

Multidisciplinary Cancer Management Course

June 29th – 30th

2019

Course Evaluation Report

Tbilisi, Georgia

ASCO[®] International

American Society of Clinical Oncology
2318 Mill Road, Suite 800 ▪ Alexandria, Virginia 22314
International Affairs ▪ international@asco.org

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Executive Summary

MCMC Georgia 2019

Summary:

- Two-day workshop on multidisciplinary care of cervical, endometrial, and ovarian cancers.
- 165 attendees, primarily oncologists and medical fellows.
- 27 completed the follow-up survey (response rate: 16 percent).

Comments:

- The results of the impact assessment are generally positive, they are limited by the low response rate; it is possible that participants who had an overall positive experience and outcomes since the course were more likely to respond to the survey, leading to biased results.



MCMC Outcomes - One Year Later

96% of respondents said they made practice changes based on what they learned at the course.

96% reported improved communication with patients and their families about diagnosis, treatment options, and palliative care.

100% reported improving how they work with a multidisciplinary team as a result of attending the course.

95% reported using skills they learned at the course to treat common cancer types covered in the course.

93% reported their participation in tumor boards increased since attending the course.

86% reported improvement in providing palliative care to patients.

96% reported consulting with specialists to determine best treatment approaches for their patients since attending the course.



Introduction

The American Society of Clinical Oncology is pleased to have partnered with the Research Institute of Clinical Medicine and the Oncology Nursing Society (ONS) to present a two-day Multidisciplinary Cancer Management Course from June 29th – 30^h in Tbilisi, Georgia.

More than 160 oncologists, medical fellows and others from Georgia attended the MCMC. The two-day course featured case-based presentations and interactive sessions on different clinical scenarios related to cervical, endometrial, and ovarian cancers.

Learning Objectives

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

1. Manage most prevalent types of cancer in the region— cervical, endometrial, and ovarian — 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.

Evaluation Plan Overview

1.) On-site evaluation form

Attendees were asked to complete a written evaluation at the end of the course. Of 165 participants who attended, 58 completed an evaluation form, a response rate of 35 percent.

2.) Online follow-up survey

One year after the course, an on-line follow-up survey was sent to 158 participants for whom a valid email address was available. Twenty-seven recipients responded to the survey, a response rate of 17% (16% of all course participants).

Attendee Demographics

Information about the participants' demographic data was collected through the evaluation form, completed by 58 participants. The majority of respondents were oncologists; 56 percent of respondents said they practice at a private institution. On average, respondents had 7.7 years of experience in their current profession. The majority said that they participate in tumor boards and spend more than 75 percent of their practice time with cancer patients. Eighty-three percent of respondents said that more than half of cases at their institution are evaluated by a multidisciplinary tumor board. Full results in [Appendix 2](#).

Figure 1: Attendees

Profession	On-site		Follow-up	
	n	%	n	%
Medical/clinical oncologist	21	36%	16	59%
Radiation oncologist	7	12%	2	7%
Surgical oncologist	7	12%	1	4%
Medical fellow/resident	7	12%	4	15%
Radiologist	5	9%	1	4%
Gynecologic oncologist	2	3%	0	0%
Medical student	2	3%	0	0%
Other	3	5%	1	4%
No response	4	7%	2	7%
Total	58	100%	27	100%

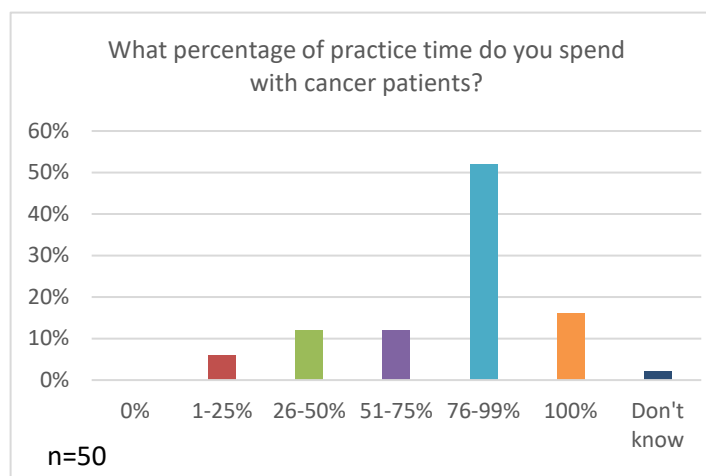


Figure 2: Majority of respondents spend more than 75% of their time working with cancer patients

