

Multidisciplinary Cancer Management Course

August 26th – 28th

2019

Course Evaluation Report

Asunción, Paraguay

ASCO[®] International

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Executive Summary

MCMC Asunción 2019

Summary:

- Two-day course on multidisciplinary care of breast and cervical cancers.
- 35 oncologists and other healthcare workers attended the course.
- 25 completed the post-course evaluation (response rate: 71 percent).

Multidisciplinary Care Team Development Program:

- An additional one-day MCTDP was held before the course.
- 97 percent of respondents to the on-site evaluation intended to make practice changes.
- 55 percent or more of respondents reported increases for each of the educational objectives.



MCMC Outcomes

96% of respondents said they planned to make practice changes based on what they learned at the workshop.

80% reported an increase in their understanding of how multidisciplinary teams work together to provide quality care.

48% reported an increase in their willingness to consult with specialists to determine best treatment approaches for their patients.

70% reported an increase in their ability to provide palliative care for their patients.

64% reported an increase in their ability to communicate with patients and their families about diagnosis, treatment options, and palliative care.

76% reported an increase in their ability to treat common cancer types covered in the course.

90% reported an increase in their understanding of resource level appropriate guidelines.

82% reported an increase in their ability to implement resource level appropriate guidelines.

The long-term impact of this course in terms of participants' practice changes will be assessed with a follow-up survey one year after the course.



Background

After joining the City Cancer Challenge (C/Can) initiative the city of Asunción conducted a comprehensive assessment of capacity and needs in cancer care from both the public and private sectors. Among the main challenges identified by the technical groups were the lack of multidisciplinary approach in cancer care and lack of clinical management guidelines adapted to the available resources. As a response to these challenges, a technical group in Asunción supported by C/Can designed a project to develop guidelines for management of the most common and curable cancer in the city (starting with cervix and breast) and the official establishments of multidisciplinary teams to manage patients with those cancers. The groups created to work in these tasks reviewed the literature and available national and international guidelines and prepared a draft that was discussed with a large number of peers from the city.

As C/Can partner, ASCO has responded to the call of support and organize this event to facilitate the consultation of the draft guidelines with international experts (ASCO faculties) and bring its expertise on multidisciplinary teams. After this Course the technical groups in Asunción will finalize the guidelines and draft a resolution to be signed by the Secretary of Health to implement the MDT and the guidelines in all centers treating cervical and breast cancer patients in the city.

ASCO and C/Can have also committed to conducting this process in prostate, colorectal, and pediatric CNS tumors that will culminate in a second course in 2020.

Introduction

The American Society of Clinical Oncology is pleased to have partnered with City Cancer Challenge and the Oncology Nursing Society to present a two-day Multidisciplinary Cancer Management Course from August 26th – 28^h in Asunción, Paraguay.

Thirty-five oncologists and others from Asunción attended the MCMC. The two-day course featured case-based presentations and interactive sessions on different clinical scenarios related to breast and cervical cancers.

The MCMC also included a separate small group Multidisciplinary Care Team Development Program session on August 26. Fifty people attended the MCTDP, which covered multidisciplinary care and tumor board facilitation skills.

Learning Objectives

As a result of attending this workshop, attendees should be equipped to:

1. **Manage most prevalent types of cancer in the region— breast and cervix—using up-to-date practices.**
2. **Understand multidisciplinary cancer management.**
3. **Consult with specialists to determine best treatment approaches for their patients.**
4. **Communicate with patients and their families about diagnosis, treatment options, and palliative care.**
5. **Provide palliative care to patients.**
6. Understand resource level appropriate guidelines for breast and cervical cancers.
7. Implement resource level appropriate guidelines for breast and cervical cancers.

Note: Objectives in bold are standard MCMC objectives; additional objectives are specific to MCMC Asunción.

As a result of attending the Multidisciplinary Care Team Development Program, attendees should be equipped to:

1. Understand multidisciplinary cancer management.
2. Consult with specialists to determine best treatment approaches for their patients.
3. Establish a tumor board.
4. Effectively facilitate a tumor board discussion.

