



2018 Participant Survey Feedback

Thank You!

We asked how to make 2019 better than 2018, and our participants provided their thoughts. This document contains the results of our survey to improve our [Medical and Surgical Oncology](#) and [RN and Allied Health](#) lectures.

Medical and
Surgical Oncology

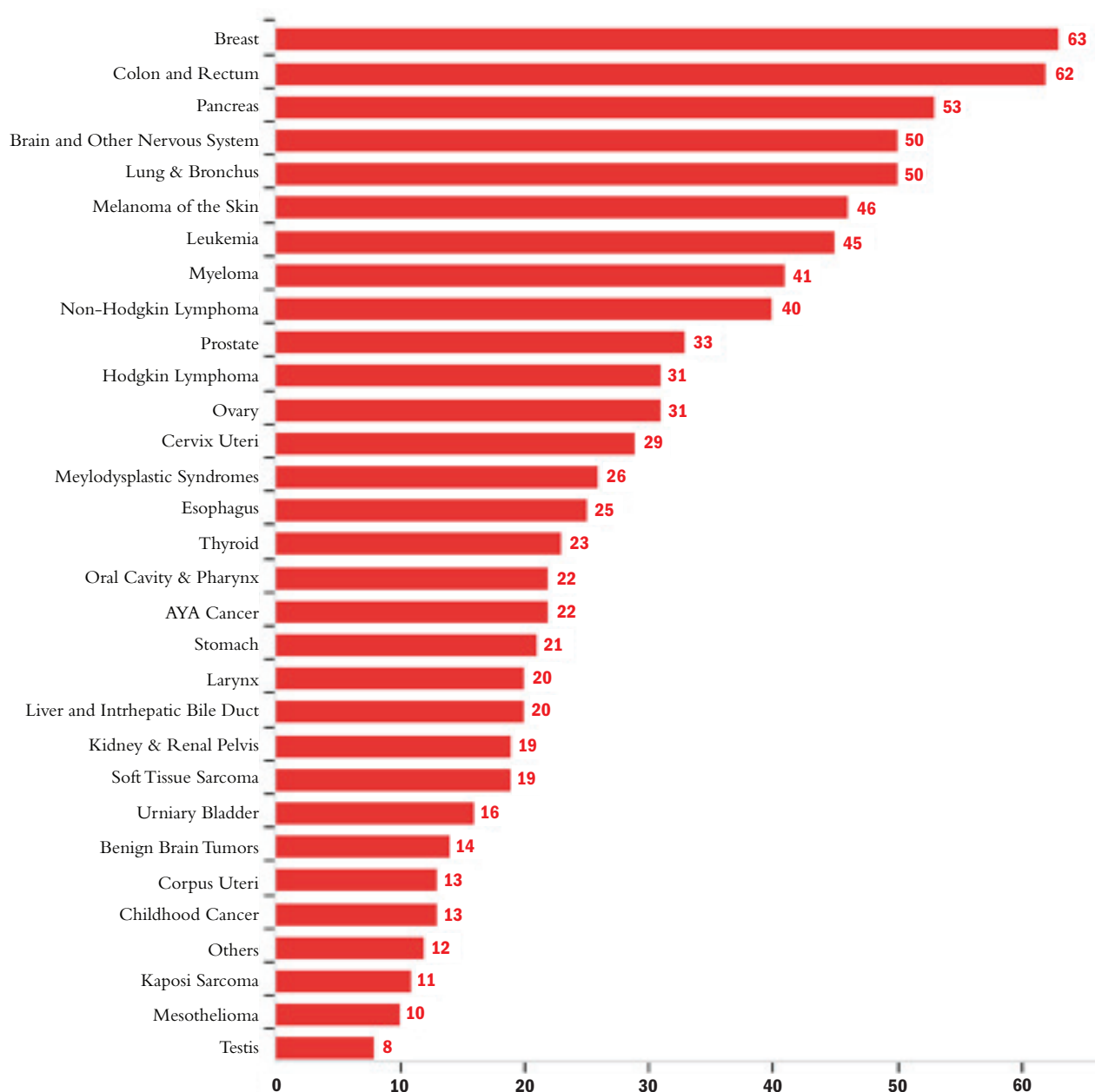
RN and 
Allied Health

2018 Participant Survey Feedback

In September 2018, the UNC Cancer Network asked participants to answer a short, nine-question survey. Over 100 people did, providing us with these snapshots of their preferences for the 2019 lecture series.

We asked: “What type(s) of cancer are you MOST interested in learning more about? Click on all that apply.”

