

Multidisciplinary Cancer Management Course

December
5th-6th & 12th-13th

2020

Course Evaluation Report

Mumbai, India

ASCO[®] International

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Executive Summary

MCMC India 2020

- **Summary:**
 - Course on multidisciplinary care of early, locally advanced, and metastatic lung cancers.
 - 646 attendees, primarily oncologists and medical fellows.
 - 181 completed the post-course evaluation (response rate: 28 percent).
- **Comments:**
 - An additional 36 participants completed the demographic survey. These results are not included in the report but were similar to those of respondents who completed other evaluation surveys, suggesting the results may be representative of participants.
 - The course had an overall Change Impact Score of 334, and the majority of respondents said that the information presented was new and relevant to their work with potential impact on their practice.

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MCMC Outcomes

- 81% of respondents said that they would make practice changes based on what they learned at the course.
- 77% percent reported an increase in their understanding of how multidisciplinary teams work together to provide quality care.
- 82% percent reported an increase in their ability to treat early, locally advanced, and metastatic lung cancers.
- 68% percent reported an increase in their willingness to consult with specialists to determine best treatment approaches for their patients.

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.

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Introduction

The American Society of Clinical Oncology is pleased to have partnered with Tata Memorial Center, Postgraduate Institute of Medical Education and Research, and the Indian Society for Study of Lung Cancer to present a Multidisciplinary Cancer Management Course. In lieu of an in-person training due to the COVID-19 pandemic, virtual sessions were arranged on four days across two weekends.

More than 600 oncologists and other healthcare workers others from India attended the MCMC. The course featured case-based presentations on different clinical scenarios related to early, locally advanced and metastatic lung 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— early stage, locally advanced, and metastatic non-small cell lung cancers—using up-to-date practices.**
2. **Understand multidisciplinary cancer management.**
3. **Consult with specialists to determine best treatment approaches for their patients.**

Note: The standard MCMC objective related to communication with patients and their families was not covered in this course.

Evaluation Plan Overview

1.) Short-term evaluation

Attendees were asked to complete a series of online surveys during and at the end of the course. Of 646 participants who logged into sessions, 181 completed an evaluation form, a response rate of 28 percent.

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 181 participants. Respondents were primarily oncologists, pulmonologists, and medical fellows/residents; 48 percent of respondents said they practice at a governmental institution. On average, respondents had 7.2 years of experience in their current profession. The majority said that they participate in tumor boards, and that they spend more than half of their practice time with cancer patients. Full results in [Appendix 2](#).

An additional 36 participants provided responses only to the demographic survey; these results are not included in the report. However, the demographic results were similar to those of respondents who completed at least one additional survey, suggesting that the results may be representative of participants.

Figure 1: Attendees

Profession	# Respondents to Evaluation	% Respondents
	n	%
Surgical Oncologist	35	19%
Radiation Oncologist	22	12%
Pulmonologist	17	9%
Medical Fellow/Resident	17	9%
Medical/Clinical Oncologist	16	9%
General Surgeon	4	2%
Physician	3	2%
Thoracic/Cardiothoracic surgeon	5	3%
Other	29	16%
No response	33	18%
Total	181	100%

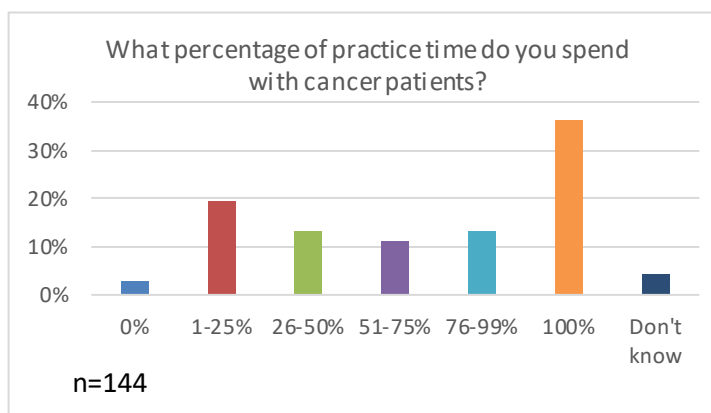


Figure 2: Majority of respondents spend more than half of their time working with cancer patients