Evaluation Plan Overview

1.) On-site evaluation form

Attendees were asked to complete a written evaluation at the end of the course. Of 35 participants who attended, 25 completed an evaluation form, a response rate of 71 percent.

MCTDP participants completed a separate evaluation. Of the 50 participants, 35 completed the evaluation form (response rate: 70%). Results are available in Appendix 4.

2.) Online follow-up survey

As part of the follow-up for the course, an online survey will be sent to participants one year after the conclusion of the course.

Attendee Demographics

Information about the participants' demographic data was collected through the evaluation form, completed by 25 participants. Roughly half of respondents were oncologists; 65 percent of respondents said they practice at a governmental institution. On average, respondents had 14.4 years of experience in their current profession. Forty-three percent said that they participate in tumor boards, and 83 percent said that they spend more than half of their practice time with cancer patients. Full results in [Appendix 2](#).

Figure 1: Attendees

Profession	# Respondents to Evaluation	% Respondents
	n	%
Medical/Clinical Oncologist	8	32%
Radiation Oncologist	3	12%
Surgical Oncologist	3	12%
Pathologist	3	12%
Breast Care Doctor	2	8%
Other	5	20%
No response	1	4%
Total	25	100%

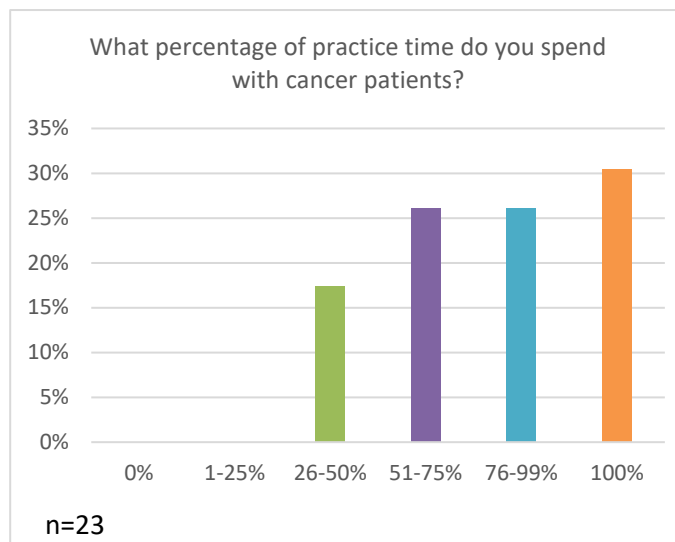


Figure 2: Majority of respondents spend more than half of their time working with cancer patients

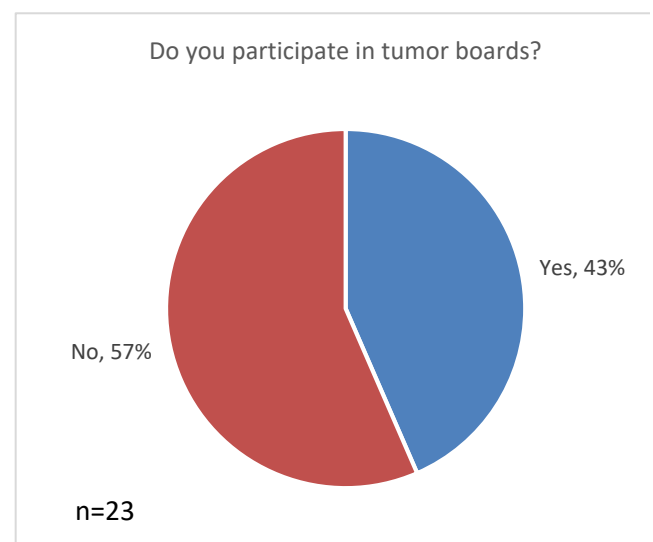


Figure 3: Majority of respondents do not participate in tumor boards

Evaluation Results: Overall Intention to Change Practices

Respondents were asked if they would make a practice change based on information learned at the course. All but one respondent said they planned to do something differently; this is higher than the average for MCMCs (83 percent). These changes include:

- Improving or increasing multidisciplinary care (14)
 - Create a tumor board (5)
- Implement guidelines (2)

