Implementation of a fellow-led tumor board to enhance learning and support in fellow continuity clinic.

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Background: Hematology/oncology fellows in our program manage diverse and complex cases in continuity clinic (CC), including uncommon malignancies and challenging clinical scenarios, providing a rich educational opportunity. To further enhance case-based learning and in response to fellows' feedback from an internal program survey, we implemented a Fellow Tumor Board (FTB) to provide clinic-specific additional guidance and structured learning. Methods: The FTB was integrated into an existing biweekly didactic virtual didactic to minimize added burden and encourage participation. Investment in learning was fostered by focusing on fellows' own cases. Chief fellows reviewed recent CC consults, selecting cases involving new malignancies, rare conditions, or complex management scenarios, and invited guest faculty experts for targeted feedback. Each 30-minute FTB, moderated by chief fellows, included multiple 5-minute case discussions: fellows presented cases, posed clinical questions, and received expert and peer input. Chief fellows summarized key recommendations and clinical pearls while senior fellows provided insights and mentorship. This collaborative format enabled fellows to learn from their own and peers' cases. An anonymous electronic survey was distributed six months after FTB implementation to assess its impact. Fellows rated their experiences on a Likert scale (1 = strongly disagree to 4 = strongly agree). Results: Survey responses (12) showed positive reception. Fellows reported feeling more supported in managing CC patients (3.6 \pm 0.4), empowered to seek guidance (3.6 \pm 0.4), found expert input valuable (3.7 ± 0.4), that FTB fostered a collaborative environment (3.5 ± 0.5) and that casebased learning was effective (3.4 ± 0.4) . However, 4/12 fellows disagreed that they learned from their co-fellows' cases. All respondents agreed that the FTB should continue as part of the didactic curriculum. Additional informal feedback highlighted improved confidence, ability to present cases in tumor boards, and mentorship while faculty praised the active learning environment. In-training exam scores to assess knowledge retention and program survey responses to evaluate supervision quality at year-end will be tracked to further evaluate FTB's impact and will be available at time of presentation. Conclusions: FTB is a feasible and adaptable innovation that addresses gaps in CC education. By promoting case-based learning, collaboration, and mentorship, it enhances fellows' support, knowledge, confidence and preparedness for oncology practice. To optimize its effectiveness, strategies to encourage fellows to engage and learn from their peers' cases – not just their own – should be explored. Research Sponsor: None.

Integration of a podcast curriculum (PC) to improve hematology oncology fellow (HOF) knowledge: A multi-center cluster randomized control trial.

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Background: Medical podcasts are widely used as learning resources, yet their integration into fellowship curricula remains unstudied. We present the final analysis of a multicenter cluster randomized trial comparing a supplemental PC with the standard curriculum (SC) to SC alone for HOFs. Methods: Twenty-seven U.S. HOF programs were randomized to receive a novel PC with SC (podcast arm) or SC alone (control arm). The PC arm accessed a website with links to podcast episodes (PEs) and show notes covering breast cancer (BC), myeloma (MM), bleeding disorders (BD), and heparin induced thrombocytopenia (HIT). PEs were developed by The Fellow on Call and Two Onc Docs podcasts. Show notes were developed by The Fellow on Call. Preand post-intervention qualitative surveys (QS) and knowledge assessments (KA) were administered via REDCap. HOFs rated their comfort managing topics using a 7-point Likert scale. The KA was a 16-question multiple-choice test. ANCOVA analysis was used to compared postintervention results. This study was powered for dual primary endpoints of mean OS improvement by 0.5 and KA improvement by 10% as previously published. Results: Pre-intervention QS and KA were completed by 220 (52%) and 187 (45%) HOFs, respectively. Post-intervention, 53/ 107 (49%) HOFs in the podcast arm and 46/113 (40%) in the control arm completed assessments. PGY distribution was similar between podcast and control arms: PGY 4 25% and 37%, PGY 5 32% and 30%, and PGY 6+ 43% and 33% (p=0.38). At baseline, 37 (69%) podcast-arm and 24 (52%) control-arm HOFs listened to medical podcasts. Detailed didactic characteristics for each institution and HOF learning preferences were previously presented. Baseline mean comfort levels (\pm SD) were comparable in podcast vs. control: BC (4.4 \pm 1.5 vs. 4.5 \pm 1.4), MM (4.5±1.2 vs. 4.4±1.4), BD (3.9±1.2 vs. 3.7±1.2), and HIT (5.5±1 vs. 5.5±1). Post-intervention paired mean comfort level difference $(\pm SD)$ significantly improved in the podcast vs. control across topics (p<0.01): BC (1.4 ± 0.4 vs. 0.9 ± 0.2), MM (1.5 ± 0.4 vs. 0.9 ± 0.3), BD (1.6 ± 0.3 vs. 1±0.2), and HIT (1.2±0.6 vs. 0.8±0.4). Composite mean KA improved from 39.7%±18.9 to $62\% \pm 19.2$ in the podcast arm vs. $43.5\% \pm 19.2$ to $50.3\% \pm 19.8$ in the control arm. The podcast arm had significantly greater improvement with an adjusted mean difference of 15.5% (p<0.01). In the podcast arm, 44 (83%) utilized >50% of show notes and found them helpful, and 47 (89%) planned to continue using these podcasts. Results were not impacted after adjusting for baseline podcast use. Conclusions: To our knowledge, this is the largest cluster randomized trial of a pragmatic educational intervention in graduate medical education. The study met its dual primary endpoints, demonstrating that the podcasts significantly improved fellow comfort and knowledge in representative topics. Despite limitations of dropout and respondent bias, findings support integrating these podcasts as a recommended resource in hematology oncology education. Research Sponsor: None.

Perception and concerns of the hematology and oncology (HemOnc) workforce about artificial intelligence (AI) in clinical practice (CliPr) and medical education (MedED).

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Background: The field of AI is rapidly evolving. With recent development of more user-friendly AI software, its integration into healthcare across different medical specialties, including HemOnc has emerged. Data detailing the perception and concerns of the HemOnc workforce about AI's roles is lacking and is needed if AI is to be integrated in HemOnc CliPr and MedEd. Methods: Questionnaires about the perception and concerns regarding AI in CliPr and MedEd were created on REDCap and approved by IRB. We surveyed the entire HemOnc workforce at the 3 Mayo Clinic major sites between 11/07/24 and 01/20/25, including physicians, both faculty (FAC) and fellows (FEL), advanced practice providers (APP), and nurses (RN). Participation was voluntary. Simple statistical analyses were employed for the results. Results: 344 participants (PTP) responded to the survey, 118 physicians (41 FEL and 77 FAC), 49 APP, and 177 RN. 64% of PTP report having used AI but only 31% used it in HemOnc MedEd, and 28% in HemOnc CliPr, with 67% considering themselves to have little to no knowledge about AI. 94% of PTP believe AI will be integrated in HemOnc MedEd, with such integration being seen as beneficial by 90%. Among physicians, 85% of FEL and 92% of FAC report that fellowship programs should incorporate AI training into curricula. 95% of PTP believe AI will be incorporated into HemOnc CliPr. Meanwhile, 62% of PTP (50.8% of physicians, and 68% of APP and RN) are concerned about risks it may pose to CliPr. Nevertheless, 90% of PTP would embrace AI's use in HemOnc. Table 1 details the perceptions and concerns about AI in HemOnc MedEd and CliPr. The main perceived risks are decreased time spent with patients (pts), and inaccuracies or worse pt care. Meanwhile, 33% believe AI would increase efficiency and quality of care, while 30% believe it would increase time spent with pts. 14% of PTP worry their role could be replaced by AI. Conclusions: To the best of our knowledge, this is the largest assessment of HemOnc workforce's perception and concerns about AI. Based on our survey, the HemOnc workforce, in general, endorses AI use, but with some concerns raised. While incorporation in MedEd is perceived with excitement, many envision the use in CliPr involves risks and challenges. Proper systematic education of the workforce about AI, with well-designed CliPr integration methods are needed to mitigate the legitimate existing concerns. Research Sponsor: None.

Perceptions & concerns about AI in HemOnc MedEd & CliPr.					
	FEL %	APP %	RN %	FAC %	
AI will assist documentation in CliPr	98	82	79	92	
AI will be used in pt communication	73	80	78	87	
AI will screen pts for clinical trial enrollment	85	86	76	96	
AI will increase the efficiency and quality of CliPr	43	37	24	46	
AI will increase time spent with pts	39	27	25	38	
AI will decrease time spent with pts	29	41	48	23	
AI will lead to inaccuracies or worse CliPr	12	20	25	20	
AI may replace the HemOnc workforce	11	16	19	5	

Research productivity of international medical graduate (IMG) hematology and oncology fellows in the United States (US).