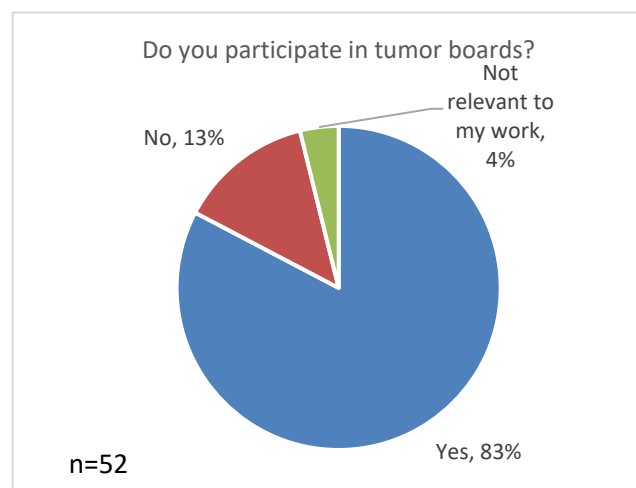
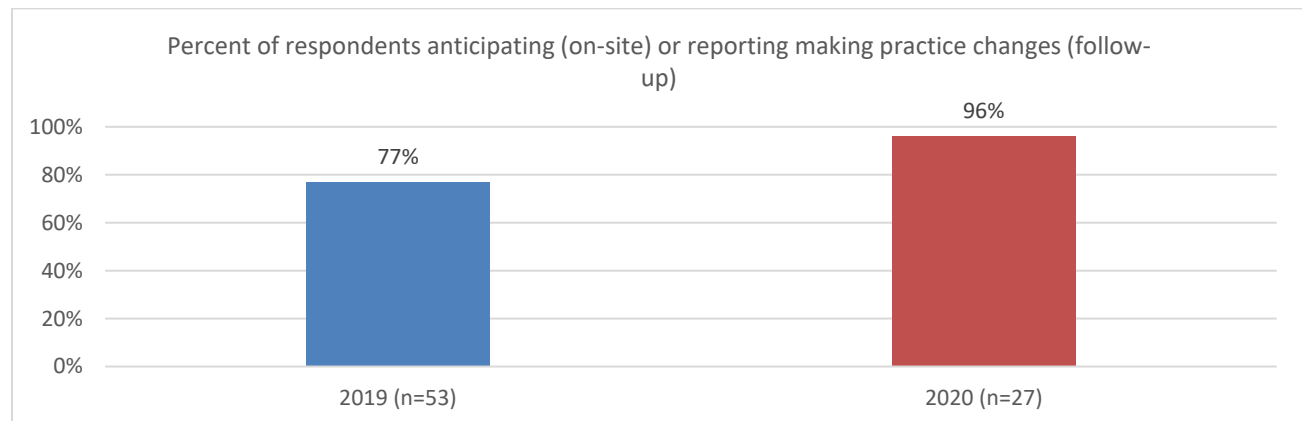


Figure 3: Majority of respondents participate in tumor boards

Evaluation Results: Practice Changes



On-site Results

Respondents were asked if they would make a practice change based on information learned at the course. Seventy-seven percent of respondents said they planned to do something differently; this is similar to the average for MCMCs (83 percent). These changes include:

- Changes related cancer management (19)
 - Changes to management of cervical cancer (3)
 - Changes to management of ovarian cancer (3)
- Multidisciplinary approach to care (4)

One-year Impact Assessment

One year later, 93 percent of respondents to the impact assessment said that their participation in tumor boards had increased since attending the course. In addition, 96 percent said that they have made practice changes based on what they learned in the course. The most commonly reported changes included:

- Changes to multidisciplinary care (7)
 - Increased participation in tumor boards (5)
- Changes to management of cancer (5)
 - Management of cervical cancer (4)
 - Management of ovarian cancer
- Changes to communication with patients and their families (5)
 - Discuss sexual health with patients (2)