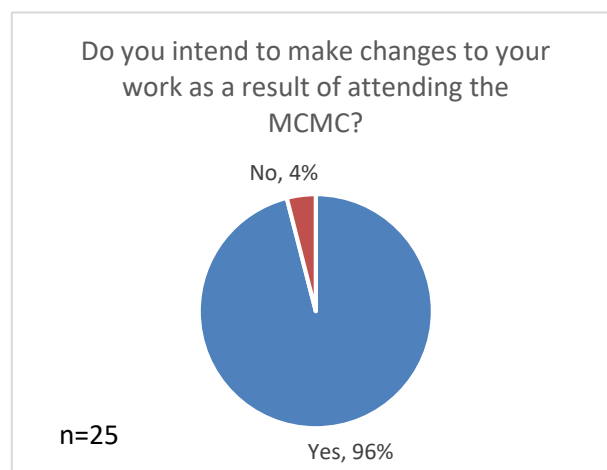


Figure 4: Respondents Plan to Make Practice Changes

Respondents were asked to rate their confidence in their ability to make the changes they intended to make on a 3-point scale from Not at all confident to Very confident. All respondents said that they were somewhat or very confident they would be able to make changes, with an average rating of 2.70. This is similar to the average results from the first two MCMC at which this question was asked (2.67); further comparison data are not yet available.

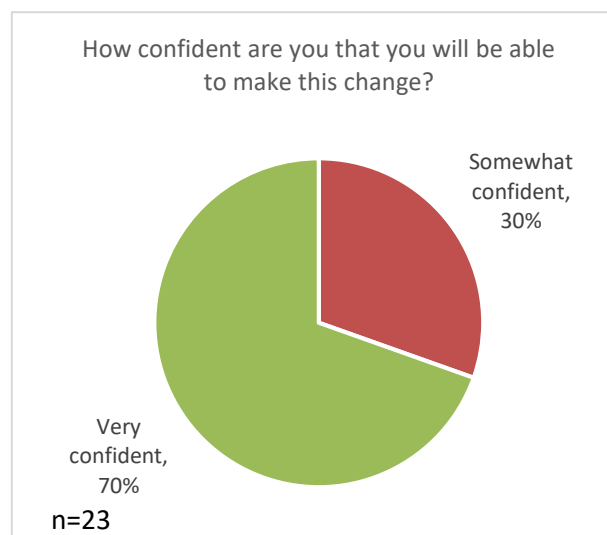


Figure 5: Respondents' confidence in ability to make practice changes.