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Background: IMGs constitute one-third of practicing oncologists in the US. However, there is limited data on their academic contributions. We analyzed the research productivity of IMG hematology-oncology fellows in US fellowship programs. Methods: Hematology-oncology fellows enrolled in an ACGME accredited training program as of June 2024, were identified from publicly available institutional fellowship program websites. Baseline characteristics (presumed gender, institution, additional graduate degrees [AD]) and academic profiles were abstracted. Research productivity data, including number of PubMed-listed manuscripts, original articles, review articles, first-author and senior-author manuscripts, google scholar (GS)-listed abstracts/articles, high-impact (impact factor \geq 10) articles, citations, H-index, I-10 index were obtained from PubMed and GS. Fellows were categorized as IMGs or AMGs, based on whether they completed medical school outside or within the US, respectively. Chi-squared and Wilcoxon rank-sum/T-tests were used for categorical and numeric variables, respectively. Linear regression identified factors associated with higher research productivity. Results: Out of the total 1,858 fellows included, 42.3% were female, and 11% held ADs (e.g. master's, PhD). Among all fellows, 30.5% were identified as IMGs. AMGs were more likely than IMGs to hold ADs (12% vs. 8.3%, p=0.019) and PhDs (8.9% vs. 3.4%, p<0.001). However, IMG fellows exhibited significantly higher research productivity, including more manuscripts (mean, 95% CI: 14.9 [12.6, 17.3] vs. 9.5 [8.6, 10.4]), abstracts (14.9 [9.2, 20.6] vs. 7.3 [3.5, 10.9]), review articles (4.9 [3.9, 6.0] vs. 2.4 [2.2, 2.7]), first-author manuscripts (4.3 [3.6, 5.0] vs. 2.7 [2.5, 2.8]), compared to AMGs (all p<0.001), Table 1. IMGs had an estimated 5.7 more manuscripts on average than AMGs after adjusting for gender and ADs (p<0.001); this difference varied by gender (8.7 higher in males, p<0.001, and 2.0 higher in females, p=0.2). Conclusions: IMG hematology-oncology fellows exhibit higher research productivity than their AMG counterparts, despite having fewer additional degrees. Our results highlight the substantial contributions of IMG fellows, underscore their critical role in academic medicine, and emphasize the importance of addressing potential structural barriers to practice at academic medical centers upon graduation. Research Sponsor: EMORY STAT CORE, NIH21.

Research profile of IMG/AMG hematology-oncology fellows.						
Research productivity (median, IQR)	IMG (N= 566)	AMG (N= 1292)	p-value			
PubMed manuscripts	7.5 (3, 16)	6 (2, 11)	< 0.001			
GS articles	14 (6, 33)	9 (3, 18)	< 0.001			
Abstracts	3 (1, 13)	2 (0, 6)	< 0.001			
Original articles	4 (1, 11)	3 (1, 8)	< 0.001			
Review articles	2 (0, 5)	1 (0, 3)	< 0.001			
First-author manuscripts	2 (0, 5)	2 (0, 4)	< 0.001			
Citations	116 (28, 310)	80 (12, 346)	0.07			
H-index	5 (2, 8)	4 (0, 8)	0.003			
I-10 index	3 (1, 9)	2 (0, 12)	0.28			

International medical graduates (IMGs) in leadership roles within academic oncology in the United States (US).

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Background: Although IMGs comprise one-third of US oncologists, their leadership presence at academic centers with affiliated oncology fellowship training programs has not been studied. Methods: Using Electronic Residency Application Services website for training programs, and publicly available information on corresponding institutional websites, data were collected on leadership (cancer center director, division chair, fellowship program director (PD), subspecialty chiefs) and clinical faculty (August to December 2024). Leadership level data included whether the institution is NCI-designated, its geographic region, presumed gender, additional graduate degree (AD: Master's, PhD), H-index and citations. Leaders and faculty were categorized into American Medical Graduate (AMG) and IMG, who completed medical school within and outside the US, respectively. Logistic regression was used to assess factors associated with leadership. Results: Leaders (n=1057) and faculty (n=4338) from 186 oncology fellowship programs (medical, radiation, surgical oncology) were included. Among 146 cancer center directors, 26% were IMGs. IMGs represented 30% of division chairs and 32% of fellowship PDs in medical oncology; however, their representation in surgical and radiation oncology leadership and faculty was more modest (Table). There was no difference in AD (30.8% vs 30.2%), H index (44.3 \pm 39 vs 45.9 \pm 34.5) or citations (13,133 \pm 26,228 vs 14,151 \pm 23,529) between IMG and AMG leaders, respectively. IMG leadership varied regionally (Midwest 30%, Northeast 26%, South 23%, Southwest 31%, West 16%, p=0.03) and was under-represented in NCIcenters (21.3% vs 33.3%, p<0.05) vs other centers. There was no difference in male AMG leaders (48.9% vs 47.1%, p=0.77), however, the proportion of female AMG leaders was higher in NCI- vs other centers (28.8% vs 19.7%, p<0.01). Female IMGs had lowest leadership representation (7.3% at NCI-centers, 9.2% at other centers), similar to their limited faculty presence (9.2%). Female IMGs were less likely to be leaders compared to male IMGs (odds ratio [OR] 0.66 [95% CI 0.49-0.89], p<0.01) and male AMGs (OR 0.71 [0.55-0.93], p<0.05). Conclusions: Despite similar academic productivity, IMGs are under-represented in leadership in NCI-cancer centers, and in the West with female IMGs having lowest representation. Our results highlight the need to address these regional, gender and institutional disparities to foster a more inclusive workforce. Research Sponsor: EMORY Stat Core, NIH21.

Leadership and faculty positions by IMG and AMG.							
		Medical C (n=1	Oncology 83)	Radiation (n=	oncology 88)	Surgical (n=:	oncology 39)
		AMG	IMG	AMG	IMG	AMG	IMG
Division chair Subspecialty chiefs Fellowship PD Faculty	N (%) N (%) N (%) N (%)	94 (70%) 255 (71%) 116 (68%) 1849 (69%)	41 (30%) 106 (29%) 54 (32%) 848 (31%)	70 (90%) 66 (76%) 69 (90%) 922 (90%)	8 (10%) 21 (24%) 8 (10%) 107 (10%)	28 (82%) 65 (82%) 24 (77%) 449 (86%)	6 (18%) 14 (18%) 7 (23%) 75 (14%)

Burnout, professional fulfillment, and associated factors in academic oncology physicians.

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Background: Occupational burnout has negative consequences on the health of individual physicians (MDs), patients, and health care systems. We assessed the prevalence of burnout and professional fulfillment (PF) in academic hematologists/medical oncologists (HO), general internists (GIM), and other internal medicine subspecialties (IMS) and evaluated factors associated with burnout and PF across specialty groups. Methods: Academic medical institutions participating in the Healthcare Professional Well-being Academic Consortium (PWAC) administered surveys including validated measures of burnout and PF, as well as variables influencing these domains. MDs with a subspecialty of HO, GIM, or IMS were included. Descriptive statistics were used to summarize characteristics of the cohort. Logistic regression was used to assess relationships between respondent characteristics (subspecialty, gender, age) and burnout/PF. Results: Fifteen academic medical centers administered surveys between 10/2019 and 7/2021.0f 19,532 (50.7% response rate) respondents, 579 were HO, 1912 GIM, and 1922 IMS. No significant difference in the proportion of respondents who met criteria for burnout was observed across groups (41.7% HO, 38.0% IMS, 40.4% GIM, p=0.11). HO MDs were more likely to have high professional fulfillment (44.5% HO, 38.8% IMS, 35.8% GIM, pvalue <0.001). Determinants of burnout and PF varied across groups (Table) with HO MDs reporting less favorable scores for impact of work on personal relationships (p<0.001), selfvaluation (p<0.001), and electronic health record (EHR) helpfulness (<0.001), but more favorable scores for meaning in work (p=0.02), control over schedule (p<0.001), and perceived gratitude for their work (p<0.001). Factors most closely associated with risk of burnout in HO MDs included negative impact of work on personal relationships (Cohen's D 1.10), selfvaluation (Cohen's D 0.98), and control over schedule (Cohen's D 0.90). Conclusions: In a large, multi-center study, HO MDs had similar rates of burnout but higher PF than other IM specialties. These results highlight the challenges and rewards of working in oncology and identify priority domains to improve oncologists' work environments. Research Sponsor: None.

Mean scores for determinants of burnout and PF across IM specialties.							
HO IMS GIM Kruskal Assessment Scale n=579 n=1922 n=1912 P va							
Negative Impact of Work on Personal Relationships*	3.86 4.61	3.64 5.13	3.40 5.14	<0.001‡ <0.001†			
EHR Helpfulness**	5.22	5.56	5.82	<0.001			
Perceived Gratitude**	7.22	6.65	6.63	<0.001±			
Control over Schedule**	4.38	3.98	4.18	<0.001±			
Meaning in Work**	8.03	7.55	7.50	0.02 ±			
Sleep-Related Impairment*	3.20	3.03	2.95	0.04			
Peer Support**	6.42	6.19	6.38	0.04			

‡ Statistically significant after adjustment for multiple comparisons.

