





# 10th International Chicago Lymphoma Symposium, April 26-27 2013

## Activity Evaluation

### 1. Please identify yourself:

		Response Percent	Response Count
MD/DO		70.8%	46
Nurse		23.1%	15
Allied Health Professional		1.5%	1
Fellow/Resident		4.6%	3
answered question			65
skipped question			3

## 2. This activity helped me achieve the following objectives: (5=Completely, 1=Not at All)

	5	4	3	2	1	Rating Average	Rating Count
Undersatnd why gene expression profiling and genetics of lymphomas is clinically important;	<b>60.3% (38)</b>	33.3% (21)	4.8% (3)	1.6% (1)	0.0% (0)	4.52	63
Describe the biology of transformation from low grade to high grade lymphoma;	<b>42.9% (27)</b>	33.3% (21)	19.0% (12)	3.2% (2)	1.6% (1)	4.13	63
Discuss how predictive tools can help in the development of new therapeutic targets;	<b>43.1% (28)</b>	36.9% (24)	18.5% (12)	1.5% (1)	0.0% (0)	4.22	65
Review new monoclonal antibodies and antibody drug conjugates that will help decrease chemotherapy exposure to patients;	<b>65.6% (42)</b>	23.4% (15)	7.8% (5)	3.1% (2)	0.0% (0)	4.52	64
Critically review the recent front-line data in treatment of chronic lymphocytic leukemia;	<b>73.8% (48)</b>	18.5% (12)	7.7% (5)	0.0% (0)	0.0% (0)	4.66	65
Recognize the evolving treatment options (non-transplant) for patients with mantle cell lymphoma;	<b>66.2% (43)</b>	27.7% (18)	6.2% (4)	0.0% (0)	0.0% (0)	4.60	65
Discuss challenging aspects of managing patients with uncommon lymphomas including primary mediastinal B-cell lymphoma and primary CNS lymphoma;	<b>60.0% (39)</b>	33.8% (22)	6.2% (4)	0.0% (0)	0.0% (0)	4.54	65
Understand how staging, restaging and response evaluation in lymphoma has changed over time and understand what should be the standard of care;	<b>69.2% (45)</b>	24.6% (16)	6.2% (4)	0.0% (0)	0.0% (0)	4.63	65
Review new information on the front-line management of follicular lymphoma;	<b>65.5% (38)</b>	22.4% (13)	12.1% (7)	0.0% (0)	0.0% (0)	4.53	58
Revisit the discussion on timing of hematopoietic stem cell transplant for patients with relapsed follicular lymphoma.	<b>65.5% (36)</b>	29.1% (16)	5.5% (3)	0.0% (0)	0.0% (0)	4.60	55

answered question	68
skipped question	0

### 3. How confident are you in your ability to: (5=Completely, 1=Not at All)

	5	4	3	2	1	Rating Average	Rating Count
Undersatnd why gene expression profiling and genetics of lymphomas is clinically important;	29.5% (18)	<b>55.7% (34)</b>	9.8% (6)	1.6% (1)	3.3% (2)	4.07	61
Describe the biology of transformation from low grade to high grade lymphoma;	19.7% (12)	<b>49.2% (30)</b>	24.6% (15)	3.3% (2)	3.3% (2)	3.79	61
Discuss how predictive tools can help in the development of new therapeutic targets;	27.4% (17)	<b>50.0% (31)</b>	14.5% (9)	4.8% (3)	3.2% (2)	3.94	62
Review new monoclonal antibodies and antibody drug conjugates that will help decrease chemotherapy exposure to patients;	31.7% (20)	<b>52.4% (33)</b>	11.1% (7)	1.6% (1)	3.2% (2)	4.08	63
Critically review the recent front-line data in treatment of chronic lymphocytic leukemia;	<b>53.1% (34)</b>	34.4% (22)	9.4% (6)	0.0% (0)	3.1% (2)	4.34	64
Recognize the evolving treatment options (non-transplant) for patients with mantle cell lymphoma;	<b>43.1% (28)</b>	<b>43.1% (28)</b>	10.8% (7)	0.0% (0)	3.1% (2)	4.23	65
Discuss challenging aspects of managing patients with uncommon lymphomas including primary mediastinal B-cell lymphoma and primary CNS lymphoma;	<b>44.6% (29)</b>	40.0% (26)	12.3% (8)	0.0% (0)	3.1% (2)	4.23	65
Understand how staging, restaging and response evaluation in lymphoma has changed over time and understand what should be the standard of care;	<b>52.3% (34)</b>	33.8% (22)	9.2% (6)	1.5% (1)	3.1% (2)	4.31	65
Review new information on the front-line management of follicular lymphoma;	<b>46.8% (29)</b>	38.7% (24)	11.3% (7)	0.0% (0)	3.2% (2)	4.26	62