Evaluation Results: By Learning Objective

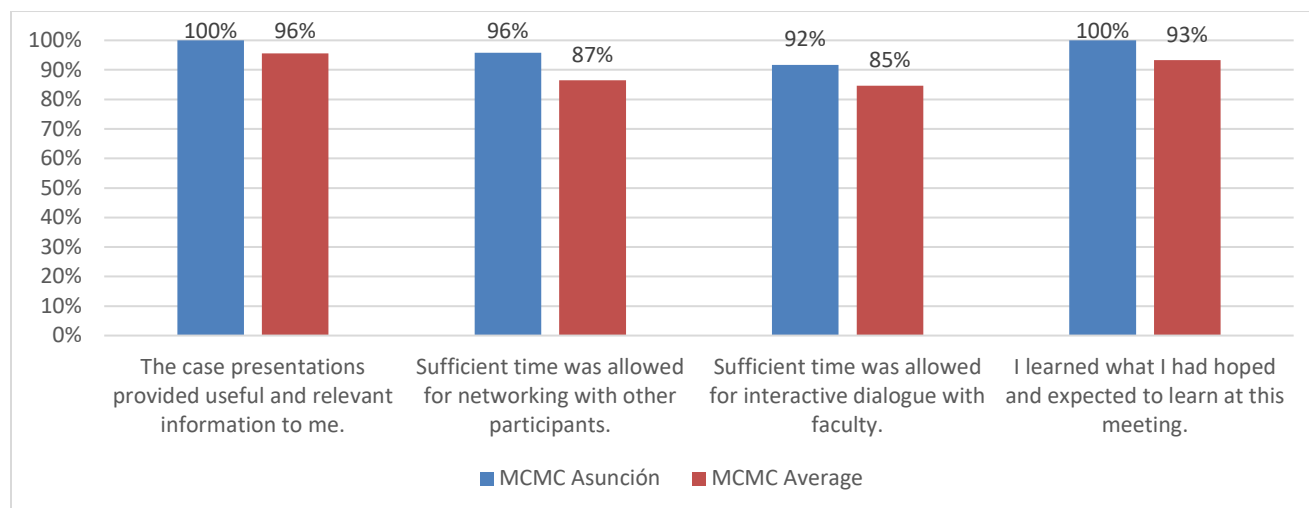
Objectives	Percent of respondents reporting an increase – MCMC Asunción	Percent of respondents reporting an increase – MCMC Average	Mean Before (Asunción)	Mean After (Asunción)	Mean Change (Asunción)	Intended practice changes
1. Manage most prevalent types of cancer in the region – breast and cervical, cancers —using up-to-date practices. (Results are average of 2 items.)*	76%	85%	3.43	4.24	0.81	
2. Understand multidisciplinary cancer management.	80%	92%	3.60	4.56	0.96	
3. Consult with specialists to determine best treatment approaches for their patients.	48%	85%	3.91	4.43	0.52	14 respondents reported intended practice changes related to a multidisciplinary approach to care. 5 of these specified creating tumor boards.
4. Communicate with patients and their families about diagnosis, treatment options, and palliative care.	64%	81%	3.64	4.41	0.77	
5. Provide palliative care to patients.	70%	86%	2.95	3.95	1.00	
6. Understand resource level appropriate guidelines for breast and cervical cancers. ** (Results are average of 2 items.)	90%	80%	2.90	4.24	1.33	
7. Implement resource level appropriate guidelines for breast and cervical cancers. ** (Results are average of 2 items.)	82%	75%	2.77	4.05	1.27	2 respondents reported intended practice changes regarding implementing guidelines.

*67% of breast participants and 83% of cervical participants reported an increase.

**Comparison data are from one previous course.

Evaluation Results: Overall Workshop Experience

Attendees were asked to rate a variety of statements related to their workshop experience. The majority agreed or strongly agreed with each of the statements. In general, the results were similar to or higher than the average for all MCMCs as shown in the chart below.



Evaluation Results: By Session

Attendees were asked which sessions or speakers were above their expectations and which were below their expectations. No respondents listed any sessions or speakers as below expectations. The results are as follows:

<u>Above Expectations</u>	<u>Below Expectations</u>
<ul style="list-style-type: none"> • Cardenes (8) • All (6) • Forming a tumor board (2) • Gomez • Communicate palliative care early • Nozar • Optimizing resources • No • Partnering with foreign experts • They were very crucial and evidence-based. 	<ul style="list-style-type: none"> • None (4)

Opportunities to Improve

Respondents were asked if anything remained unclear after the course. Fourteen said nothing was unclear after the course, and one respondent each listed the following topics:

- The guidelines to follow
- The usage of biopsy of sentinel nodes in order to modify surgical behavior. GC+, GC- =>?

Respondents were also asked to provide comments or suggestions for future meetings. Five respondents said that these courses should be held more often, and one respondent each provided the following comments:

- Facilitate punctual interactions about the topic and staying on topic
- I suggest presenting on current international norms in order to avoid discussions about "we do this... We do that" and give more time to discussing the application of these protocols to the patient
- I think that when the workshop is carried out in the context of projects with cancer, they should devote a few minutes to explain more what the tasks and outcomes together with the work of patient care
- Learn more about palliative care
- More didactic material available online and/or from a video and/or a podcast
- They could have covered other common cancers

Summary & Conclusions

The course appears to have been successful in meeting its behavioral objective, with all respondents to the evaluation form indicating that they intended to make practice changes based on what they learned in the course. The most commonly reported intended changes were related to improving or increasing multidisciplinary care (14) and implementing guidelines (2).