*Range 0-10, higher scores = unfavorable.

**Range 0-10, higher scores = favorable.

Who's on the podium? Geographic and career diversity of ASCO Annual Meeting presenters.

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Background: The ASCO annual meeting is the world's preeminent meeting of oncology professionals. Giving an oral presentation at the ASCO annual meeting is a landmark in a career. We examined the training and geographic diversity of presenters. Methods: We identified all oral abstract or moderator presentations from the ASCO Annual Meeting 2021-2024 using asco.org. Further information on each speaker was gathered from publicly available information through internet searches of institutional websites and professional social media. We queried degree, pronoun use, medical school, institutions of post-graduate training and years of graduation. Institutions were classified by geographic region (country, state, and U.S. Census Geographic Area), type (academic versus community) and NCI-designation. Presentations per population (PPP) of 10^6 persons were standardized by state and region level 2020 US Census data. Study was IRB exempt at investigators respective institutions. Results: Between 2021-2024, there were 1563 oral presentations in abstract sessions from 1310 speakers representing 491 institutions. 253 (19%) presented more than once (range: 1-5). 57% use the 'he' pronoun. Most presenters were from US institutes (66.7%; n=1043), 6.3% (n=99) from China, 4.0% (n=63) from France, and 3.2% (n=50) from the UK. 69.7% (n=1090) were from North America, 17.6% (n=275) from Europe/UK, 10.2% (n=16) from Asia, and 2% (n=31) from Australia. Few presentations were given by speakers from institutions in the Middle East (0.1%, n=2) or South America (all Brazil; 0.3%, n=4), and no presentations were given by speakers from African institutions. 22% (n=347) of presentations were from the top 5 presenting institutions, all of which were in the US and 3 of 5 on East coast. 87.1% (n=768) of presentations from US institutions were from NCI-designated centers. 21 of 33 (64%) US based plenary presenters were from New England or Mid Atlantic states, while 25% (n=11/44) were from non-US institutions. PPP were highest in northeast 6.0/10^6 compared to Midwest (2.9/10^6), South (2.6/10^6), and West (2.2/10^6). Highest PPP states were MA (15.5/10^6), DC (11.6/10^6), and CT (8.6/10^6) while 13 states had no presenters. Presenters were a median of 13.0 (SD: 9.2) years post training (YPT). By ASCO definitions, 6.8% (n=63) were students/trainees, 6.1% (n=57) were early career (<3 YPT), 53.8% (4-15 YPT) were mid-career, and 35.1% (n=326) were later career (>15 YPT). Trainee and early career speakers gave 0 plenary presentations, 9.6% (n=91) of oral abstract presentations, and 22.1% (n=40) of rapid oral abstracts (p=<0.001). **Conclusions:** Oral presenters were most frequently mid to late career, medical oncologists and from Northeastern, US, academic, NCI-designated centers while few speakers were from community sites or early career/trainees suggesting there is room for continued diversification to represent all oncologists and those they treat. Research Sponsor: None.

Board certification and billing practices of international medical graduate hematologists and oncologists.

Austin Wesevich, Liam J. Schmitt, Michael Wesevich; University of Chicago, Chicago, IL; UNIFY Financial Credit Union, Dallas, TX

Background: International medical graduates (IMGs) comprise a substantial portion of the oncology workforce in the United States (US). IMGs may help address oncology workforce shortages with an aging US population, but IMGs face considerable barriers to becoming practicing oncologists in the US. We analyzed the credentialing and billing practices of IMG hematologists and oncologists (HO) to better describe the IMG workforce. Methods: We linked publicly available data from the Centers for Medicare & Medicaid Services (CMS) and the American Board of Internal Medicine to describe credentialing and billing practices of all HO who billed Medicare Part B in 2022 and whose medical school was specified in CMS data. Physicians were dichotomized as IMGs versus graduates of a US, Canadian, or Puerto Rican medical school (USMGs). We defined academic as working in a teaching hospital and research as having non-federal research funds. Results: Of 12,019 HO identified, 48% were IMGs. Even though they had a similar median number of years since medical school graduation, IMGs more frequently obtained initial hematology and medical oncology board certification (72% vs 58%, p<0.001) and maintained certification (79% vs 75%, p<0.001) than USMGs (Table). On average, IMGs billed Medicare more and had more outpatient visits and inpatient days with Medicare beneficiaries than USMGs. Most (55%) Medicare inpatient days were billed by IMGs. While USMGs were more frequently academic researchers than IMGs (35% vs 31%, p<0.001), IMGs were more frequently community clinicians than USMGs (13% vs 11%, p<0.001); there was no difference in IMG versus USMG representation for academic clinicians or community researchers. Conclusions: IMGs make up almost half of the US oncology workforce. Compared to USMGs, IMGs are more frequently double-boarded and maintaining board certification. Plus, they have more clinical productivity and higher representation in community-based oncology care than USMGs. Additional efforts should be instituted at a national level to eliminate training barriers and mitigate the biases faced by IMGs so that we can meet the growing demand for oncology care in the US. Research Sponsor: None.

Hematologist & oncologist credentialing and billing by medical school location.					
Characteristic	USMG, n=6,288	IMG, n=5,731	p-value		
Female gender	2,267 (36%)	2,005 (35%)	0.22		
Median years since medical school graduation (IQR)	24 (16-36)	25 (17-34)	0.19		
Oncology Single-Boarded	2,415 (38%)	1,485 (26%)	< 0.001		
Hematology Single-Boarded	241 (4%)	148 (3%)	< 0.001		
Hem/Onc Double-Boarded	3,632 (58%)	4,098 (72%)	< 0.001		
Maintenance of Certification	4,704 (75%)	4,537 (79%)	< 0.001		
Median Medicare Payments in 2022 (IQR)	\$78,938	\$88,401	< 0.001		
,	(\$35,507-\$234,627)	(\$41,329-\$240,705)			
Median Medicare Outpatient Visits	480	506	0.004		
in 2022 (IQR)	(216.5-902)	(237-925)			
Median Medicare Inpatient	4 5	` 62 ́	< 0.001		
Patient-Days in 2022 (IQR)	(0-138)	(0-171)			

Recognizing international medical graduates: Awards and committee membership in ASCO.

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Background: International Medical Graduates (IMGs) comprise one third of practicing oncologists and half of hematology-oncology fellows in the US. This study explores the previously unexamined distribution of ASCO awards, Fellow of ASCO (FASCO) designation and ASCO committee memberships between IMGs and American Medical Graduates (AMGs). Methods: Between 2019-2023, we gathered data from the ASCO website on ASCO awards including career development awards (CDA), young investigator awards (YIA), MERIT and Other awards, and FASCO distinctions. Between 2021-2023 we gathered information on ASCO committee memberships. We searched for medical school and degree of each individual to classify them as IMGs, AMGs, International physicians or non-physicians. We used the world bank geographical distribution comparing IMGs' country of origin. Chi-square, Fisher's Exact, and Cochran-Armitage Trend tests were performed as appropriate using SAS v. 9.4. Results: Out of a total of 2,514 entries, 2,342 physicians were included for analyses (1583 ASCO awards, and 759 FASCO designation/committee memberships) and 172 non-physician entries were excluded. Among 1583 physicians with ASCO awards, 22% were IMGs (133 Female (F), 209 Male (M)), 58% were AMGs (410F, 508M) and 20% were international physicians (150F, 173M). Among 759 physicians with FASCO designation/committee membership, 18% were IMGs (61F, 77M), 71% were AMGs (293F, 245M) and 11% were international physicians (41F, 42M). IMGs were significantly underrepresented compared to AMGs (p<0.001) in receiving YIA (18% vs 82%), CDA (21% vs 79%), MERIT (35% vs 65%) and Other awards (15% vs 85%). The ratio of CDA-YIA to Merit/ Other awards were 0.36 and 0.83 for IMGs and AMGs, respectively (p<0.001). This underrepresented trend of IMGs for ASCO awards remained unchanged between 2019-2023 (p=0.6).Compared to the major career awards (YIA and CDA) through these years, FASCO designation for IMGs has an increasing trend (p=0.03). The proportion of FASCO granted to IMGs increased from 9% in 2019 to 25% in 2023. Female IMGs were the least represented group for the awards (25%, p=0.07) and FASCO/committee membership (17%, p=0.03) when compared to AMGs. Majority of these IMGs were from South Asia (30%) and Europe/Central Asia (24%) while Sub-Saharan Africa had the lowest representation (3%) based on world bank classification. Conclusions: IMGs' receipt of major career awards (CDA, YIA) remains significantly underrepresented while their contributions to ASCO volunteering activities is on the increasing trend as evidenced by increase in FASCO designee IMGs. Barriers for major career awards for IMGs remain to be explored. Research Sponsor: EMORY Stat Core, NIH21.

