pharmacist ☐ Other healthcare practitioner ☐ Nonclinical

What is your practice setting?

- ☐ Community ☐ Academic ☐ Nonclinical

How many patients in this therapeutic area do you see each week?

- ☐ 1-20 ☐ 21-40 ☐ 41-60 ☐ 61-80 ☐ 81+ ☐ Not applicable

Please rank the overall quality of this activity.

- Great (5) Good (4) Neutral (3) Poor (2) Very Poor (1)

Please rate your level of agreement by marking the appropriate rating.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
This activity met the stated educational objectives.	(5)	(4)	(3)	(2)	(1)
This activity contained content relevant to my practice.	(5)	(4)	(3)	(2)	(1)
Presenter(s) was/were knowledgeable and effective.	(5)	(4)	(3)	(2)	(1)
This activity increased my likelihood to change management strategies in this therapeutic area within the next six months.	(5)	(4)	(3)	(2)	(1)

As a result of attending this educational activity, please list one or two specific changes in your practice you are committed to making.

Was this educational activity fair, balanced, and free of commercial bias? If no, please elaborate.

☐ Yes

☐ No _____

Are there any specific barriers to practice associated with this therapeutic area for which you would like further education?

Please provide any additional comments or feedback: _____

Prior to the educational activity			1: Not Confident	2: Confident	3: Very Confident	After the educational activity		
①	②	③	Please rank your confidence in treating this therapeutic area			①	②	③

Select the national quality strategy priorities this program addressed. (Select all that apply)

- ☐ Safer care
 ☐ Effective communication
 ☐ Coordination of care
 ☐ Effective treatment practices

Select the barriers to optimal patient care this program addressed. (Select all that apply)

- ☐ Conflicting evidence
 ☐ Cost of therapy
 ☐ Patient adherence
 ☐ Clinical trial access
 ☐ Lack of training
 ☐ Patient knowledge

Select the quality components this program addressed. (Select all that apply)

- ☐ Shared decision making
 ☐ Care management
 ☐ Communication
 ☐ Patient education
 ☐ Treatment expectations
 ☐ Care transition
 ☐ Cross-provider coordination

To claim your certificate, please provide your email below, and a certificate link will be e-mailed to you:

Email:

_____@_____._____