They replied:

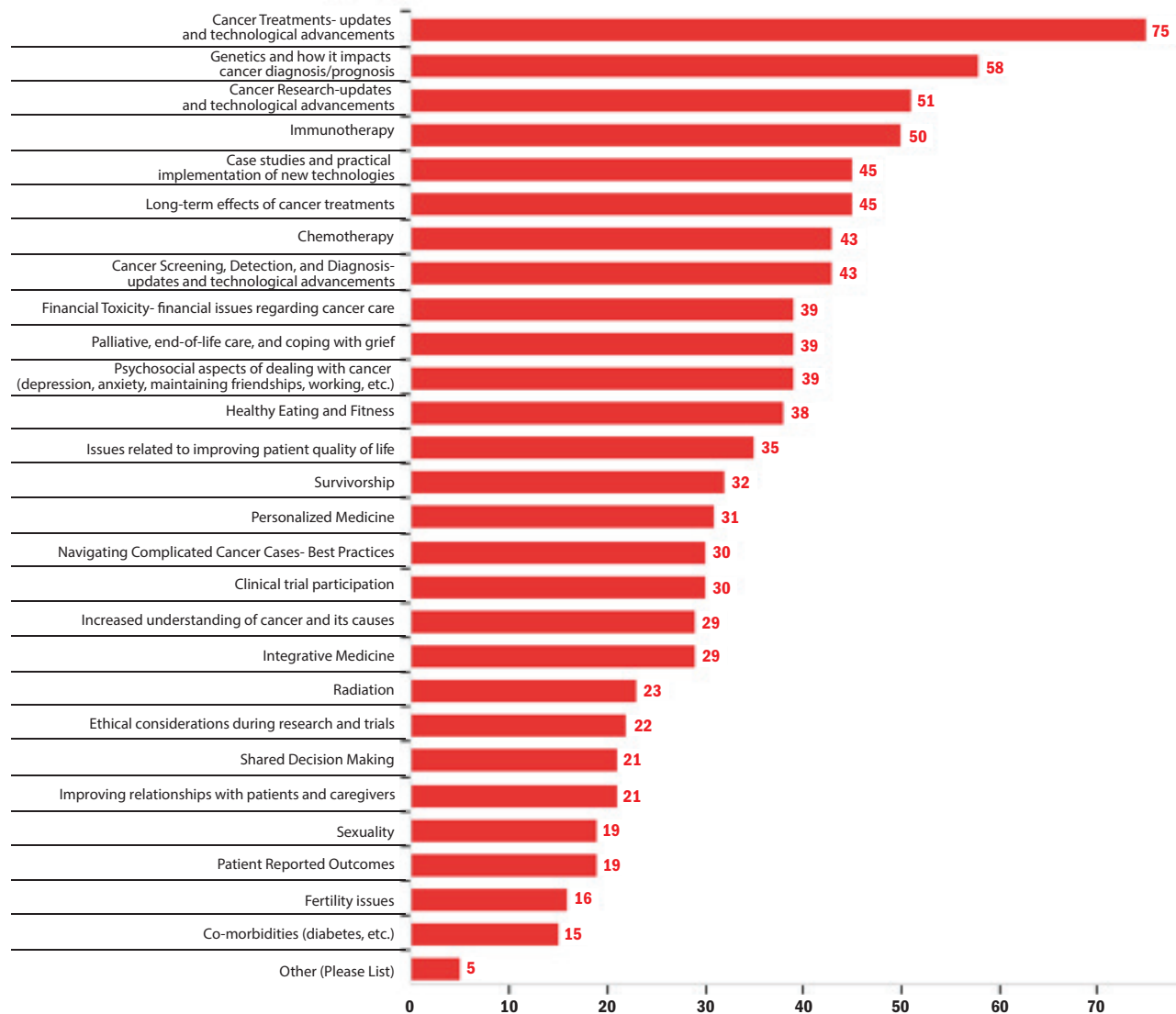


“Other” Responses:

- Lymphomas/ CLL/ SLL; glioblastoma
- Large B Cell Lymphoma
- Common types of cancer
- Head and neck
- malignant neuroendocrine tumors and carcinoid malignancies.
- BMT as treatment
- cascs

We asked: “Which of the following cancer-related issues would you MOST like to learn more about? Please click on all that apply.”

They replied:



We asked: “Are there specific speakers you would like to see during the 2019 UNC Cancer Network lecture series? If so, please provide names below.”