Year wise trend of IMGs with ASCO CDA/YIA awards and FASCO designation.			
Year	CDA+YIA n (%)	FASCO n (%)	P-value
2019	11 (84.6)	2 (15.4)	0.03
2020	17`(81)	4`(19)´	
2021	21 (77.8)	6 (22.2)	
2022	22 (68.8)	10 (31.2)	
2023	21 (60)	14 (40)	
Total	92	36	

Career transitions and practice patterns among international medical graduates in oncology workforce: A US nationwide analysis.

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Background: International Medical Graduates (IMGs) are a vital component of the US oncology workforce, representing nearly half of practicing medical oncologists. However, systemic barriers may influence their career trajectories differently. Understanding these challenges is essential for addressing workforce disparities and optimizing cancer care delivery across diverse geographic regions. Methods: We conducted a cross-sectional study of 13,497 medical oncologists using the 2024 Dec CMS Provider Dataset linked with the 2023 Rural-Urban Continuum Codes (RUCC). Medical oncologists were identified by their self-reported primary specialties, including Hematology/Oncology, Medical Oncology, and Hematopoietic Cell Transplant. Physicians were categorized by graduation origin (based on their self-reported medical school), career stage (early: 0–10 years, mid: 11–30 years, late: >30 years post-medical school graduation). The primary outcomes included practice at Main Campus of NCI Designated Cancer Centers (as an indicator of academic practice) and the geographical location of their practice (Metro, Non-Metro, Mixed). We employed chi-squared tests for statistical comparisons and performed stratified analyses by career stage to evaluate transition patterns over time. Results: 6920 IMGs constituted 48.7% of the oncology workforce, with similar gender distributions between IMG and non-IMG oncologists (37.9% vs 36.5% female, p=0.068). Notably, early career oncologists were less likely to be IMGs (IMG vs non-IMGs: 8.2% vs 12.5%, p<0.001). Compared to Non-IMGs, IMG oncologists are less likely to practice at main campuses of NCI Center (19.9% vs. 27.7%, p<0.001), especially as their career advances (all p<0.01). (Table). IMGs had higher representation in non-metropolitan areas than non-IMGs (11.4% vs 9.1%, p<0.001), particularly in late-career stages (14.7% vs 12.3%, p=0.033), indicating their unique role in serving underserved regions. (Table). Conclusions: Our findings reveal that, IMGs are less likely to practice at main campuses of NCI-Cancer Center than their non-IMG colleagues. Meanwhile, IMG oncologists are disproportionately serving rural communities. Supporting IMG pathways in oncology is critical to ensure a balanced cancer care delivery across the United States. Research Sponsor: None.

US graduates ((USGs) by ca	reer stag	e.					
	IMG (N=6,577)		Non-IMG (N=6,920)		IMG (N=6,577)	Non-	Non-IMG (N=6,920)	Non-
	NCI Center	Other	NCI Center	Other	Metro	Metro/ Mixed	Metro	Metro/ Mixed
Total Career Stage	19.9%	80.1%	27.7%	72.3%	88.6%	11.4%	90.9%	9.1%
Early (0-10y) Mid (11-30y) Senior (30+y)	29.1% 21.3% 15.0%	70.9% 78.7% 85.0%	36.1% 28.8% 22.0%	63.9% 71.2% 78.0%	91.1% 90.1% 85.3%	8.9% 9.9% 14.7%	95.4% 91.6% 87.7%	4.6% 8.4% 12.3%

Practice setting distribution and academic affiliation among international medical graduates (IMGs) and US graduates (USGs) by career stage.

Productivity of National Cancer Institute K Awardees and their transition to independent funding.

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Background: The National Cancer Institute (NCI) mentored career development (K) awards program plays an essential role in supporting early-career scientists in the United States.-Understanding factors that influence the transition from mentored to independent funding is crucial to optimize support for early-career cancer researchers. Here, we examine the productivity of K awardees and explore factors that predict a successful transition to independence. Methods: This retrospective cohort study utilized publicly available data from: 1) the National Institutes of Health Research Portfolio Online Reporting Tools Expenditures and Results database to obtain data on awards, total costs, and funding mechanisms, and 2) the NIH iCite database to obtain data on publications, citations, and mean relative citation ratio. We included principal investigators (PIs) who received NCI mentored K awards between 1981 and 2013 to allow for at least 10 years of follow-up. Multivariable logistic regression models were employed to explore predictors of attaining an R01-equivalent award. Results: Between 1981-2013, 1,778 K awards were awarded by the NCI, with a median total cost of \$128,036 (interquartile range [IQR]: 89,420-138,085) per award/year. Of the 1,778 PIs, 759 (42.7%) received an R01equivalent award over a total of 4,827 person-years, with a median time to award of 5.52 years (IQR: 3.88-7.79) and an incidence rate of 0.16 awards per person-year (95% CI: 0.15, 0.17). In multivariable logistic regression models, PIs who received a K08 (odds ratio [OR]=1.47 [95% CI=1.09, 1.99]), K22 (OR=1.72 [95% CI=1.06, 2.77]), or a K99 (OR=1.55 [95% CI=1.06, 2.29]) displayed greater odds of attaining an R01-equivalent award compared to K01 awardees. Similarly, PIs based in independent hospitals (OR=1.45 [95% CI=1.12, 1.88] vs. institutes of higher education), who focused on molecular/cellular research (OR=1.37 [95% CI=1.03, 1.81] vs. human research), had a greater number of publications per year (OR=1.40 [95% CI=1.25, 1.57]; per additional publication/year), had a higher mean relative citation ratio (OR=1.65 [95% CI=1.31, 2.15]; per 5 units increase), and published for a longer time interval (OR=1.09 [95% CI=1.06, 1.12]; per additional year), displayed greater odds of receiving an R01-equivalent award, while total cost did not (p=0.14). Conclusions: Between 1981 and 2013, 42.7% of K awardees received an R01-equivalent award, with a median transition time of 5.52 years. Productivity metrics, including greater publication and citation rates, were associated with a higher likelihood of successful transition. These findings underscore the crucial role of mentored awards in advancing scientific careers and emphasize the importance of providing mentorship and resources to early-career scientists to enhance their overall research impact. Research Sponsor: None.

Trends in racial and gender diversity among adult hemato-oncology trainees over last decade and impact of Covid.

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Background: We aim to examine trends in racial and gender diversity of trainees within adult and pediatrics hemato-oncology (H-0) fellowships, and evaluate the impact of COVID on the racial and gender proportions of trainees within H-0 training programs. Methods: Accredited Council for Graduate Medical Education (ACGME) data were queried to identify hematooncology trainees between 2014 and 2024. Trainees were identified based on self-reported race and gender. We defined 2016-17 to 2019-20 and 2020-21 to 2023-24 era as pre and post COVID years. Student T-tests were used to assess differences between groups and trends. Results: Average number of the female H-0 fellows (44.1%) is significantly lower compared with men (55.4 %) [p < 0.005]. There is a slow but steady increase in female representation in H-0 fellowship across the study period as the gender gap has declined from 15.4 % in 2016-2017 to 7.2 % in 2023-2024. There is a non-statistical increase in the proportion of females in Ho fellowships (44.1%) post covid compared with pre covid era (42.3%) [p = 0.0054]. Blacks (3.4%) represented a lower proportion of H-0 fellows compared to Whites (37.2%, p < 0.005), Asians (34.0%, p<0.005), and Hispanics (5.0%, p<0.005). Asian H-0 fellows saw the highest increase in the percentage (12.7%) from 2014-2015 to 2022-2023 followed by white H-0 fellows (3.4%) while the Hispanics and blacks H-0 fellows (2.8 and 2.4% respectively) had miniscule increase in the same time frame . There is also a significant increase in Asian H-0 fellows (10.8%) post covid compared to Black fellows (1.5%). Conclusions: This study reveals persistent gender and racial/ethnic disparities within H-0 fellowships in the United States. While the proportion of female trainees has gradually increased in H-0, they remain underrepresented compared to men. Regarding diversity, the data shows underrepresentation of Black and Hispanic individuals in H-0 fellowships, with Asian trainees experiencing the greatest growth. Importantly, the COVID-19 pandemic did not significantly impact these existing disparities. These findings underscore the need for targeted efforts to address systemic barriers limiting diversity and inclusion in the hematology-oncology workforce. Potential strategies include holistic admissions, mentorship programs, and pipeline initiatives to support underrepresented minority students and trainees. Research Sponsor: None.

A cluster analysis of clinician distress trajectories when caring for seriously ill hospitalized patients.