Revisit the discussion on timing of hematopoietic stem cell transplant for patients with relapsed follicular lymphoma.	40.7% (24)	<b>47.5%</b> <b>(28)</b>	10.2% (6)	0.0% (0)	1.7% (1)	4.25	59
answered question							65
skipped question							3



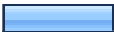
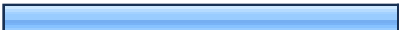


#### 4. Did this activity: (5=Completely, 1=Not at All)

	5	4	3	2	1	Rating Average	Rating Count
Address the competencies/attributes relevant to your specialty?	<b>55.2%</b> <b>(32)</b>	31.0% (18)	10.3% (6)	3.4% (2)	0.0% (0)	4.38	58
Equip you with information to overcome barriers to treatment?	37.5% (21)	<b>42.9%</b> <b>(24)</b>	12.5% (7)	7.1% (4)	0.0% (0)	4.11	56
Increase your competence, skills, and/or performance in providing improved patient care?	<b>45.8%</b> <b>(27)</b>	39.0% (23)	15.3% (9)	0.0% (0)	0.0% (0)	4.31	59
Present the material in a format appropriate to the topic?	<b>59.6%</b> <b>(34)</b>	33.3% (19)	5.3% (3)	1.8% (1)	0.0% (0)	4.51	57
answered question							59
skipped question							9

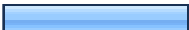




#### 5. After participating in this activity, will you make any changes in your practice? (Please explain).

	Response Count
	19
answered question	19
skipped question	49



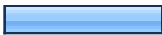


**6. Are there any barriers or problems that might prevent you from implementing changes in your practice? Please select all that apply**

		Response Percent	Response Count
Lack of evidence-based guidelines		16.2%	6
Organizational/institutional barriers		21.6%	8
Limited time		16.2%	6
<b>Insurance/financial</b>		<b>59.5%</b>	<b>22</b>
Increased workload		18.9%	7
Other (please indicate below)		8.1%	3
	Other:		6
answered question			37
skipped question			31

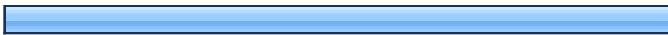
**7. How much of the content presented at this meeting was new to you?**

		Response Percent	Response Count
0-20%		27.6%	16
<b>21-40%</b>		<b>36.2%</b>	<b>21</b>
41-60%		20.7%	12
61-80%		13.8%	8
81-100%		1.7%	1
answered question			58
skipped question			10

## 8. How many years have you been in practice?

		Response Percent	Response Count
0 – 5 years		17.9%	10
6 – 15 years		26.8%	15
16 – 25 years		23.2%	13
26 – 30 years		12.5%	7
31+ years		19.6%	11
answered question			56
skipped question			12

## 9. Did any of the presentations contain pharmaceutical company or medical device manufacturer bias?

		Response Percent	Response Count
Yes		0.0%	0
No		100.0%	55



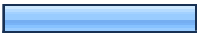


Comments (please be as specific as possible): 0

answered question	55
skipped question	13










## 10. List future CME topics that would be of value to you, and please be specific.

	Response Count
	11
answered question	11
skipped question	57

## 11. How did you hear about this activity?

		Response Percent	Response Count
Mailing		60.7%	34
Colleague		12.5%	7
Email		28.6%	16
Internet Search		8.9%	5
Other		3.6%	2
If other, please specify			4
		answered question	56
		skipped question	12