Evaluation Results: By Learning Objective

Objectives	On-site – MCMC Georgia	Follow-up – MCMC Georgia	Follow-up – MCMC Average	Intended practice changes
1. Manage most prevalent types of cancer in the region – cervical, endometrial, and ovarian cancers —using up-to-date practices. (Results are average of 3 items.)	77%	95%	89%	5 respondents reported changes to management of cancers covered at the course.
2. Understand multidisciplinary cancer management.	71%	100%	95%	7 respondents reported practice changes related to multidisciplinary care; 5 specified increased participation in tumor board.
3. Consult with specialists to determine best treatment approaches for their patients.	62%	96%	91%	
4. Communicate with patients and their families about diagnosis, treatment options, and palliative care.	75%	96%	97%	5 respondents reported changes to communication with patients and their families; 2 specified discussing sexual health with patients.
5. Provide palliative care to patients.	78%	86%	93%	

Summary & Conclusions

Twenty-seven people responded to the impact assessment, representing 16 percent of course participants. While the results of the impact assessment are generally positive, they are limited by the low response rate; it is possible that participants who had an overall positive experience and outcomes since the course were more likely to respond to the survey, leading to biased results. Overall, 96 percent of respondents reported making practice changes based on what they learned in the course.

The results of the impact assessment suggest that the course was successful, with a majority of respondents reporting using skills related to all of the educational objectives. These results were generally similar to the average for MCMCs at follow-up. Management of local tumor types, multidisciplinary care, and communication with patients and their families appear to have been most successful, with 95 percent or more of respondents reported using skills in these areas, and multiple respondents reporting practice changes for each of these objectives.

Appendix 1: Impact Assessment Results

In the past year, have you used skills that you learned at MCMC Georgia in the diagnosis, treatment, and multidisciplinary management of the following cancers?	Yes		No		Total
Cervical cancer	96%	24	4%	1	25
Endometrial cancer	96%	22	4%	1	23
Ovarian cancer	92%	23	8%	2	25

As a result of attending MCMC Georgia, I have improved how I:	Yes		No		Total
Work with a multidisciplinary team	100%	26	0%	0	26
Communicate with patients and their families about diagnosis, treatment options, and palliative care	96%	23	4%	1	24
Provide palliative care for my patients	86%	19	14%	3	22

Description of a tumor board: Tumor Boards are defined as meetings held between a diverse group of health care providers to discuss cases and come up with group recommendations for patient management. Since attending MCMC Georgia, my participation in tumor boards has:	%	n
Increased	93%	25
Decreased	0%	0
Stayed the same	4%	1
I do not participate in tumor boards	0%	0
No tumor boards are available	4%	1

Have you made changes to your work as a result of what you learned at the course?	%	n
Yes	96%	26
No	4%	1

What changes have you made to your work based on what you learned at course? (n=13)
<ul style="list-style-type: none"> Changes to multidisciplinary care (7) <ul style="list-style-type: none"> Increased participation in tumor boards (5) Changes to management of cancer (5) <ul style="list-style-type: none"> Management of cervical cancer (4) Management of ovarian cancer Changes to communication with patients and their families (5) <ul style="list-style-type: none"> Discuss sexual health with patients (2) First of all, I want to thank the organizing teams from both ASCO/EONS and Tbilisi for an amazing experience. I am a medical oncology resident and as one I used to see myself in a limited light in oncology. But after I was given an opportunity to present my case on ASCO at just 25 years I decided that anything is possible. I started to volunteer as a lecturer for "Georgian oncology nursing society " meetings and the patient advocacy group "Europa Donna ". As per daily rounds I freely discuss my

patients on MDTs and always base my decisions on evidence based medicine .

- This was an incredible masterclass and great opportunity which made me to up to date my knowledge
- This meeting was the best meeting ever in my life and career!

What has prevented you from making practice changes?	n
I did not learn new information at MCMC Georgia.	0
The materials presented at MCMC Georgia were not relevant to my work.	0
I haven't had an opportunity to apply what I've learned.	0
There were barriers at my institution that did not allow me to make practice changes.	1
Other (please specify)	0

In the past year, I have talked with other specialists to make informed treatment decisions for my patients.	%	n
Yes	96%	24
No	4%	1

What challenges are preventing you from discussing cases with other specialists?	n
There are no other specialists available	0
I do not have time to discuss cases	0
My colleagues do not have time to discuss cases	0
I do not see the need for discussing cases	0
My colleagues do not see the need for discussing cases	0
I am not responsible for making treatment decisions for patients	1
Other (please specify):	1
• I am resident doctor	