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Background: Millions of Americans are hospitalized every year; many of whom are seriously ill with one or more co-morbidities. Clinicians, including physicians and advanced practice providers (APPs) care for these complex patients while also juggling competing clinical demands from fielding multiple specialty recommendations to navigating interprofessional relationship. But clinicians are distressed, which has the potential to impact the quality of healthcare delivery at the moment of care and in the future. To date there is limited empirical inquiry examining the longitudinal trajectory of clinician distress and its potential impact on healthcare quality. Study objective was to describe unique clinician distress trajectories in general medicine hospital clinicians caring for seriously ill patients based on their level of distress over time through mobile ecological momentary assessments (mEMAs). Methods: Latent class cluster analysis of prospective serial mEMAs. Exploratory analysis of patient and clinician variables was then performed using generalized estimating equations univariate ordinal logistic regression. Total participants consisted of 184 hospital encounters for hospital clinicians (n=68) caring for seriously ill patients (n=151). Results: The main outcome of clinician distress typology was identified by latent class cluster analysis. Distress was measured by serial mEMA distress thermometer levels over two days. The sample included more physicians (60.3%) than APPs (39.7%) and clinicians had an average of 8.4 years' experience (range 0-31 years). Patients average age was 65.4 years, majority were male (53.6%) and White (61.6%) The majority of patients had a primary serious illness of a solid tumor malignancy (50%), followed by hematologic malignancy (27.9%) then non-cancer chronic illness (22.1%). Clinicians fell into four typology clusters: low distress (23.2%), moderate distress (33.1%), variable distress (19.7%) or high distress (23.9%). Credentials (APP vs. physician; x^2 =9.11, p=0.0025) and clinician emotional experience (x^2 =11.29, p=0.0008) were significantly associated with clustering by typology. Compared to physicians, APPs were six times more likely to be in a higher distress typology (OR=6.16, p=0.003). Clinicians who had reported more emotions were more likely to be in a higher distress typology (OR=1.90, p=0.001). Mid-career clinicians were more likely to be distressed than either early or late career clinicians (OR=1.80, p 0.370). Patient and clinician demographics were not otherwise significantly related to clusters. **Conclusions:** Clinicians experience distress throughout their workday. This study identifies unique distress trajectories measured in real-time and specific characteristics of those trajectories that can be leveraged by healthcare systems when designing interventions and support resources for hospital clinicians. Research Sponsor: None.

Oncologists' attitudes and beliefs toward crying with patients and its correlation with burnout.

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Background: This pilot study examines oncologists' perspectives on expressing emotion, particularly crying, in the presence of patients, the frequency of such moments, and their potential correlation with burnout. We developed a survey to assess these factors and hypothesized that oncologists with more positive attitudes toward emotional expression would report lower burnout scores. Methods: We surveyed physicians who practice oncology and administer cytotoxic therapy to adults at Michigan Medicine, identified using the cancer center directory. The survey, developed by the authors based on a literature review and expert opinion, included 28 questions to assess attitudes and behaviors towards crying, 7 demographic questions, and the 22-question Maslach Burnout Inventory for Healthcare professionals (MBI-HSS). We used Spearman correlations to analyze the relationship between survey questions about frequency and appropriateness of crying and the MBI-HSS subscales: Emotional Exhaustion (EE), Depersonalization (DP), and Personal Accomplishment (PA). Results: We analyzed data from 50 respondents (78.6% response rate). In response to "How often do you cry with your patients," 45% of providers indicated that they never or rarely (less than once a year) cried, 47% cried 1-3 times a year, 8% cried often (once every 1-2 months) and none cried more frequently (once a week). In response to "Is it appropriate to cry with patients," 12% of providers indicated that they disagree or strongly disagree, 43% indicated that they neither agree nor disagree, and 45% indicated that they agree or strongly agree. More emotionally expressive physicians had higher Personal Accomplishment scores. Personal Accomplishment was positively correlated with likelihood of crying (r = .36, p = .01) and perceived appropriateness of crying (r = .30, p = .03). Although not statistically significant, physicians with positive attitudes toward the appropriateness of crying showed a trend towards lower Emotional Exhaustion scores (r = -0.24, p = .1). **Conclusions:** This pilot study highlights the diverse attitudes of oncologists toward crying in the presence of patients. While nearly half of the respondents viewed crying as appropriate, 12% disagreed, and 45% expressed neutrality, suggesting a lack of consensus on the role of emotional expression in patient care. Oncologists who viewed crying more favorably or engaged in emotional expression more frequently reported higher Personal Accomplishment and showed a trend toward lower Emotional Exhaustion. These findings suggest that fostering open discussions among physicians about healthy emotional expression and its role in humanizing patient care may help address burnout. Future studies should also incorporate patients' perspectives to better understand the impact of physicians' emotional expression on the therapeutic relationship and overall care experience. Research Sponsor: None.

The impact of burnout on oncologists and hematologists: *Nunc agendum est* (now is the time to act).

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Background: Burnout among oncologists is a pressing global issue, with prevalence rates ranging from 25% to 70%. South Asia, in particular, has reported alarmingly high rates, primarily driven by heavy patient load, long working hours, administrative demands, and very limited resources. This study aims to explore the prevalence of burnout, its associated stress symptoms, coping mechanisms, and the role of institutional support, with a focus on practical strategies to mitigate burnout. Methods: A cross-sectional survey involving 342 oncologists and hematologists in India was conducted using the Maslach Burnout Inventory (MBI) framework. This framework assessed 3 key dimensions of burnout: emotional exhaustion (EE), depersonalization (DP), and reduced personal accomplishment (PA). Additional variables included stress symptoms, burnout severity, contributing risk factors, and coping strategies. Statistical analyses such as Pearson correlation, logistic regression, and factor analysis were performed. Odds Ratios (ORs) were calculated to assess impact of various risk factors, while factor loadings were used to identify underlying domains contributing to burnout. Results: Burnout Prevalence: Moderate-to-severe burnout was reported by 43% of respondents. Emotional exhaustion was experienced occasionally by 34.4% and frequently by 31.2%. Depersonalization affected 17.6%. Key Risk Factors: Long working hours increased burnout risk by 2.45 times (OR: 2.45, 95% CI: 1.72–3.48). Administrative workload strongly correlated with emotional exhaustion (r = 0.68, p < 0.01). Core Domains (Factor Analysis): Systemic Challenges: High patient loads and administrative tasks (factor load > 0.75). Individual Resilience: Practices like meditation and yoga reduced burnout (factor load > 0.70). Organizational Support: Psychological resources and peer discussions were critical (factor load > 0.80). Coping Strategies: Meditation reduced burnout likelihood (OR: 0.64, 95% CI: 0.42–0.96). Peer discussions and group therapy eased depersonalization symptoms (p < 0.05). Specialty-Specific Insights: Medical Oncologists: Highest emotional exhaustion (45%). Radiation Oncologists: Moderate depersonalization (41%). Surgical Oncologists: Strongly benefited from peer support (factor load = 0.78). Conclusions: Burnout among oncologists requires immediate action. Effective solutions include reducing systemic burdens, providing institutional psychological support, and encouraging individual resilience strategies like meditation and peer discussions. Addressing burnout is critical to improving oncologists' well-being and ensuring quality patient care. Research Sponsor: None.

Statistical associations of risk factors with burnout.				
Risk Factor	OR (95% CI)	p-value		
Long Working Hours Administrative Workload Lack of Work-Life Balance Poor Institutional Support	2.45 (1.72-3.48) 2.10 (1.56-2.89) 1.85 (1.34-2.56) 1.96 (1.40-2.75)	<0.01 <0.01 <0.05 <0.05		

Rethinking future workforce planning by developing novel metrics of complexity in cancer care.

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Background: The decision to recruit additional oncologists is often based on simple workload measures such as new patient volumes. This approach may be appropriate previously when cancer management was less complex and at a time when attrition from cancer mortality was significant. We hypothesized that cancer care complexity has increased over time and that new metrics are needed to optimize workforce planning. Methods: We conducted a populationbased, retrospective cohort study of adult patients diagnosed with common solid and blood cancers in Alberta, Canada. We focused on cases from 2004 to 2018 to ensure adequate followup. We evaluated indicators of complexity including patient characteristics at the time of diagnosis, clinical course within 2 years of diagnosis, and longevity as measured by overall survival (OS). For these complexity indicators, we used logistic and Cox regression models to estimate relative changes over the 15-year study period. Results: A total of 141,040 patients were included in the study cohort, with a median age of 66 years (range 18-107) and 51.7% male. Breast cancer was most common (25.6%), followed by prostate (24.0%), lung (20.2%), colorectal (17.9%) and leukemia/lymphoma (12.4%). Across all sites, annual cancer incidence rate was 249.9 per 100,000 in 2004 and 284.4 per 100,000 in 2018. Age distribution remained largely stable throughout the study period. Meanwhile, specific indicators of complexity increased over time, including polypharmacy at diagnosis (odds ratio [OR] 1.30, 95% confidence interval [CI] 1.28-1.32), multimodality treatment (OR 1.06, 95% CI 1.05-1.08), and hospital admission via the emergency department (OR 1.08, 95% CI 1.07-1.10). These metrics also demonstrated increasing complexity in multivariable analyses after adjusting for age, sex, and cancer site. Similarly, there was a trend towards greater longevity as measured by OS (hazard ratio 0.98, 95% CI 0.98-0.98). Conclusions: Cancer care complexity has increased over time. Workforce planning using antiquated workload metrics, such as incident patient volumes alone, may not align with the actual demands of providing increasingly complex cancer care. Recruitment strategies should consider multi-faceted indicators that reflect complexity in addition to quantity. Research Sponsor: None.