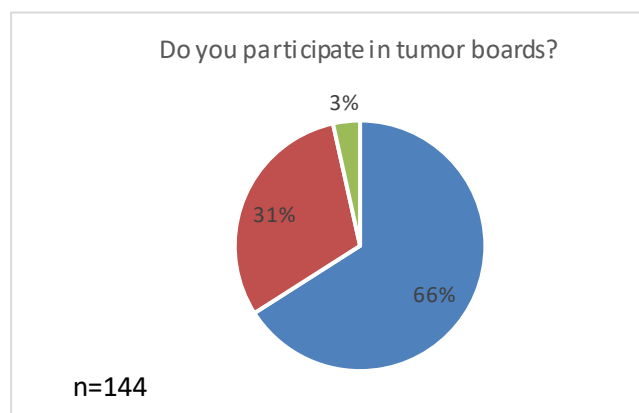


Figure 3: Majority of respondents participate in tumor boards

Evaluation Results: Overall Intention to Change Practices

Respondents were asked if they would make a practice change based on information learned at the course.

Eighty-one percent of respondents said they planned to do something differently; this is slightly lower than the average for MCMCs (88 percent). These changes include:

- Changes to management of lung cancer (30)
 - Treatment changes (17)
 - Staging changes (8)
 - Diagnosis changes (3)
- Changes to multidisciplinary care (12)
 - Consult with specialists (2)
- Changes to supportive/palliative care (4)

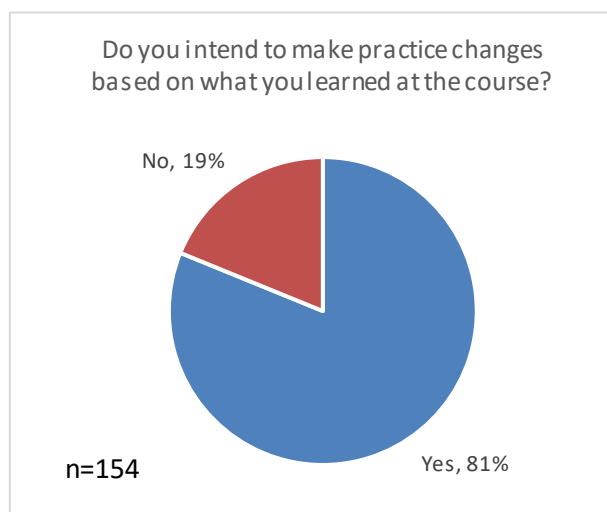


Figure 4: Respondents Plan to Make Practice Changes

The evaluation included a question about the relevance of the training on participants' daily practice. The Change Impact Score (CIS) is a standardized on-site measurement tool with a five-point scale to rate relevance of medical content to professional performance. MCMC India had a score of 334 (out of a maximum of 400); as this was the first course at which the CIS was used, comparison data are not available.