The majority of respondents reported an increase on most objectives. However, respondents' self-ratings before and after the course yielded below-average increases for each of the objectives; the percentage of respondents who reported an increase on each objective was 9 to 37 percentage points lower than the average for MCMCs. This may be due to the audience for this course having more experience managing patients with cancer; the percentage of respondents who indicated they spent more than half their practice time caring for patients with cancer was higher than average (83% vs. 53%) and respondents were more likely to be an oncologist (56% vs. 32%). While it is possible that this course was less successful than previous courses in meeting the educational objectives, the responses to the questions rating overall workshop experience do not indicate that the course was not well received. The lower than average results also could be in part due to the change to a retrospective pre-/post-test, which reintroduced the ability for respondents to provide a neutral response; lower than average results have been seen at other recent MCMCs held since the change was made. Overall, the results of this course are similar to those of recent MCMCs which also had more advanced audiences and used the same evaluation format, including the previous MCMC held in Cali, Colombia, another C/Can site.

Overall, the results of the evaluation are mostly positive, with all respondents agreeing with items rating the course experience, and a majority reporting increases on all but one objective (willingness to consult with specialists). However, this was the highest rated objective before the course, with an average rating of 3.91 out of 5, and second highest after the course (4.43).

Similarly, all but one respondent to the Multidisciplinary Care Team Development Program evaluation said that they intended to make practice changes, most commonly creating a multidisciplinary team or tumor board, or expanding existing tumor boards. Comparison data for the educational objectives of the MCTDP are based on results at previous MCMCs (multidisciplinary care objectives) and Train the Trainers (establishing and facilitating tumor boards). As with the MCMC, while the majority reported increases on each objective, the results were lower than previous courses for some objectives. Unfortunately, evaluation forms for previous TTTs did not include questions related to tumor boards or practice time spent with cancer patients, and comparison data are available for only one previous course (Cali). While more than 80 percent of respondents in both Cali and Asunción, the percentage of respondents in Asunción was 20 percentage points lower than in Cali (45 percent versus 65 percent).

Appendix 1: On-Site Evaluation Results

Overall Meeting	n	Strongly Disagree	Disagree	Agree	Strongly Agree
The case presentations provided useful and relevant information to me.	24	0%	0%	21%	79%
Sufficient time was allowed for networking with other participants.	24	0%	4%	21%	75%
Sufficient time was allowed for interactive dialogue with faculty.	24	0%	8%	17%	75%
I learned what I had hoped and expected to learn at this meeting.	24	0%	0%	17%	83%

Educational Objectives	n	Increased	No Change	Decreased
My understanding of how multidisciplinary teams work together to provide quality care.	25	80%	16%	4%
My ability to communicate with patients and their families about diagnosis, treatment options, and palliative care.	22	64%	36%	0%
My willingness to consult with specialists to determine best treatment approaches for my patients.	23	48%	52%	0%
My ability to provide palliative care for my patients.	20	70%	30%	0%
My ability to provide treatment for patients with cancer.	21	76%	24%	0%
My understanding of the resource level appropriate guidelines for cancer.	21	90%	10%	0%
My ability to implement the resource level appropriate guidelines for cancer.	22	82%	18%	0%

Educational Objectives	Before the Course						After the Course					
	N	Poor	Fair	Good	Very Good	Excellent	N	Poor	Fair	Good	Very Good	Excellent
My understanding of how multidisciplinary teams work together to provide quality care.	25	0%	4%	48%	32%	16%	25	0%	0%	0%	44%	56%
My ability to communicate with patients and their families about diagnosis, treatment options, and palliative care.	22	5%	0%	32%	55%	9%	22	5%	0%	5%	32%	59%
My willingness to consult with specialists to determine best treatment approaches for my patients.	23	0%	0%	30%	48%	22%	23	0%	0%	9%	39%	52%
My ability to provide palliative care for my patients.	20	5%	15%	60%	20%	0%	20	0%	0%	25%	55%	20%
My ability to provide treatment for patients with cancer.	21	0%	10%	43%	43%	5%	21	0%	0%	10%	57%	33%
My understanding of the resource level appropriate guidelines for cancer.	21	10%	14%	52%	24%	0%	21	0%	0%	10%	57%	33%
My ability to implement the resource level appropriate guidelines for cancer.	22	5%	23%	64%	9%	0%	22	0%	0%	27%	41%	32%

Appendix 2: On-Site Open-Ended Questions and Responses

1. What was the most important thing you learned at the course? (n=25)

- Importance of multidisciplinary care (9)
 - The importance of creating a tumor board (2)
- About multidisciplinary care (8)
- Developing guidelines (3)
- Learning about the reality of the other institutions that treat cancer.
- the importance of recommendations provided in the guidelines
- There still isn't a consensus for many specialties, but we are close to finding one.
- Updated breast cancer management
- We have to do a better job at organizing the next workshop on case presentations.