Trends in metrics of patient complexity, by time era.					
		Year of diagnosis			
Characteristic	2004-2008, n = 39,465	2009-2013 , n = 46,408	2014-2018 , n = 55,167		
Age, y (range) Stage III-IV ^a Polypharmacy Multimodality treatment Any admission via ED ^b	66 (18, 104) 12,706 (41.4%) 6,853 (17.4%) 13,884 (35.2%) 7.679 (19.5%)	66 (18, 104) 15,265 (39.2%) 11,175 (24.1%) 17,069 (36.8%) 9,341 (20.1%)	66 (18, 107) 17,258 (38.1%) 14,836 (26.9%) 21,025 (38.1%) 12.057 (21.9%)		
2-year OS (95% Cl)	0.70 (0.69-0.70)	0.73 (0.73-0.74)	0.76 (0.75-0.76)		

^asolid cancers only; ^bwithin 2 years following diagnosis.

Parenting challenges of international medical graduate hematologists-oncologists in the United States.

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Background: Almost two-thirds of physicians report delaying childbearing due to medical training. Amongst hematologists-oncologists (HOs), up to 75% report burnout related to parenting. International Medical Graduates (IMGs) account for a third of all practicing HOs; yet little is known about the unique challenges they face in navigating parenthood. This cohort study aimed to explore parenting challenges of IMG HOs in the U.S. Methods: An anonymous survey was distributed electronically via social media and the ASCO community of practice between December 2024 and January 2025. Descriptive statistics were employed to compute frequencies and percentages of survey responses. Chi-square tests for independence were performed to evaluate associations between key survey variables. Results: Among 73 respondents, majority were aged 30–39 (50%) and were women (75%). At the start of their first U.S. post-graduate training, 51% of respondents were on J1/ H1B visa. The majority (77%) delayed parenthood due to medical careers with higher rates of delay in non-citizen/non-permanent resident (NCNPR) IMGs compared to those with permanent residence/citizenship (81% versus 71%). A Chi-square test indicated an association between immigration status and the likelihood of delayed parenthood (p=0.03). Parenthood delay correlated with work hours, financial strain, and lack of social support (Table 1). Key factors affecting career trajectory included decreased academic productivity (66%), reduced conference participation (64%), and declined advancement opportunities (53%). After having children, the most common challenges were achieving work-life balance (95%), lack of social support (93%), and increased burnout (92%). Visa status contributed to parenthood challenges for 38% of NCNPR IMGs. Respondents cited the need for childcare resources, enhanced leave policies, workplace accommodations, visa assistance, stronger support and mentorship. **Conclusions:** IMG HOs face significant challenges balancing parenthood and career, including higher burnout rates than previously reported amongst physicians. Within the cohort of IMG HOs, there is a significant association of immigration status with likelihood of delaying parenthood. Findings highlight the need for systemic support through improved childcare resources, workplace accommodations, mentorship, and visa assistance. Research Sponsor: None.

Correlation between parenthood delay and determinants of parenthood timing.				
Factor	Chi-Square	p-value		
Duty hours	44.41	< 0.0001		
Financial strain	22.91	0.0285		
Unsupportive work environment	34.5	0.0006		
Lack of accommodations during pregnancy	29.79	0.003		
Lack of/unclear parental leave policy	30.1	0.0027		
Lack of accommodations post parental leave	26.28	0.0098		
Lack of social support	39.96	0.0001		
Impact on career trajectory	31.99	0.0014		
Delay in training completion	30.06	0.0027		

Communication skills training program for medical staff in cancer genomic testing: A mixed-methods assessment of an educational initiative.

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Background: Cancer genomic testing presents unique communication challenges for medical staff, particularly regarding low treatment access rates, the complex psychological needs of patients, and concerns about germline findings. While communication skills training (CST) has shown promise in oncology settings, it has not yet been specifically applied to genomic testing conversations. This Pfizer Global Medical Grants Initiative 2023 was designed to address this critical educational gap in the implementation of cancer genomic medicine. Methods: A mixedmethods evaluation was conducted of a structured CST program implemented across 10 institutions under Pfizer's educational initiative framework. The program incorporated SHARE protocol-based training (Fujimori et al. JCO. 2014), role-playing sessions, and specialized modules addressing genomic testing-specific challenges. The quantitative assessment utilized pre- and post-intervention 4-point categorical assessments. The qualitative evaluation employed semi-structured interviews (median duration 12 minutes, range 7-21) analyzed using a modified grounded theory approach until theoretical saturation. Results: Among 251 participants (22% physicians, 37% nurses, 25% other healthcare professionals, 12% administrative staff, 4% others; median experience 9 years, range 0-39), 95% initially reported a psychological burden when explaining genomic testing results. Post-intervention, 94% reported a reduced psychological burden (p < 0.001, Chi-square), with 84% expressing satisfaction with the training program. An ordinal logistic regression analysis revealed a significantly greater improvement in nurses than in other professionals (OR 3.52, 95%CI 1.88-6.58, p < 0.001). A qualitative analysis of 19 interviews (58% medical staff, 42% patients/families) revealed four major conceptual categories through a constant comparative analysis: 1) multilayered information needs with psychological support requirements, 2) experiential uncertainty in communicating germline findings, 3) perceived competency gaps in genomic counseling, and 4) organizational support needs for sustained practice changes. A thematic analysis identified a strong demand for program continuation and expansion. Conclusions: This educational initiative revealed significant effectiveness in addressing critical communication challenges in cancer genomic medicine. The mixed-methods evaluation provides a robust framework for implementing specialized CST programs in genomic medicine practice. These results will contribute to the evolving landscape of cancer genomic medicine education and support the value of structured, evidence-based educational initiatives in advancing the delivery of precision oncology care. Research Sponsor: Pfizer Global Medical Grants; 75412385.

Competencies for practicing medical oncology with common sense: A global curricula review.

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Background: The Common Sense Oncology (CSO) movement advocates for high-quality, patient-centered cancer care by emphasizing evidence-based, patient-relevant outcomes and equitable access to care through improved evidence generation, interpretation, and communication. A key part of CSO's mission is training oncologists to incorporate these principles into their practice. Therefore, this study aimed to evaluate how competencies in global postgraduate medical oncology curricula align with CSO principles. Methods: We conducted a document analysis of publicly available postgraduate medical and clinical oncology curricula. Curricula were identified through: (1) searches in Education Source, EMBASE, and PubMed using the terms 'oncology', 'curriculum', and 'competency-based'; (2) a grey literature search; and (3) requests to medical education experts. Curricula in English, Spanish, Italian, Portuguese, or Hebrew were included to ensure regional representation, while accounting for the research team's language proficiency. Competencies were categorized into eight domains aligned with CSO principles, including critical appraisal, cost and value of cancer care, communication about outcomes and treatment risks, equity in accessing cancer care, ethical principles, and integration of psychosocial oncology, survivorship, and palliative care. Two team members reviewed each curriculum, resolving discrepancies collaboratively, with unresolved cases adjudicated by the first or senior author. Results: We analyzed 16 curricula (Australia/New Zealand, Brazil, Canada, the European Union, India, Ireland, Italy, Japan, Mexico, Nigeria, Pakistan, Spain, the United Kingdom, the United States, and the ESMO/ ASCO joint curriculum). Ten (63%) were from high-income regions, and six (37%) were from low/ middle-income countries (LMIC). The most frequently identified domains were critical appraisal (94% of curricula), communication (94%), palliative care (94%), and cost/value of care (88%). Less frequent domains were equity in accessing cancer care (56%), ethical principles (56%), and survivorship care (63%). Four (25%) curricula, all from high-income regions, covered all CSO-relevant domains, while three (19%) addressed four or fewer. Competencies related to equity and ethics were found in 70% of high-income curricula but only in 33% of LMIC. Conclusions: Competencies reflecting CSO principles were identified in global oncology curricula, with emphasis on critical appraisal, communication, palliative care, and psychosocial oncology. Competencies related to equity, ethical principles and survivorship care were less frequently observed. Notable gaps were observed between high-income countries and LMIC, though language limitations may have influenced our findings. Our results will inform the development of a globally relevant competency framework for common sense in oncology. Research Sponsor: None.

