What did you learn in this session?

Insufficient Responses (i.e. lacking detailed reflection regarding new knowledge)

- How to better treat lung cancer
- Immunotherapy in most cancer types
- cfDNA information
- I have updated my knowledge about breast and head and neck cancer.
- relevant update on new trial results
- Advances in treatment of hematologic malignancies.
- insights concerning immune response and its modulation
- Methodology in cancer research
- New data. Ongoing trials. Updates.
- broaden genetic testing

Good Responses that share adequate detail regarding new knowledge

- Place more emphasis on genomic profiling for both germline and somatic mutations in any of my patients with MCRPC who progressed on 1st line therapy
- New information regarding KRAS inhibitors, adjuvant therapy in GI cancer
- Learned that the results from long term use of letrozole in post-menopause women with early breast cancer is safe and effective at reducing future breast cancers.
- gemcitabine plus xeolda is now the preferred adjuvant therapy for cancer of the pancreas
- Taking Pazopanib with food allows for a lower dose to be administered with equivalent blood levels in sarcoma patients.
- I learned new treatment options for ovarian cancer including mirvetuximab, cervical cancer treatment regimens should remain unchanged, and new treatment options for biomarker specific patient populations such as BRCA mutated breast cancer or early stage TNBC.
- Adjuvant olaparib is a new treatment for BRCA1/2-mutated ER/PR+ HER2- breast cancer
- CAR-T cell therapy, genetic abnormalities in cancer, design of clinical trials, racial and ethnic differences in cancer

How will you apply this to your work, research or practice?

Insufficient Responses (i.e. lacking detailed reflection regarding intended practice/ research changes)

- use latest guidelines to treat cancer patients
- Improve clinical outcomes for patients
- Up to date cancer management
- I plan to use new knowledge for clinical trials
- slight changes regarding testing
- I will include many of the study results presented.
- Not sure
- See above.

Good Responses that share adequate detail regarding intended practice/research changes

- Propose a framework for comprehensive genomic and IHC testing to make sure we identify patients to enroll in clinical trials, and try to address disparities in access to care to our patients.
- I will test for mismatch repair deficiency more frequently and if present I will consider treatment with checkpoint inhibitors
- Integrate genomic testing in early triage of treatment for women with ovarian cancer
- Will not recommend maintenance rituxan as much in FCC pts
- I will check tumor microsatellite instability status in patients who might be candidates for immunotherapy
- Place more emphasis on genomic profiling for both germline and somatic mutations in any of my patients with MCRPC who progressed on 1st line therapy
- 1. Learning on prostate cancer, no standard treatment sequence. The heterogeneity of disease, requiring "MP-SARGAS", individualized factors. 2. Lung cancer driver mutation, NGS result interpretation, and how to match the right agents. 3. MoAb drug congugates are increasingly potential options.