## 12. How would you improve this educational activity (Select all that apply)

		Response Percent	Response Count
No improvements needed		60.9%	28
Provide better information in advance (ex. directions, activity overview, technical information, etc.)		10.9%	5
Reduce the amount of content covered		0.0%	0
Increase the amount of content covered		13.0%	6
Update the content covered		0.0%	0
Improve the instructional methods		10.9%	5
Make the content less difficult		8.7%	4
Make the content more difficult		0.0%	0
Slow down the pace of the activity		4.3%	2
Speed up the pace of the activity		0.0%	0
Allot more time for the activity		4.3%	2
Shorten the time allocated for the activity		0.0%	0
Offer the activity at a different:		4.3%	2
Time of day:		4.3%	2
Time of the year:		0.0%	0

Other (please specify) 5

answered question	46
skipped question	22



### 13. General Comments:

**Response  
Count**

31

**answered question**

**31**

**skipped question**

**37**



**Page 2, Q2. After participating in this activity, will you make any changes in your practice? (Please explain).**

1	Will try to use less PET/CT in f/u	Jun 11, 2013 1:45 PM
2	Not specifically. Need to think what to do to PMBL patients	Jun 10, 2013 2:04 PM
3	Definitely brought to attention of various options of treatment	Jun 10, 2013 1:56 PM
4	Do not practice	Jun 10, 2013 1:52 PM
5	Yes.	Jun 10, 2013 1:48 PM
6	Cure more lymphoma patients	Jun 10, 2013 1:41 PM
7	Unsure	Jun 10, 2013 1:20 PM
8	N/A Pathology Resident, PGY-3	Jun 10, 2013 1:19 PM
9	Yes, PET Scan in HD after (illegible).	Jun 10, 2013 1:01 PM
10	None	Jun 10, 2013 12:36 PM
11	Order end of chemo PET scans for HD patients.	Jun 10, 2013 12:05 PM
12	Perhaps fewer BM biopsies in DLBCL	Jun 10, 2013 11:59 AM
13	Yes	Jun 5, 2013 4:01 PM
14	No	Jun 5, 2013 3:45 PM
15	Treatment of M.F. Rethink use of PET	Jun 5, 2013 2:58 PM
16	Fewer PET scans	Jun 5, 2013 2:51 PM
17	No	Jun 5, 2013 2:45 PM
18	Will use data from meeting to update local treatment algorithms	Jun 5, 2013 2:40 PM
19	Yes	Jun 5, 2013 2:34 PM

**Page 2, Q3. Are there any barriers or problems that might prevent you from implementing changes in your practice? Please select all that apply**

1	Need for approval from 3rd party payors	Jun 11, 2013 1:43 PM
2	Work in resource limited area	Jun 10, 2013 1:20 PM
3	N/A	Jun 10, 2013 1:19 PM
4	No	Jun 10, 2013 1:01 PM
5	N/A	Jun 10, 2013 11:49 AM
6	Lack of understanding of the long-term effects of new treatments.	Jun 5, 2013 2:38 PM

**Page 3, Q1. List future CME topics that would be of value to you, and please be specific.**

1	Tailor tx to different type of DLBCu (ABC, GC, MYCT, illegible)	Jun 11, 2013 1:46 PM
2	More debate would help.	Jun 10, 2013 2:05 PM
3	Can other discipline -(RN) obtain continuing education hours?	Jun 10, 2013 1:57 PM
4	Topics steered more towards hematopathologists: Important IHC markers/(illegible) markers in N/HL; difficult but clinically important pathologist diagnosis.	Jun 10, 2013 1:19 PM
5	Previous attendance	Jun 10, 2013 12:48 PM
6	Case presentations.	Jun 10, 2013 12:47 PM
7	Focus on T-Cell NHL + lymphoproliferative diseases	Jun 10, 2013 12:07 PM
8	CNS Prophylaxis of aggressive lymphomas (e.g - DLBCL with risk factors)	Jun 10, 2013 12:01 PM
9	There are so many subtypes of disease - try to review 4-5 vs 3 each year. Thanks for a wonderful conference.	Jun 5, 2013 4:04 PM
10	Any	Jun 5, 2013 3:06 PM
11	Role of stem-cell transplant in lymphoma	Jun 5, 2013 2:41 PM

**Page 3, Q2. How did you hear about this activity?**

1	Previous attendee.	Jun 10, 2013 2:05 PM
2	Chicago Lymphoma Rounds	Jun 10, 2013 1:46 PM
3	Prior attendee	Jun 10, 2013 12:29 PM
4	Previous attendee	Jun 5, 2013 2:51 PM