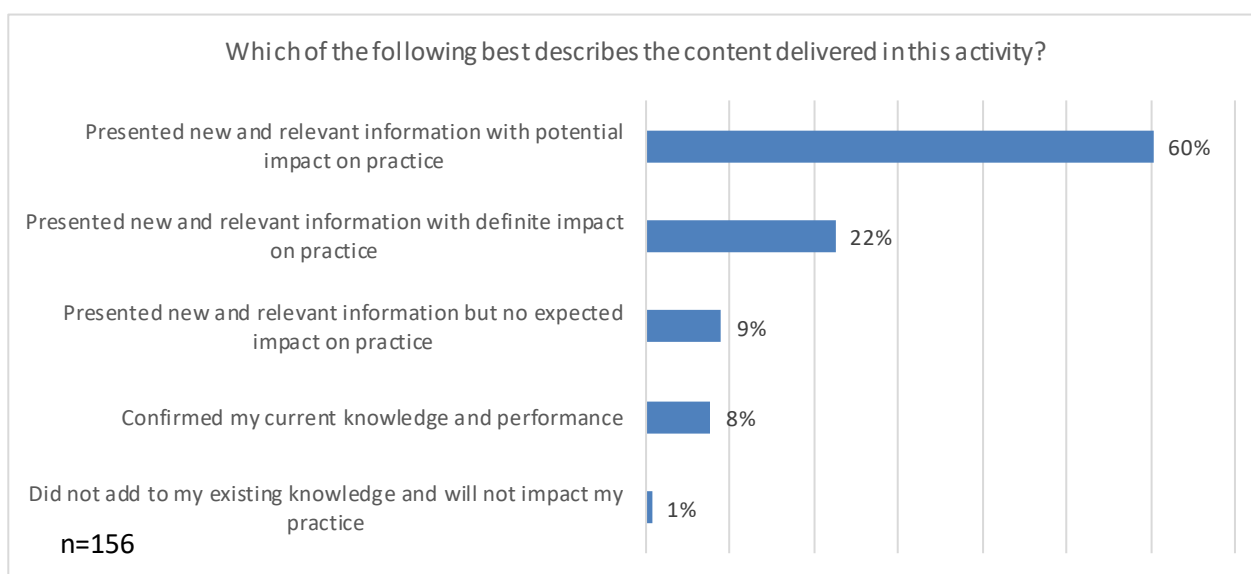


Figure 5: Respondents' perceived relevance to daily practice

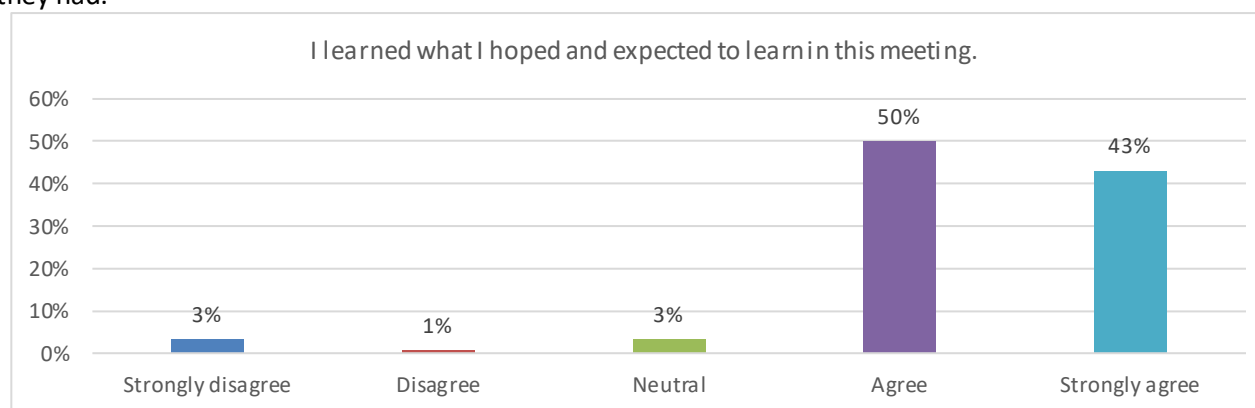
Evaluation Results: By Learning Objective

Objectives	Percent of respondents reporting an increase – MCMC India	Percent of respondents reporting an increase – MCMC Average*	Mean Before (India)	Mean After (India)	Mean Change (India)	Intended practice changes
1. Manage most prevalent types of cancer in the region– early stage, locally advanced, and metastatic lung cancers —using up-to-date practices. (Results are average of 3 items.)	82%	79%	2.63	3.65	1.04	30 respondents reported intended changes related to management of lung cancer. 17 specified changes to treatment, 8 specified changes to staging, and 3 specified changes to diagnosis.
2. Understand multidisciplinary cancer management.	77%	83%	3.07	4.16	1.11	12 respondents reported intended practice changes related to multidisciplinary care.
3. Consult with specialists to determine best treatment approaches for their patients.	68%	74%	3.11	4.10	1.00	2 respondent reported intended practice changes related to consultation with specialists.

* Average since introduction of retrospective pre-/post-test measurement of learning objectives in 2017.

Evaluation Results: Overall Workshop Experience

Participants were asked to rate if they learned what they hoped and expected to learn in the meeting. Ninety-three percent of respondents agreed or strongly agreed that they had.



Evaluation Results: By Session

Respondents rated presentations on a scale from 5 (exceeding expectations) to 1 (unsatisfactory). All sessions had an average rating of 3.31 or higher.