They replied:

- Sriram Subramaniam
- Dr. Federico Innocenti
- Stergios Moschos
- Calvo
- Peter Voorhees
- Julie Silver
- Psychiatrist to talk about medication management for anxiety, depression, menopausal systems, sleep issues. Complications with and choice of psychotropic meds and cancer medication – chemotherapeutic, hormonal treatments, etc.
- Patricia Rivera, MD– pulm– lung cancer screening
- Benyam Muluneh, Pharm D at UNC (Heme Onc)– AML
- Catherine Coombs, MD– Malignant Hematology
- Spanish speaking speakers
- Brandi Reeves, MD
- Sascha Tuchman, MD
- Jared Weiss, MD
- Autumn McRee, MD
- Social workers
- Hy Muss
- Lisa Carey
- Brian Jensen (Cardio oncology)
- I have enjoyed the variety of speakers so far from a variety of disciplines – nursing, medicine, pharmacy, social work, genetics, etc. All are useful perspectives.
- Paul Godley
- Ned Sharpless (NCI Director),
- Eliseo J. Pérez-Stable (NIMHD Director),
- Margarita Alegria (Professor, Departments of Medicine & Psychiatry, Harvard Medical School, Chief, Disparities Research Unit, Department of Medicine, Massachusetts General Hospital)
- Dr. Lisa Carey
- Dr. Tom Shea
- Dr. Anne Beaven
- A variety of speakers should be included: hematology oncology, interventional pulmonary, radiation oncology, surgical oncology, thoracic surgery, plastic surgery (breast reconstruction), gynecologic oncology.
- Hematologists/oncologists as related to leukemias, Hodgkins and Non-hodgkins, childhood cancers that lead to bone marrow transplant, and adult and peds bone marrow transplant MDs
- Dr. Pecot,
- Dr. Weiss.
- Dr. Lee

We asked: *“Is there recent or emerging research that you feel should be presented by the UNC Cancer Network in 2019? If so, please list below.”*

They replied:

- Use of artificial intelligence in cancer detection and treatment
- Personalized Medicine and targeted therapies Pharmacogenomics
- Working with big data.
- Any new immunotherapies as they come on the market
- CAR-T therapy (2)
- Quick change with multiple agents in AML space (transition from traditional CIT to many new novel agents) CLL- change from traditional oral agents to now those with a finite treatment duration of only 2 years
- Muscle Attenuation and treatment toxicity
- More talks on the microbiome
- The new immunotherapies Kymriah and Yescarta and how they will be managed here at UNC as far as reimbursements and care.
- Immunotherapies, individualized therapies
- Cardio oncology
- Immunotherapy for Follicular, Non-Hodgkins, or Large B Cell Lymphoma.
- None comes to mind. UNC seems to be on the cutting edge and the network has done a great job of covering emerging topics.
- Advances in pancreatic cancer treatment. Genetic testing for patients and families affected by pancreatic cancer.
- Cancer health disparities
- I hear that Immunotherapy is currently changing everything with regards to prognostication. Also, patients seem to be getting mixed messages from the internet, their oncologists, and their inpatient providers (while hospitalized). Immunotherapy should be a focus for 2019 topics just to make sure that accurate information is getting to the patients and healthcare workers.
- Any of the new immunotherapy drugs and trials that are forthcoming.
- Target drugs,
- Disagreement about when (what ages) certain screenings should start or stop, for various types of cancer and for men and women
- Radiotherapy combined with immunotherapy
- The cures that have been found

We asked: *“Are there any additional ways in which our presentations can be improved?”*

They replied:

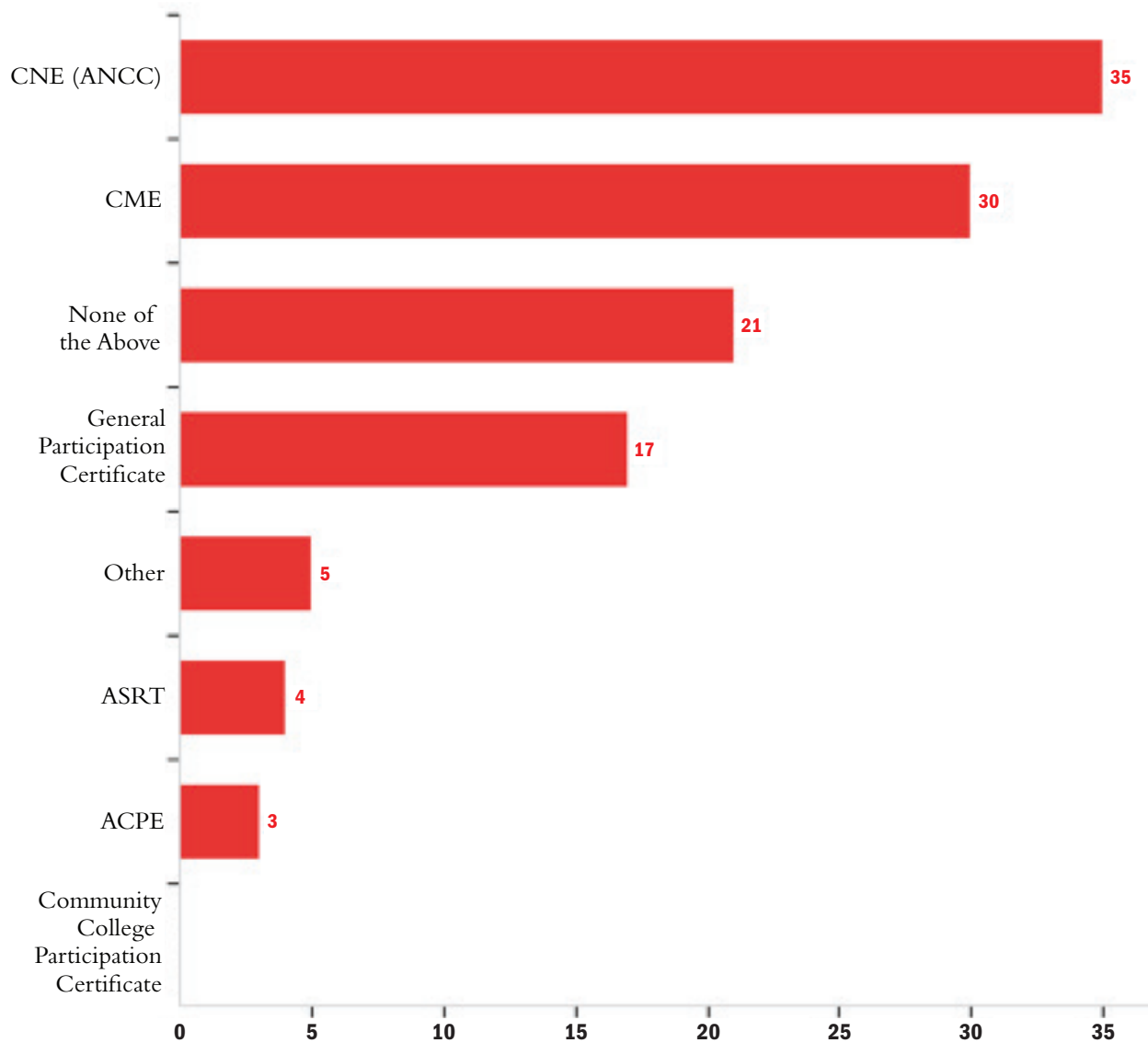
- None. The current format works well.
 - Here is an idea. Flip the classroom. Send out cases and questions to your audience to see if they can work out the answer ahead of time. Then, at the presentation the speaker would go over the case
 - Allow web access post presentation so those not able to watch in real time can still see it
 - No. They work well at our facility.
 - More interaction from online chat or Q&A during the lecture. Don't wait until end of lecture to take ?s
 - Organize the Cancer survivors class in English and Spanish/Lineberger Cancer/Livestrong and make it available
 - Make sure that they know their audience. Sometimes speakers are too complex- hard to understand
 - The current process works well.
 - Increased marketing. Please send a link by email to remind folks about the presentations.
 - I suppose the only need we had was availability of a back-up phone number
- to call for audio to go along with the presentation. We had one instance of an audio issue, while the video worked fine, so we needed to be able to call in for the audio portion. The help desk assisted us with that, although we did note a lag time between the video and audio. We were able to make it work though, by following the presentation on paper.
- Inclusion of more case studies rather than the details of clinical trials that lead to improved standard of care.
 - Assist the NCI-funded T32 programs at UNC in financially supporting travel expenses for members of their respective External Advisory Boards to come to Carolina and give a seminar for either the UNC Cancer Network Lecture series or the Professional Development Seminar Series sponsored by the NCI-funded T32 programs.
 - Great work so far!
 - Need ACPE credit
 - Presentation workshops.
 - Speaking lessons

We asked: *“Please provide us with any additional feedback that you feel would be helpful as we plan for future lectures.”*

They replied:

- Change time of presentation to later in the day- NOT LUNCHTIME if they are going to be at lunch must be 30 minutes or less
 - None. You do a great job. We totally enjoy them.
 - Like case studies- where knowledge can be applied
 - It is great to have access after the initial presentation. Try to get credit for people who watch the presentation at a later time.
- I just appreciate your work...!
 - I only attend the lectures that are in my field, but the ones I've seen have all been great. Keep up the good work! (But get someone to proofread your questionnaire next time for spelling)
 - Excellent lectures in 2018! Maintain the high quality learning experiences that UNC CH offers in 2019.

We asked: “Which type of CE credit are you most interested in?”
They replied:



“Other” Responses:

- CEU
- I am a certified medical assistant, so anything that reflects attendance/credit
- SADXS
- Not sure
- AARC