**Page 3, Q3. How would you improve this educational activity (Select all that apply)**

1	Slide book	Jun 10, 2013 1:42 PM
2	Sat-Sun	Jun 10, 2013 1:23 PM
3	Improve syllabus	Jun 10, 2013 1:21 PM
4	Good hr (illegible) to use (illegible) time (illegible).	Jun 10, 2013 12:47 PM
5	Saturday & Sunday	Jun 10, 2013 12:16 PM



**Page 3, Q4. General Comments:**

1	The day was more (illegible) than I anticipated it would be.	Jun 11, 2013 1:46 PM
2	Excellent conference	Jun 11, 2013 1:45 PM
3	Please ask speakers too: 1.Try to avoid needing to use a pointer 2. If pointer needed, use computer mouse controlled pointer (Multiple screens projected)	Jun 11, 2013 1:44 PM
4	like the Zip drive - helps as reference later	Jun 11, 2013 1:43 PM
5	W hotel was poor choice due to parking issues. Otherwise PERFECT.	Jun 10, 2013 2:05 PM
6	Case studies were good examples and very interactive. Panel was good too.	Jun 10, 2013 1:57 PM
7	Physical space of W hotel was not good. No wi-fi, too small for lunch exhibits. The sofitel last year was by far better.	Jun 10, 2013 1:49 PM
8	Provide printed copy of slides for note-taking	Jun 10, 2013 1:46 PM
9	I do like that the course is over 2 days. I enjoyed the discussion on the role & utility of PET/CT images as well as the discussion on challenging cases in lymphoma.	Jun 10, 2013 1:27 PM
10	I had some concerns with the registration process; it left one with some uncertainties. In the end, however, all turned out in a good order.	Jun 10, 2013 1:21 PM
11	Great meeting. Talks moved smoothly; most engaging. Information presented was current + relevant. Execution was excellent.	Jun 10, 2013 1:19 PM
12	Excellent meeting + timing. Friday afternoon, Saturday all day.	Jun 10, 2013 1:02 PM
13	Well done	Jun 10, 2013 12:55 PM
14	More interactive case discussions.	Jun 10, 2013 12:51 PM
15	Great to (illegible) to start at noon. Give time to get to Chicago. Day 2 much more useful to me rather than day 1. Could you (illegible) some clinical info into day 1?	Jun 10, 2013 12:47 PM
16	The conference room was very uncomfortable - so cold!	Jun 10, 2013 12:36 PM
17	Very good meeting - However for the practicing (illegible) the basic (illegible) did not transitions well on what to expect in the near future in our clinical practice.	Jun 10, 2013 12:33 PM
18	Excellent meeting. Would be great to have 2 full days - Friday & Saturday.	Jun 10, 2013 12:01 PM
19	There was no (illegible) Hodgkin's Lymphoma.	Jun 10, 2013 11:55 AM
20	The debate was most applicable to my clinical practice as a community Hematologist/Oncologist. I would enjoy a "How I treat..." type of presentation from the experts. Room was kept too cold.	Jun 5, 2013 4:02 PM
21	Excellent. Friendly and professional meeting.	Jun 5, 2013 3:46 PM
22	Speakers did not always have enough time to cover the information.	Jun 5, 2013 3:35 PM



**Page 3, Q4. General Comments:**

23	Increase audience participation	Jun 5, 2013 3:26 PM
24	Provide wifi	Jun 5, 2013 3:07 PM
25	Hotel facilities were cramped. Need different venue.	Jun 5, 2013 2:51 PM
26	Appreciated the new location to accomodate more participants but it was a bit cramped.	Jun 5, 2013 2:50 PM
27	It would be a good idea to have a printed outline of each presentation available	Jun 5, 2013 2:46 PM
28	Great venue, excellent faculty and content	Jun 5, 2013 2:41 PM
29	Excellent meeting, very well organized, easy to follow talks	Jun 5, 2013 2:39 PM
30	Get nursing credits not just attendance! Improve slides so they can be read from handout and aren't so busy.	Jun 5, 2013 2:38 PM
31	Excellent, will probably come back again	Jun 5, 2013 2:34 PM