3. Based on your participation, is there anything you will do differently in your work? (n=22)

- Improving or increasing multidisciplinary care (14)
 - Create a tumor board (5)
- Implement guidelines (2)
- Cancer staging with PET scans
- Carry out protocol training
- Encourage the use of pathology reports
- Make better use of evidence in order to correct canals
- Motivate my team
- Redo the guides correctly
- We have already published pathology reports electronically according to the College of American Pathologists' (CAP) protocols.

20. What remains unclear from the course? (n=16)

- Nothing (14)
- The guidelines to follow
- The usage of biopsy of sentinel nodes in order to modify surgical behavior. GC+, GC- =>?

21. Comments or suggestions for future courses? (n=11)

- Hold course more often (5)
- Facilitate punctual interactions about the topic and staying on topic
- I suggest presenting on current international norms in order to avoid discussions about "we do this... We do that" and give more time to discussing the application of these protocols to the patient
- I think that when the workshop is carried out in the context of projects with cancer, they should devote a few minutes to explain more what the tasks and outcomes together with the work of patient care
- Learn more about palliative care
- More didactic material available online and/or from a video and/or a podcast
- They could have covered other common cancers

Respondent Demographics**Profession (n=25):**

Which one of the following best describes your profession?		
Profession	n	%
Medical/Clinical Oncologist	8	32%
Radiation Oncologist	3	12%
Surgical Oncologist	3	12%
Pathologist	3	12%
Breast Care Doctor	2	8%
Other	5	20%
No response	1	4%

Years of experience working in their field (n=24)

Mean	14.4
Median	11
Mode	10
Min	0.5
Max	43

Is your primary practice (n=23):

Governmental	15	65%
Private	2	9%
Both	6	26%

What percentage of time do you spend working with cancer patients? (n=23)

0%	0	0%
1-25%	0	0%
26-50%	4	17%
51-75%	6	26%
76-99%	6	26%
100%	7	30%

Do you participate in tumor boards? (n=23)

Yes	10	43%
No	13	57%

What percentage of cases at your institution are evaluated by tumor board? (n=21)

0%	8	38%
1-25%	7	33%
26-50%	3	14%
51-75%	2	10%
76-99%	1	5%
100%	0	0%

In the past 12 months, have you participated in clinical research (n=22)?

Yes	5	23%
No	17	77%

Are you an ASCO member? (n=24)

Yes	3	13%
No	21	88%

Appendix 3: MCTDP Results

Of the 50 attendees, 35 completed an evaluation form (response rate: 70%). Attendees generally spent more than half their practice time with cancer patients and had an average of 14.6 years of experience in their current profession. Forty-five percent of respondents said that they participate in tumor boards.

Profession	# Respondents to Evaluation	% Respondents
Medical/Clinical Oncologist	11	31%
Surgical Oncologist	7	20%
Pathologist	6	17%
Radiation Oncologist	3	9%
General Nurse	2	6%
Other	5	14%
No response	1	3%
Total	35	100%

Figure 1: Attendees demographics – by profession

Mean	14.6
Median	11.5
Mode	10
Min	0.25
Max	40
n	34

Figure 2: Attendees demographics – years in current profession

97 percent of respondents said that they intend to make practice changes based on what they learned in the course. These changes were:

- Changes to multidisciplinary care (17)
 - Encourage colleagues to participate (4)
- Create a tumor board (8)
- Schedule meetings in advance (2)
- Change my surrounding culture
- Meetings
- Promote the importance of seeing changes/ improvement
- Taking part in developing guidelines and protocols

All respondents who intended to make a practice change said that they were somewhat or very confident they would be able to make changes, with an average rating of 2.82. This was the second MCTDP at which this question was asked; the average rating at the first course was 2.59.