What is your profession?	%	n
Medical/Clinical Oncologist	59%	16
Radiation Oncologist	7%	2
Surgical Oncologist	4%	1
Medical Fellow/Resident	15%	4
Radiologist	4%	1
Other	4%	1
No response	7%	2

In your opinion, what education is needed to improve the quality of cancer care at your institution or hospital (new skills, attitude changes, etc.)? (n=14)

- About breast cancer
- More training about cancer care to improve our quality
- I wish physicians have more time for research work. There is a huge information about cancer treatment and outcomes, but institutions are not interested in research, they prepare only hard work from there employs
- More MDT, more masterclasses
- We in our hospital are relative young team and honestly, our whole development goes unsupervised in a sense. We help each other, but that is not enough. I believe expert trainings both abroad and bringing the experts to Georgia would benefit us all. Exchange programs for acquiring specific skills like survivorship care or palliative care would be nice. Even virtual mentorships would do, because the situation with COVID doesn't seem to ease soon.
- Psycho oncology, Research, survivorship
- we are doing our best! :))
- I'm looking forward for next ASCO meeting
- I looking forward to next ASCO meeting
- More local trainings from international experts in different fields of oncology. Knowledge and skills in cancer survivorship. International observerships
- More focus on MDT to be mandatory, skills to improve for communication.
- New skills, sharing information and experiences
- To create tumor board discussion
- I think it is needed and important to hold more workshops and trainings for improve the quality of our health workers.

Thank you very much for taking the time to complete this survey. Please feel free to share any other comments or suggestions below:

- This course changed my life. I have communicated with doctor D. Dizon. I asked him for hosting me in Rhode Island, at his working place. Due to his polity I have visited him in September 2019. I have seen how American cancer control works and motivated me to change my country working style. After my visit I sent application for IDEA grant and successfully I am winner of IDEA grant 2020. Yes, this activity truly changed my life and my attitude and motivated me in change cancer treatment practice in my hospital, as well as in my country.
- It was amazing opportunity to learn and share experience during MCMC ASCO
- I was deeply touched and motivated by the whole program. I loved interacting with the nurses with whom we are still friends on several social media platforms and we try to join forces to train out nursing staff too. The conference boosted my confidence to the point that I applied and won 2 European projects and now I am a young oncologists committee member in ESMO and Regional ambassador in ESO.
- It was great educational event, with professionals willing to share their expert knowledge by interactive lectures
- More and more MCMC meeting please
- I would like to express my gratitude to ASCO and all the worldwide professionals Especially to Dr. Don Dizon and Dr. N. Djokhadze for this amazing meeting.
- I would like to express my special thanks for Don Dizon and Natia Jokhadze for this important meeting!
- The biggest benefit from the ASCO MCMC course was not just an improved knowledge of GYN

cancers, what is of course very important, but how much this benefit has been expanded and multiplied and how many opportunities this event opened to us. I want to pay special attention to Dr, Dizon's leadership, attitude, and responsibility. This makes him the best candidate for the mentorship of many future ASCO courses.

- It's extra important to hold other such type of courses in different cancer types.
- Thank you for Multidisciplinary Cancer Management Course held in Tbilisi, Georgia in June 2019.
- Thank you. With my best regards to you.