Session Title	Average Rating	n
Early stage NSCLC: Case based tumour board discussion	3.78	144
Mediastinal lymph node staging strategies - How much is good enough?	3.72	144
Locally advanced NSCLC: Case based tumor board discussion	3.67	144
TNM 8 staging, ongoing initiatives & its effect on management	3.67	144
Management of N2 disease: Is consensus possible?	3.65	144
Changing paradigms in neoadjuvant and adjuvant therapy for NSCLC	3.60	144
Case-based panel discussion (Mutated/ advanced lung cancer)	3.60	96
Case based tumor board discussion (Non-mutated advanced / metastatic lung cancer)	3.58	96
Impact of COVID-19 on lung cancer diagnosis, management and outcomes	3.56	144
Management of locally advanced NSCLC-T4 and N3 disease - nuances in management	3.55	144
Implementing the WHO classification of lung tumors: Clinical practice and challenges for pathologists	3.53	144
Choosing optimal treatment algorithms for driver mutation positive NSCLC	3.44	96
Recent advances in management of small cell lung cancer	3.42	96
How do we approach metastatic NSCLC in 2020?	3.40	96
Defining oligometastatic lung cancer and the role of radical treatment	3.40	96
Early integration of comprehensive symptom management and palliative care	3.39	96
Immunotherapy for stage IV lung cancer- when, where and how?	3.38	96
Expanding next generation sequencing for lung cancer	3.36	96
Tackling toxicity of systemic therapy	3.33	96
Epidemiology of Lung cancer- Global vs Indian	3.31	144

Opportunities to Improve

Respondents were asked if anything remained unclear after the course. Seventy of 82 respondents said no. Twelve respondents shared the following:

- As a surgery resident, it was overwhelming for me
- Difficult to remember everything
- Do we need surgery in multistation N2
- How to approach when two driver mutations are detected
- I need the slides or a booklet pdf file to read please share
- I would like to learn more of lung cancer and associated paraneoplastic syndromes as well. Not unclear but needed more understanding non paraneoplastic as some cases present without any signs of primary lung cancer but paraneoplastic syndromes. But I'll read about it
- Management of oligometastatic Ca lung still remains a grey point in my view
- Metastatic lung cancer, solitary brain or bone mets
- Neoadjuvant and adjuvant therapy of NSCLC
- Surgery parts were difficult to interpret initially
- Validation of liquid biopsy. Optimal options of treatment in resource constrained settings. Need to develop some sort of own guidelines as we have resource constrained settings
- Validity of placebo-controlled trials. Role of palliative radiation. Role of intraluminal endobronchial brachytherapy in select cases

Respondents were also asked to provide comments or suggestions for future meetings. Twelve said they would like more trainings; of these four specified virtual trainings or webinars, and three suggested hybrid meetings. Five respondents requested that materials and/or recordings from the course be provided. Additional comments are available in Appendix 2.

Summary & Conclusions

The course appears to have been successful in meeting its behavioral objective, with 81 percent of 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 management of lung cancer (30), changes to multidisciplinary care (12), and changes to supportive/palliative care (4).

In addition, the majority of respondents reported an increase on each educational objective. While only 68 percent and 77 percent of respondents reported increases in their willingness to consult with specialists and understanding of multidisciplinary care, respectively, these results were within 6 percentage points of the average for past MCMCs. This may also be due in part to respondents already providing multidisciplinary care; two-thirds of respondents reported that they participate in tumor boards, which is slightly higher than the average for past comparable MCMCs (55 percent).

Overall, the evaluation results suggest the course was successful. In addition to the majority of respondents reporting intended practice changes and increases on each objective, more than 90 percent agreed that they learned what they hoped and expected to learn in the course, and every session received an average rating indicating that it met expectations. Finally, the Change Impact Score for the course overall indicates that the majority of respondents felt that information that was new and relevant to their work was presented and will possibly lead to practice changes.