The MCTDP appears to have been somewhat successful. More than half of respondents reported an increase on each of the educational objectives. However, the results were lower than average.

Educational Objective	On-site evaluation	Average Results from other courses
Understand multidisciplinary cancer management.	62%	92%
Consult with specialists to determine best treatment approaches for their patients.	55%	85%
Establish a tumor board.*	77%	86%
Effectively facilitate a tumor board discussion.	70%	88%

*Comparison data from only three prior courses.

In addition, 23 respondents reported creating an Action Plan during the course. Respondents briefly summarized their Action Plans as follows:

- Create a tumor board (13)
- Expand existing tumor boards (2)
- Implement multidisciplinary meetings (2)
- Have a meeting with the director of INCAN and with the heads of the Dept. of tumor board.
- Learning more about and using technological tools to organize remote interinstitutional meetings
- Other meetings, identify and strengthen weaknesses
- Start from the place where I am to improve the quality of care of patients

Overall Meeting	n	Strongly Disagree	Disagree	Agree	Strongly Agree
Overall, the speakers presented the information clearly.	35	6%	0%	23%	71%
There was enough time for discussion.	35	3%	17%	34%	46%
I learned what I had hoped and expected to learn at this meeting.	35	6%	6%	31%	57%
The small group discussions helped me understand how to apply what I learned in this course.	35	3%	3%	34%	54%

Session	Average Rating	n
Mock Tumor Board Debrief	3.82	33
Introduction to Multidisciplinary Teams	3.68	28
Mock Tumor Board Exercise	3.66	32
Action Planning Exercise	3.60	30
Obstacles to MDT	3.57	28

Appendix 4: Course Agenda

August 26 Desarrollo de un Equipo Multidisciplinario

8:30 – 9:00	Bienvenida e Introducción	Lucia Delgado & Vanessa Eaton & Rolando Camacho, Stefan Terwint
9:00 – 9:30	Por qué estamos aquí hoy? Informe: qué hemos hecho	Rolando Camacho, Laura Flores, Raúl Doria y Roberto López
9:30 – 10:00	Proyecto de ASCO: programa ECHO	Vanessa Eaton
10:00 – 11:00	Introducción a los equipos multidisciplinarios - presentación de casos de cáncer de mama; ejercicio de juego de roles	Moderadora: Lucia Delgado Juego de roles: Sylvia Estrada, Fernando Lavista, Fernanda Nozar, Raul Doria, Roberto Lopez
11:00 – 11:30	Coffee Break	
11:30 - 12:30	Dramatización: una reunión del comité en grupos chicos de mama y cuello uterino	Moderadoras: Lucia Delgado y Fernanda Nozar
12:30- 13:15	Problemas específicos – <ul style="list-style-type: none"> • Cómo manejar a participantes problemáticos; • Cómo resolver conflictos; • Cómo dar información adecuada para toma de decisiones 	Moderadora: Lucia Delgado Secretario: Vanessa Eaton
13:00 – 13:30	Discusión: Cuales son algunos de los obstáculos al trabajo multidisciplinario en su medio?	Moderador: Lucia Delgado Secretario: Vanessa Eaton
13:30 – 14:30	Almuerzo	
14:30 – 14:35	Qué es <i>Action Planning</i> / <i>Planificación de Acción</i>	Vanessa Eaton
14:35 - 15:05	<i>Action Planning</i> para equipos multidisciplinarios	Grupos chicos (por institución)
15:05 – 15:35	<i>Action Planning</i> : informe de grupos	Representantes de cada grupo
15:35 – 16:00	Síntesis y futuro del trabajo multidisciplinario en Asunción	Roberto López, Raul Doria
16:15 – 16:30	Evaluación y cierre	Vanessa Eaton, Rolando Camacho, Raul Doria, Roberto López