Enhancing radiotherapy planning skills through structured deliberate practice and artificial intelligence integration: A pilot study.

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Background: In many cancer treatment protocols, radiotherapy plays a pivotal role in achieving disease control. A key component of radiotherapy planning is contour delineation, which involves accurately outlining tumors and nearby structures to target radiation effectively and minimize toxicity. However, formal training in this skill often falls short, with surveys indicating up to 80% of learners and practitioners calling for a need for more robust educational methods (Leung et al. J Med Imaging Radiat Oncol 2019). While advances in artificial intelligence (AI) can improve contouring speed and consistency, radiation oncologists must also develop the skills to evaluate AI-generated results to maintain high-quality care critically. This pilot study aimed to determine whether a structured training approach that incorporates deliberate practice, personalized feedback, and AI integration could improve the contour delineation proficiency of radiation oncology trainees and practitioners. Methods: A baseline survey was conducted to identify existing gaps in contour training. Participants practiced with four anonymized thoracic imaging standardized datasets offline. Each participant's initial contours were compared against expert consensus using the Dice similarity coefficient (DSC), a standard metric for spatial overlap. Slice-by-slice visual comparisons and selfreported confidence ratings provided additional qualitative feedback. Over six months, participants engaged in structured lessons, repeated practice sessions (including real clinical cases), expert mentoring, and AI contour assessments. Results: At baseline, 24 heart contours were consistently accurate (DSC > 0.9), while tumour and oesophagus delineation showed wide variability (DSC 0.4–0.9 and 0.2–0.9, respectively). Over time, learners demonstrated measurable improvement. By the final assessment, variability in tumour and oesophagus contours decreased (DSC 0.6-0.9 and 0.7-0.9, respectively), while heart contours remained consistently accurate. Learners also demonstrated improved confidence in both manual and AI-augmented contour delineation. **Conclusions:** This study suggests that a structured training approach incorporating a deliberate practice curriculum augmented by personalized feedback and AI integration can improve contour delineation skills. Future studies with larger datasets and diverse learner populations could further validate this approach, ultimately aiming to improve patient safety and treatment outcomes across the broader oncology landscape. Research Sponsor: None.

On-shift resident education about hematologic and oncologic emergencies: A needs-based assessment.

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Background: Hematology/oncology (H/O) is a fundamental topic for the American Board of Internal Medicine (ABIM); however, there are few resources designed for resident-level education. While asynchronous approaches have gained popularity, there can be a synergistic effect to cementing understanding during clinical exposure. Rotations provide this opportunity, but limited tools exist to augment practice-based learning. Multimodal approaches, such as self-directed text and near-peer educational models, are rarely accessible on shift. The breadth and depth of such resources can make it difficult for users to distill salient information during patient care. This needs-based assessment (NBA) sought to characterize residents' attitudes towards on-shift learning as well as their comfort with diagnosing and treating 3 common H/O emergencies. Methods: An NBA survey was sent to 104 internal medicine (IM) and medicine-pediatrics (MP) residents at an academic medical center. Descriptive statistics are reported. Results: Fifty-five of 104 residents completed the survey, for a response rate of 53%. Forty-seven percent were post-graduate year (PGY) 1, 25.5% were PGY-2, 25.5% were PGY-3 and 2% were PGY-4. While 98% of respondents use educational resources on shift, only 6% had a H/O specific resource. The most used resources were Up-to-Date (98%), the Mass General Hospital WhiteBook (75%), PubMed (47%), and artificial intelligence (AI) (47%). The biggest barriers to resource utilization were lack of time due to clinical responsibilities (76%) and length of resource (69%). Ninety-one percent indicated interest in a resource designed for shift-based learning and would most value guideline inclusion (80%). While most residents (62%) were comfortable diagnosing tumor lysis syndrome (TLS) and febrile neutropenia (FN) (69%), they were neutral/uncomfortable with diagnosing hyperleukocytosis (71%). Most were comfortable treating FN (53%) but were neutral/uncomfortable with treating TLS (60%) or hyperleukocytosis (96%). There was a statistically significant difference between PGY-1 and PGY-2+ in comfort with diagnosis (p=.0018) and treatment (p<.001) of FN as well as the treatment (p=.0132) of TLS. There was no significant difference in comfort with TLS diagnosis, or hyperleukocytosis diagnosis or treatment among PGY. Conclusions: This assessment demonstrates an overwhelming interest in an easily accessible, guidelines-based, electronic resource for residents to utilize during clinical care. Though a medical emergency, hyperleukocytosis is a H/O diagnosis that our program's residents are not comfortable identifying or managing. These results highlight the opportunity for growth in H/O education of IM/ MP residents and will guide the design of a digital education resource, as well as its implementation and evaluation at our institution. Research Sponsor: None.

The hidden toll: Defining impacts of home call on oncology fellows.

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Background: Home call is an expected trainee responsibility in many hematology-oncology (HO) training programs although the specific duties and frequency vary. Home call is associated with sleep deprivation and burnout . The Accreditation Council for Graduate Medical Education (ACGME) outlines that home call should not prevent adequate rest or personal time and that the clinical time spent must be counted toward duty hours. However, little is known about the educational value or impact of home call. We sought to analyze the volume, perceived value, and effects of oncology home call on HO fellows. Methods: We completed a review of the pager log of the outpatient/after hours oncology pager (OP) at a single 2059 bed tertiary medical center from 1/1/23-12/31/24. The HO fellow carries the OP afterhours and on weekends except for 7am-12pm on Saturday/Sunday. The pager receives all consult calls from the emergency department and inpatient teams requesting verbal communication (in addition to the electronic order), critical results, and outpatient patient calls on matters related to oncology (hematology not included). Patient calls are not triaged and are routed through the hospital operator directly to the OP. Overnight home call is maximum 3 times per week without a post call day. An optional survey was distributed to fellows in May 2024 to assess fellows' experiences with the OP using a 5point Likert scale and free response. Results: There were 80,672 and 87,605 oncology patient visits in 2023 and 2024 respectively at the analyzed institution. The OP received a total of 7,239 pages over the analyzed period. Fellows received a mean of 5.8 pages per weeknight call shift and 8.8 pages per weekend call shift. The survey response rate was 19/33 (42%) HO fellows. Respondents were 58% male and included first (42%), second (26%), and third year (32%) fellows. 89% of respondents reported that most pages overnight were from outpatients and o respondents felt that answering patient calls required a physician. Most fellows (79%) did not report educational value from holding the OP and 63% of fellows felt that holding the OP negatively impacted their performance at work the next day. For nights that received more than 3 calls, 95% fellows reported feeling not well rested. In addition, a majority of negative impact on their wellness including anxiety and inability to exercise or socialize when holding the OP. Conclusions: The results from our single-institution study indicate that home call could represent a major opportunity to improve the wellness of trainees without negatively impacting their education. More research is needed to understand what the primary contributors are for the negative experiences and perceptions while developing sustainable systems and approaches for efficiently handling oncology pager traffic. Research Sponsor: None.

Successful intervention to bridge the knowledge gap in recognizing and managing chemotherapy hypersensitivity reactions among oncology fellows in southeast Michigan.

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Background: Recognizing hypersensitivity reactions (HSRs) to paclitaxel and carboplatin in patients receiving multi-drug chemotherapy regimens combined with monoclonal antibodies (mAb) and distinguishing them from infusion-related reactions (IRRs) is challenging due to overlapping clinical presentations, rarity, and severity. To address this, we designed a continuing professional development (CPD) activity to enhance knowledge and awareness of these life-threatening reactions. Methods: The CPD activity was designed using Kern's six-step approach, targeting Hematology/Oncology (H/O) fellows, Gynecological Oncology (GO) fellows, and chemotherapy infusion center nurses (Chemo RNs). A questionnaire featuring reallife HSRs and IRRs scenarios was administered anonymously before and after a 60-minute, inperson, interactive educational lecture. Paired statistical comparisons were not performed, as both surveys were kept anonymous to encourage participation. Results: A total of 42 participants attended the CPD activity, including 30 H/O fellows from 3 fellowship programs, 3 GO fellows from 1 program, and 9 Chemo RNs from a comprehensive cancer center in Southeast Michigan. Participation in pre- and post-lecture questionnaires among fellows was 87.8% and 72.7%, respectively. Recognition rates among fellows improved from 82.7% to 100% for paclitaxel HSRs, 58.6% to 95.8% for carboplatin HSRs, and 93.1% to 91.6% for mAb IRRs, with the most notable improvement in recognizing HSRs to carboplatin. For Chemo RNs, paclitaxel HSRs and mAb IRRs recognition rates were 100% at baseline and post-lecture, while carboplatin HSRs recognition improved from 71.4% to 88.8%. Conclusions: A knowledge gap was identified among oncology fellows in recognizing HSRs to paclitaxel and carboplatin, while Chemo RNs demonstrated exceptional baseline knowledge of paclitaxel HSRs and mAb IRRs. CPD activities aimed at raising awareness of various HSRs and their management were effective and well-received by the healthcare staff, supporting their integration into H/O fellowship curricula. Research Sponsor: None.