Appendix 1: On-Site Evaluation Results

Overall Meeting	n	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I learned what I had hoped and expected to learn at this meeting.	156	3%	1%	3%	50%	43%

Educational Objectives	n	Increased	No Change	Decreased
My ability to provide treatment to patients with early stage non-small cell lung cancer.	139	84%	14%	1%
My ability to provide treatment to patients with locally advanced non-small cell lung cancer.	139	79%	19%	2%
My ability to provide treatment to patients with metastatic non-small cell lung cancer.	94	83%	15%	2%
My understanding of how multidisciplinary teams work together to provide quality care.	154	77%	23%	0%
My willingness to consult with specialists to determine best treatment approaches for your patients.	155	68%	32%	1%

Educational Objectives	Before the Course						After the Course					
	N	Poor	Fair	Good	Very Good	Excellent	N	Poor	Fair	Good	Very Good	Excellent
My ability to provide treatment to patients with early stage non-small cell lung cancer.	141	11%	34%	40%	11%	4%	139	1%	9%	29%	43%	17%
My ability to provide treatment to patients with locally advanced non-small cell lung cancer.	141	14%	30%	39%	13%	4%	139	3%	8%	31%	40%	19%
My ability to provide treatment to patients with metastatic non-small cell lung cancer.	95	8%	34%	45%	11%	2%	94	0%	10%	31%	44%	16%
My understanding of how multidisciplinary teams work together to provide quality care.	156	4%	21%	44%	23%	7%	154	0%	1%	18%	45%	36%
My willingness to consult with specialists to determine best treatment approaches for your patients.	156	6%	19%	40%	29%	6%	155	0%	3%	15%	52%	30%

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

1. What was the most important thing you learned at the course? (n=151)*

- Management of lung cancer (75)
 - Diagnosis (9)
 - Staging (4)
 - Holistic approach to lung cancer (2)
- Multidisciplinary care (35)
- About lung cancer (6)
- Updates (3)
- Cancer management during COVID-19 (2)
- Everything (2)
- Evidence based medicine (2)
- Academics
- Basics to recent updates
- Clinical knowledge
- Comprehensive approach
- Individualised treatment
- Information regarding novel targeting and therapeutics and management practices.
- Investigations & case handling
- It was very informative
- Lot of things
- Lung cancer rising in women
- Most of things
- Mutation analysis
- New updates
- Newer IO options for NSCLC.
- Nihilistic approach should be changed in favour of optimistic scenarios.
- Panel discussions were excellent with discussion of real world difficulties faced while managing lung cancer patients.
- Prevention is better than cure
- Role of molecular studies
- Selection of cases for appropriate treatment.
- Since I am not a medical person but a scientific cancer researcher Phd, I learnt that to date EGFR mutational targeted therapy is imp biomarker and there is scope for many more - for erlotinib, gefitinib, lapatinib etc
- Supportive care role- and its implications in early referral.
- The best sessions were Head and Neck, Thoracic and Pancreas. assessments and treatment protocols
- Upcoming and recent trials

*Some respondents provided more than one answer

3. Based on your participation, is there anything you will do differently in your work? (n=58)

- Changes to management of lung cancer 30)
 - Treatment changes (17)
 - Staging changes (8)
 - Diagnosis changes (3)
- Changes to multidisciplinary care (12)
 - Consult with specialists (2)
- Changes to supportive/palliative care (4)
- About selection of cases.
- Appreciation of finer things in targeted therapy
- Early introduction
- Implement lessons learnt
- Integrated approach
- More intervention
- Selecting proper evidence for practice changing.
- testing strategies
- To apply it to my clinics
- What minimum and what maximum that can be done in my practice
- Yes I will try to implement knowledge which I gained

20. What remains unclear from the course? (n=82)

- Nothing (70)
- As a surgery resident, it was overwhelming for me
- Difficult to remember everything
- DO we need surgery in multistation N2
- How to approach when two driver mutations are detected
- I need the slides or a booklet pdf file to read please share
- I would like to learn more of lung cancer and associated paraneoplastic syndromes as well. Not unclear but needed more understanding non paraneoplastic .. as some cases present without any signs of primary lung cancer but paraneoplastic syndromes. But I'll read about it
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- Neoadjuvant and adjuvant therapy of NSCLC
- Surgery parts were difficult to interpret initially
- Validation of liquid biopsy. Optimal options of treatment in resource constrained settings. Need to develop some sort of own guidelines as we have resource constrained settings
- Validity of placebo-controlled trials. Role of palliative radiation. Role of intraluminal endobronchial brachytherapy in select cases.

