

Evaluation and Request for Credit Form

9888 Journal Supplement

Molecular Analysis-Based Treatment Strategies for the Management of Non-Small Cell Lung Cancer

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Release date: August 25, 2009

Expiration date: August 24, 2010

Participant History

My preferred educational format is: <input type="checkbox"/> Symposium/conference/workshop <input type="checkbox"/> CD-ROM/DVD <input type="checkbox"/> Podcast <input type="checkbox"/> Online activity <input type="checkbox"/> Monograph/journal supplement <input type="checkbox"/> PDA CME <input type="checkbox"/> Satellite broadcast	Number of CME-accredited articles read annually: <input type="checkbox"/> 0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16-20 <input type="checkbox"/> >20
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Educational Objectives

Indicate on a scale from 1 to 5 the extent to which you agree that the activity met the following educational objectives.

Please use the following codes to evaluate: 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

Describe the rationale for using molecular markers to individualize treatment for patients with NSCLC.	① ② ③ ④ ⑤
Evaluate the use of molecular profiling to predict clinical outcomes in the adjuvant setting for patients with NSCLC.	① ② ③ ④ ⑤
Discuss the use of predictive markers to direct selection of chemotherapeutic agents for the treatment of NSCLC.	① ② ③ ④ ⑤
Discuss the use of molecular markers to refine the use of targeted agents for the treatment of NSCLC.	① ② ③ ④ ⑤
Describe data supporting the use of clinical prognostic and predictive factors for patients with NSCLC receiving targeted therapies.	① ② ③ ④ ⑤

Activity Expectations

Indicate on a scale from 1 to 5 the extent to which this activity met your expectations.

Please use the following codes to evaluate: 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

Addressed competencies identified by my specialty.	① ② ③ ④ ⑤
Applied trial data to patients I see in my practice.	① ② ③ ④ ⑤
Addressed barriers to my optimal patient management.	① ② ③ ④ ⑤
Addressed my most pressing questions.	① ② ③ ④ ⑤
Provided clear evidence to support content.	① ② ③ ④ ⑤

Commercial Support and Disclosure

	Yes	No	Comments
Disclosures of faculty relationships or affiliations with commercial organizations were made available to me before this activity.	<input type="radio"/>	<input type="radio"/>	
The commercial supporter was acknowledged.	<input type="radio"/>	<input type="radio"/>	

If you answered "No" to any of the above, please provide details: _____

Activity Effectiveness

Please use the following codes to evaluate: 1 = Needs Improvement 2 = Below Average 3 = Average 4 = Above Average 5 = Excellent

Compared with all other activities that I have reviewed over the past year, I would rate this activity as:	① ② ③ ④ ⑤
My competence level was increased as a result of this activity.	① ② ③ ④ ⑤
Content was current and up to date.	① ② ③ ④ ⑤
What percentage of the content of this activity was new to you? <input type="checkbox"/> 0%-20% <input type="checkbox"/> 21%-40% <input type="checkbox"/> 41%-60% <input type="checkbox"/> 61%-80% <input type="checkbox"/> 81%-100%	
Major strengths of the activity:	
Major weaknesses of the activity:	

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Future Educational Needs

Please list any other topics or delivery formats you would like to see in future educational activities: _____

Do you have any suggestions for improving this or future activities? _____

Activity Outcomes Measurement

Please use the following codes to evaluate: 1 = No Change 2 = Little Change 3 = May Change 4 = Some Change 5 = Will Change

Do you expect your management strategies in this clinical area to change within the next 6 months as a result of participating in this activity?	① ② ③ ④ ⑤
To what extent could this activity improve your patient care/outcomes?	① ② ③ ④ ⑤

State a change you are committed to making in your practice based on the objectives of this activity: _____

Request for Credit Form

<p><u>If you wish to receive credit for this activity, please complete and submit this form to the CBCE.</u></p> <p><input type="checkbox"/> CME: I participated in the entire activity and claim 1.25 <i>AMA PRA Category 1 Credits</i>TM.</p> <p><input type="checkbox"/> I participated in only part of the activity and claim partial credit hour based on _____ hour of instruction (eg, 0.75, 1.0).</p> <p><input type="checkbox"/> CNE: I participated in the entire activity and claim 1.25 nurse contact hours.</p> <p><input type="checkbox"/> CPE: I participated in the entire activity and claim 1.25 pharmacy contact hours.</p> <p><input type="checkbox"/> You have permission to contact me in approximately 6-8 weeks to determine if I was able to implement changes in my practice as a result of this activity. Contact me by:</p> <p><input type="checkbox"/> E-mail <input type="checkbox"/> Fax</p> <p><input type="checkbox"/> I would like to receive information about future CBCE activities.</p> <p>I certify that the above is true and correct.</p>	The following address is my: <input type="checkbox"/> Work <input type="checkbox"/> Home
	Name _____ Credentials _____
	Specialty _____
	Organization _____
	Street Address _____
	City _____ State _____ Zip Code _____
	Country _____
	Phone Number _____
	Fax Number _____
	Signature _____ Date _____

Educational Inquiries

For further information, please contact the CBCE, 1707 Market Place Blvd., Suite 370, Irving, TX 75063; Phone: (214) 260-9024; Fax: (214) 260-0509; E-mail: info@thebcce.com.

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