27 de agosto – Curso de Manejo Multidisciplinario del Cáncer

8:30 – 8:45	Resumen día 1	Diego Gimenez y Lucia Delgado
8:45 – 9:30	Informe de los grupos técnicos de mama y cuello uterino. Como llegamos hasta aqui?	Graciela Gómez & Valeria Sanabria
9:30 - 10:00	Valor de guías de tratamiento para cáncer de mama y de cuello uterino	Lucia Delgado
10:00 – 10:15	Café	
	Grupo Mama	Grupo Cuello Uterino
10:15-10:45	Guías Estratificadas según Recursos para el Manejo del Cáncer de Mama invasivo Maira Caleffi	Guías Estratificadas según Recursos de la ASCO para el manejo del cáncer de cuello uterino invasivo Rolando Camacho
10:45 – 12:00	Presentaciones de paneles de expertos <ul style="list-style-type: none"> • Patología – Maria Luisa Cabañas • Imagenes – Fernando Lavista • Cuidados Paliativos – Leticia Viana • Cirugia – Michail Shafir • Tto sistémico – Eduardo Saponara • Radioterapia – Diego Gimenez • Enfermeria – Luz Esperanza Ayala 	Presentaciones de paneles de expertos <ul style="list-style-type: none"> • Patología – Liliana Gimenez • Cuidados Paliativos - Christian Campi • Cirugia– Fernanda Nozar • Tratamiento sistémico – Lucia Delgado • Radioterapia – Higinia Cardenes • Enfermeria – Sylvia Estrada
12:00 – 12:45	Guías para el manejo del cáncer de mama infiltrante (Estadio I) Valeria Sanabria	Guías para el manejo del cáncer de cuello uterino invasivo (Estadio I) Oscar Centurion
12:45 – 13:45	Almuerzo	
13:45 – 14:15	Discusión parte 1: Panel de expertos Facilitador: Maira Caleffi	Discusión parte 1: Panel de expertos Facilitador: Fernanda Nozar
14:15 – 15:00	Presentación de casos 2 casos - Valeria Sanabria Facilitador: Michail Shafir	Presentación de casos: 2 casos - Pedro Chavez Facilitador: Fernanda Nozar
15:00 – 15:45	Guías para el Manejo del Cáncer de Mama Invasivo (Estadios II, III) Diego Gimenez, Rene Lando	Guías para el manejo del cáncer de cuello uterino invasivo (Estadios I, III) Rita Pereira
15:45 – 16:00	Coffee Break	
16:00 – 17:00	Discusión parte 2: Panel de expertos Facilitador: Eduardo Saponara	Discusión parte 2: Panel de expertos Facilitador: Higinia Cardenes
17:00 – 17:15	Resumen del día: Maira Caleffi & Valeria Sanabria	Resumen del día: Rolando Camacho & Graciela Gómez

28 de agosto – Multidisciplinary Cancer Management Course

8:30 – 9:00	ECHO project	Vanessa Eaton
	Grupo Mama	Grupo Cuello Uterino
9:00 - 10:00	Presentación de casos: 2 casos - Diego Gimenez, Rene Lando Facilitador: Maira Caleffi	Presentación de casos: 2 casos - Oscar Centurion y Claudia Gimenez Facilitador: Higinia Cardenes
10:00 - 10:30	Guías para el Manejo del Cáncer de Mama Invasivo (Estadio IV & Cuidados Paliativos) Valeria Sanabria	Guías para el Manejo del Cuello Uterino (Estadio IV & Cuidados Paliativos) Lester Flores
10:30 – 10:45	Coffee Break	
10:45 – 11:15	Cuidados Paliativos en Cáncer de Mama Leticia Viana	Cuidados Paliativos en Cáncer de Cuello Uterino Christian Campi
11:15– 13:15	Discusión parte 3: Panel de expertos Facilitador: Luz Esperanza Ayala	Discusión parte 3: Panel de expertos Facilitador: Lucia Delgado
13:15 – 14:15	Lunch	
14:15 – 15:15	Presentación de casos: 2 casos - Valeria Sanabria y Leticia Viana Facilitador: Eduardo Saponara	Presentación de casos: 2 casos - Julio Rojas Facilitador: Sylvia Estrada
Juntos		
15:15 - 15:45	Resumen de sesiones específicas Facilitadores: Michail Shafir y Rolando Camacho	
15:45 – 16:15	Evaluación y Cierre Vanessa Eaton, Raul Doria & Rolando Camacho	