21. Comments or suggestions for future courses? (n=75)

- Good meeting (17)
- More trainings (12)
 - More webinars/virtual meetings (4)
 - Hybrid meetings (3)
- No (10)

- Provide materials/recordings (5)
- Thank you (3)
- As a surgery resident, it was overwhelming for me
- aspects of prevention, survivorship and follow-up should be included
- Expecting face to face classes next year
- Focus on Indian scenario and economy and it's impact on cancer management.
- Highly interactive
- Hoping to have in person sessions for the future meetings
- I enjoyed the discussion on mediastinoscopy & EBUS staging.
- I wish to learn more about the surgical part
- I would suggest that from different Govt institutions of India which cater a reasonable no of cancer patients oncology faculty could be given a chance to present themselves may present small data and some can present difficult cases.
- If possible, please be kind enough to schedule a meet on the recent research spectrum for early-stage researchers working in tumour biology.
- Include aspects of prevention, screening, survivorship etc
- it was a very informative session although I'm a pathology student yet I attended it just to enhance my knowledge and broad my vision on lung cancer. Thank you sir we expect such more sessions open to all branches.
- Keep access to talks open, so hour difference does not interfere with continuity
- Keep it free as you did this time.
- little bit more emphasis on diagnosis
- Missed few points due to coincidental oncosurg
- More case-based discussions.
- Much more information
- Need more interaction
- Need to incorporate more sessions on real world settings especially for country like ours with a focus on all aspects on how to give best to our patients
- NET interruption caused difficulty.
- Please conduct cancer course. It was extremely content oriented and very helpful in understanding basics also..
- Radioimmunotherapy discussion.
- Role of PET MRI. Optimising time frame for recurrence Case based management guidelines in resource poor settings
- Still debatable of managing locally advanced NSCLC when pleural effusion present... whether to go for neoadjuvant or upfront radical RTCT
- Upcoming TNM classification of lung cancer and surgeon's perspective on management of lung cancer
- We should strive for cure intended initiatives for lung cancer.
- Would suggest to actively involve faculty from other smaller centers of country

Respondent Demographics**Profession (n=181):**

Which one of the following best describes your profession?		
Profession	n	%
Surgical Oncologist	35	19%
Radiation Oncologist	22	12%
Pulmonologist	17	9%
Medical Fellow/Resident	17	9%
Medical/Clinical Oncologist	16	9%
General Surgeon	4	2%
Physician	3	2%
Thoracic/Cardiothoracic surgeon	5	3%
Nurse	2	1%
Pathologist	2	1%
Other	25	14%
No response	33	18%

Years of experience working in their field (n=148)

Mean	7.2
Median	5
Mode	3
Min	0
Max	40

Is your primary practice (n=144):

Governmental	69	48%
Private	55	38%
Both	20	14%

What percentage of time do you spend working with cancer patients? (n=144)

0%	4	3%
1-25%	28	19%
26-50%	19	13%
51-75%	16	11%
76-99%	19	13%
100%	52	36%

Do you participate in tumor boards? (n=144)

Yes	95	66%
No	44	31%
Not relevant to my work	5	3%

What percentage of cases at your institution are evaluated by tumor board? (n=145)

0%	15	10%
1-25%	32	22%
26-50%	20	14%
51-75%	31	21%
76-99%	15	10%
100%	23	16%
Don't know	9	6%

In the past 12 months, have you participated in clinical research (n=146)?

Yes	94	64%
No	43	29%
Not sure	9	6%

Are you an ASCO member? (n=147)

Yes	131	89%
No	16	11%

Appendix 3: Course Agenda



Scientific Program

Saturday, 5th December 2020 | Day 1

DURATION	TOPIC
16:55 - 18:15	Session I: Introductory Session
	Chairpersons: Digambar Behera, Maheema Bhaskar
16:55 - 17:00	Welcome message
17:00 - 17:15	Epidemiology of Lung cancer - Global vs Indian Navneet Singh
17:15 - 17:30	Implementing the WHO classification of lung tumors: Clinical practice and challenges for pathologists Rajiv Kumar
17:30 - 17:45	TNM 8 staging, ongoing initiatives & its effect on management Ramon Rami-Porta
17:45 - 18:00	Impact of COVID-19 on lung cancer diagnosis, management and outcomes C. S. Pramesh
18:00 - 18:15	Q & A
18:15 - 18:20	Break
18:20 - 18:40	Industry Sponsored Session Optimal management of mEGFR in resected NSCLC
18:40 - 18:45	Break
18:45 - 20:15	Session II: Early stage NSCLC - Case based tumour board discussion
	Chairpersons: J P Agarwal, Harkant Singh
	Moderator: C. S. Pramesh Apurva Ashok
	Panelists: Nilendu Purandare, Pavan Biraris, Suresh Senan, Ramon Rami-Porta, Charu Aggarwal, Nalini Gupta, Virendra Tiwari, Anil Tibdewal
20:15 - 20:30	Q & A