Appendix 2: Course Agenda

DAY 1 June 29, 2019		
Registration	9:00-9:30	
Welcome from the Host ASCO remarks ONS remarks	9:30-10:00	Giorgi Tsivtsivadze, GE Sarah Bachmann, US Stefan Terwindt, US
GYN Cancer in Georgia	10:00-10:20	Natia Jokhadze, GE
CERVICAL CANCER		
ARS Cervical Cancer FIGO Staging	10:20-10:30	
1 Case presentation EARLY CERVICAL CANCER	10:30-10:50	Lika Katselashvili, GE
2. Case presentation ADVANCED CERVICAL CANCER	10:50-11:10	Ketevan Bakanidze, GE
Coffee Break	11:10-11:30	
Surgical management of cervical cancer	11:30-11:50	Mustafa Zelal Muallem, DE
Radiation and the role of chemoradiation in cervical cancer: definitive versus adjuvant treatment	11:50-12:10	Christine Fisher, US
Survivorship after cervical cancer	12:10-12:30	Kristi Orbaugh, (ONS) US
1. Case presentation summary, ARS, QUESTION & ANSWER	12:30-12:50	Panel
Lunch	12:50-13:50	
3. Case presentation with ARS METASTATIC CERVICAL CANCER	13:50-14:10	Ivane Kiladze, GE
Surgical treatment of metastatic cervical cancer	14:10-14:30	Mustafa Zelal Muallem, DE
Contemporary medical treatment of advanced, recurrent, or metastatic cervical cancer	14:30-14:50	Don S. Dizon, US
The role of local treatment for palliation in cervical cancer	14:50-15:10	Christine Fisher, US
3. Case presentation summary, ARS QUESTION & ANSWER	15:10-15:30	Panel
Coffee Break	15:30-15:50	
ENDOMETRIAL CANCER		
4. Case presentation with ARS ENDOMETRIAL CANCER - NEWLY DIAGNOSED	15:50-16:10	Tamar Chitanava, GE
5. Case presentation ENDOMETRIAL CANCER - NEWLY DIAGNOSED	16:10-16:30	Mariam Kacharava, GE
Surgical management of uterine cancer	16:30-17:00	Mustafa Zelal Muallem, DE
Adjuvant approach to uterine cancer	17:00-17:30	Christine Fisher, US
4. Case presentation summary, ARS QUESTION & ANSWER	17:30-17:50	Panel
Industry Talk	17:50-18:10	
Gala Dinner	20:00	

DAY 2

June 30, 2019

ENDOMETRIAL CANCER

5. Case presentation with ARS RECURRENT AND METASTATIC ENDOMETRIAL CANCER	9:00-9:20	Nino Vardiashvili, GE
Approach to metastatic endometrial cancer: systemic therapy	9:20-9:40	Christine Fisher, US
Locoregional approaches to metastatic disease	9:40-10:00	Don Dizon, US
5. Case presentation summary Question & Answer	10:00-10:20	Panel

OVARIAN CANCER

6. Case presentation an ARS EARLY-STAGE OVARIAN NEWLY DIAGNOSED	10:20-10:40	LIKA KARTSELASHVILI, GE
Coffee Break	10:40-11:00	
The role of surgery in early ovarian cancer: is it always required?	11:00-11:15	Mustafa Zelal Muallem, DE
Chemotherapy for early-stage ovarian cancer: is it always necessary?	11:15-11:35	Don Dizon, US
Survivorship after ovarian cancer	11:35-11:55	Kristi Orbaugh, (ONS) US
6. Case presentation: what happened QUESTION & ANSWER	11:55-12:15	Panel
7. Case presentation and ARS ADVANCED OVARIAN CANCER NEWLY DIAGNOSED	12:15-12:35	Ivane Kiladze, GE
Contemporary treatment for advanced ovarian cancer - primary surgery	12:35-12:55	Mustafa Zelal Muallem, DE
Contemporary treatment for advanced ovarian cancer - neoadjuvant treatment	12:55-13:15	Don Dizon, US
Lunch	13:15-14:15	
8. Case presentation and ARS RECURRENT OVARIAN CANCER	14:35-14:45	Mariam Jvania, GE
9. Case presentation and ARS METASTATIC OVARIAN CANCER	14:45-14:55	Irina Gagua, GE
10. Case presentation and ARS METASTATIC OVARIAN CANCER	14:45-14:55	Natia Jokhadze, GE
Approaching ovarian cancer - platinum sensitive vs platinum resistant disease	14:55-15:15	Don Dizon, US
Local treatment approaches in recurrent disease - Surgery	15:15-15:30	Mustafa Zelal Muallem, DE
Local treatment approaches in recurrent disease - Radiation	15:30-15:45	Christine Fisher, US
Coffee Break	15:45-16:00	
Novel therapeutics in recurrent ovarian cancer	16:00-16:20	Don Dizon, US
Palliative care for women with ovarian cancer	16:20-16:40	Kristin Ferguson, (ONS) US
8-9. Case presentation summary: what happened Question & Answer	16:40-17:00	Panel
Breakout sessions	17:00-18:00	
Surgical techniques		Mustafa Zelal Muallem, DE
Radiation oncology modalities		Christine Fisher, US
Survivorship, Supportive and Palliative Care		Don Dizon, US Kristin Ferguson, (ONS) US Kristi Orbaugh, (ONS) US
CLOSING REMARKS & EVALUATION	18:00	