Registration Link

www.riverroute.in/lcmc



Scientific Program

Sunday, 6th December 2020 | Day 2

DURATION	TOPIC
16:55 - 18:15	Session III: Locally Advanced NSCLC
	Chairpersons: Rakesh Kapoor, Sandeep Tandon
16:55 - 17:00	Welcome message
17:00 - 17:15	Mediastinal lymph node staging strategies - How much is good enough? Ramon Rami-Porta
17:15 - 17:30	Management of N2 disease: Is consensus possible? Prasanth Penumadu
17:30 - 17:45	Changing paradigms in neoadjuvant and adjuvant therapy for NSCLC Vanita Noronha
17:45 - 18:00	Management of locally advanced NSCLC-T4 and N3 disease - nuances in management Suresh Senan
18:00 - 18:15	Q & A
18:15 - 18:20	Break
18:20 - 19:50	Session IV: Case based tumor board discussion
	Chairpersons: J P Agarwal, Digambar Behera
	Moderator: George Karimundackal Devayani Niyogi
	Panelists: Amit Janu, Ramon Rami-Porta, Suresh Senan, Shubham Garg, Maheema Bhaskar, Prabhat Malik, Naveen Mummudi
19:50 - 20:00	Q & A
20:00 - 20:45	Industry Sponsored Session Case based Discussion - Management of Stage-III NSCLC patients with newer advances

Registration Link

www.riverroute.in/lcmc



Scientific Program

Saturday, 12th December 2020 | Day 3

DURATION	TOPIC
16:55 - 18:15	Session V: Metastatic NSCLC
	Chairpersons: Suyash Kulkarni, Jayita Deodhar
16:55 - 17:00	Welcome message
17:00 - 17:15	How do we approach metastatic NSCLC in 2020? Prabhat Malik
17:15 - 17:30	Defining oligometastatic lung cancer and the role of radical treatment Suresh Senan
17:30 - 17:45	Immunotherapy for stage IV lung cancer- when, where and how? Charu Aggarwal
17:45 - 18:00	Early integration of comprehensive symptom management and palliative care Ishwaria Subbiah
18:00 - 18:15	Q & A
18:15 - 18:30	Break
18:30 - 20:00	Session VI: Case based tumor board discussion (Non mutated advanced / metastatic lung cancer)
	Chairpersons: Senthil Rajappa, Navneet Singh
	Moderator: Kumar Prabhash Akhil Kapoor
	Panelists: Ishwaria Subbiah, Devayani Niyogi, Anil Tibdewal, Amanjit Bal, Prabhat Malik, Ramon Rami-Porta, Naveen Salins, Nitin Shetty
20:00 - 20:15	Q & A

Registration Link

www.riverroute.in/lcmc



Scientific Program

Sunday, 13th December 2020 | Day 4

DURATION	TOPIC
16:55 - 18:15	Session VII: Metastatic NSCLC
	Chairpersons: Vanita Noronha, MA Muckaden
16:55 - 17:00	Welcome message
17:00 - 17:10	Expanding next generation sequencing for lung cancer Charu Aggarwal
17:10 - 17:30	Choosing optimal treatment algorithms for driver mutation positive NSCLC Suresh Ramalingam
17:30 - 17:45	Tackling toxicity of systemic therapy Ishwaria Subbiah
17:45 - 18:00	Recent advances in management of small cell lung cancer Amit Joshi
18:00 - 18:15	Q & A
18:15 - 18:30	Break
18:30 - 20:00	Session VIII: Case-based panel discussion
	Chairpersons: Kumar Prabhash, Charu Aggarwal
	Moderator: Senthil Rajappa Nadini Menon
	Panelists: Ishwaria Subbiah, Suresh Ramalingam, Priya Eshpuniyani, Omshree Shetty, Naveen Mummudi, Prabhat Malik, Amit Joshi
20:00 - 20:15	Q & A
20:15 - 20:30	Concluding remarks

Registration Link

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