Key points from the educational lecture.					
Carboplatin	Paclitaxel				
Mostly occurs towards the end of infusion or up to days after. Cumulative effect, highest incidence by the 8th exposure.	Occurs within the first 10 minutes during the first or second infusion.				
Itching, rash on palms and soles.abdominal cramps, back pain.	Flushing and hemodynamic instability.				
Corticosteroids, H1/H2 antagonists do not prevent HSRs.	Dexamethasone, diphenhydramine, H2 receptor antagonists before paclitaxel infusion decrease HSRs.				
	educational lecture. Carboplatin Mostly occurs towards the end of infusion or up to days after. Cumulative effect, highest incidence by the 8th exposure. Itching, rash on palms and soles,abdominal cramps, back pain. Corticosteroids, H1/H2 antagonists do not prevent HSRs.				

Introducing a capacity building model to improve cancer research in MENA.

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Background: The Middle East and North Africa (MENA) region faces a rising cancer burden, straining healthcare systems. The scarcity of cancer research in the region highlights the need for research-focused capacity building. Our project aims to reduce this burden by empowering scientific research for better understanding and strategic implementation. Methods: The Science Health Education (SHE) Center was founded by the Dana-Farber Cancer Institute in 2019 to empower cancer research in MENA by offering mentorship, fostering international scientific collaborations, and supporting the next generation of researchers. Capacity-building efforts within the past six years were implemented through 21 in-person and virtual workshops that combined interactive and theoretical approaches, with data collected via pre- and postassessment forms. The workshops covered topics including Research Basics and Manuscript Writing, Research Administration & Gap Analysis, Mentorship, CV Writing and Leadership. Data were analysed using independent t-tests to compare pre- and post-workshop scores, with Cohen's d calculated to quantify effect sizes, demonstrating the scale of skill improvement. **Results:** A total of 573 healthcare workers from four MENA countries (Jordan (n = 267, 47%)), Iran (n=187, 33%), United Arab Emirates (n=65, 11%), and Morocco (n=54, 9%)) have attended our workshops. In Jordan, over 67% of the 267 participants were women. The attendees included 96 medical students and 171 healthcare professionals (HCPs) from various departments, including Scientific Affairs (n=54, 32%%), Pharmacy (n=16, 9%), and Nursing (n=16, 9%). HCPs attended four Manuscript Writing Workshops, which covered theoretical basics, manuscript drafting, peer review, and US-based review by our editors. Fifty manuscripts from 73 participants across two workshops were edited by the Center and submitted for publication, with a publication rate of 34% thus far. Medical students participated in four Professional Development Workshops. Pre- and post-assessments conducted for 20 participants from the latest pilot analysis in Jordan showed significant improvement in manuscript writing skills. Participants reported enhanced self-rated writing ability (P=0.003, d=1.072), increased familiarity with IMRaD structure (P=0.057, d=0.661), better understanding of journal selection (P=0.004, d=1.033), greater confidence in formatting references and citations (P=0.004, d=1.053), and improved knowledge of handling peer review feedback (P<0.001, d=1.382). Conclusions: The SHE Center is a successful model for training cancer researchers in developing their research and publishing skills. Further capacity building will help trainees develop advanced skills, preparing them to mentor the next generation. This model has potential to be adopted in other low- and middle-income countries to enhance research productivity and improve cancer care. Research Sponsor: None.

Enhancing educational experiences through standardization of inpatient hematology curriculums.

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Background: Comprehensive hematology education during fellowship is essential for delivering high-quality healthcare. Variability in individual learning experiences can lead to trainee dissatisfaction and suboptimal clinical acumen. Fellowship programs must strive for a wellrounded and equitable educational experience for all fellows to prepare them for real-world practice in the increasingly dynamic field of hematology. Methods: Hematology fellows (n=30) at Mayo Clinic (Rochester) were invited to complete a survey about the inpatient Fellow Hematology Curriculum (FHC) during 2021-2022. Responses were recorded in a five-point Likert scale and free-text. Using the initial results, we implemented a structured inpatient hematology curriculum starting in 2022 and conducted a post-implementation survey in Spring 2024 to assess its success and sustainability. Results: The initial survey was completed by twenty fellows, with a response rate of 66%. All respondents agreed that the FHC could be improved. Only 45% agreed that structured education is adequately paired with clinical duties. In the open-ended responses, a structured curriculum covering a set list of topics was the most common recommendation given to improve the FHC. This prompted a longitudinal QI initiative to implement standardized rotation-specific lectures created by fellows and distributed to faculty and fellows prior to the associated 4-week rotations. Twelve fellows (40%) completed the post-implementation survey. Summary of key responses are shown in table 1. Although there remained high variability among consultants regarding their engagement in education, significant improvements were noted. Agreement that the curriculum has well-defined objectives for each rotation increased from 25% to 58%. Additionally, 83% of fellows agreed that structured education was effectively paired with clinical duties, up from 45%. Open-ended responses highlighted variability in consultants' utilization of the curriculum but reflected overall satisfaction. Conclusions: The need for a well-structured FHC was identified as a gap in equitable hematology education. This was addressed through a fellow led longitudinal QI project generating easily accessible educational material relevant to weekly themes on inpatient hematology services. The introduction of a structured and clinically relevant curriculum was well-received. Research Sponsor: None.

Summary of survey responses.					
	Pre-implementation	Post-implementation			
Statement	Agreed or strongly agreed (%)	Agreed of strongly agreed (%)			
I know what topics and to what extent I'm expected to learn	25	67			
The FHC has well-defined objectives for each rotation	25	55			
There is high variability among consultants with engagement in education	95	75			
Structured education is paired with clinical duties I can easily locate lectures given by hematology consultants	45 5	83 42			

Leveraging the power of diagnostic metrics to competency based medical education (CBME) implementation in medical oncology (MO) across Canada.

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Background: MO training programs across Canada implemented CBME in 2018. Early implementation focused primarily on immediate "structural" changes, and included the adoption of new stages of training, new assessment practices and the creation of Competence Committees. To explore elements that would reflect broader and transformational change related to a true shift to an individualized and competency-based approach to education, program leaders sought to identify, develop, and pilot indicators that could be used by programs to evaluate their implementation of the Competence by Design (CBD) model. It was anticipated that implementation and evaluation of these indicators would be challenging. Methods: In phases one and two of the study, program leaders established a consensus regarding qualities they considered to transformative, and qualitative information regarding how these qualities are reflected in programs was obtained. In phase three, electronic resident portfolios at 2 sample sites were investigated for data regarding specific indicators to determine the feasibility of use by program directors to track implementation progress and aid in program review. Opinions of program leaders in all 14 Canadian programs were obtained through a consensus process. Educators from all sites were invited to participate in semi-structured interviews and a 100% response rate obtained. Data from the 2 sample sites was collected from portfolios, deidentified and reported in aggregate to help maintain confidentiality. **Results:** 7 key priority indicators were identified. These centered around 6 themes: direct observation, personal learning plans, curricular change, coaching, data sources used by Competency Committees and general concerns about CBD. Variability was found in the extent of implementation of these across programs and in adaptations made locally. At the 2 sample sites, extraction of key metrical indicators from resident portfolios had to be completed manually and was challenging as electronic databases had not been designed to allow easy review and analysis of these specific indicators. Conclusions: Program leaders of Canadian MO training programs were able to reach consensus regarding key data indicators they believe to be transformative and reflective of core CBD principles. Despite this consensus, variability was found in the implementation of these across programs and practical challenges encountered in extracting data related to key indicators from resident portfolios at 2 sample sites. To provide program leaders with data they feel is important for optimal CBD implementation, electronic databases will need ongoing attention and adaptation to facilitate access to key indicators considered important for program review and evaluation. Research Sponsor: Royal College of Physicians and Surgeons of Canada (RCPSC).

Implementation of clinical trial communication skills training for oncology fellows.

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Background: Effective physician-patient communication about cancer clinical trials (CCTs) is critical for improving participation, particularly in underrepresented populations. Most eligible patients are willing to participate when invited through clear, patient-centered discussions, yet treating oncologists often do not discuss trials or do so ineffectively. Communication skills training is well-suited for the fellowship stage; however, most Hematology/Oncology (Hem-Onc) education programs do not formally teach CCT communication skills. To address this gap, we implemented COMM-CCT, a previously developed CCT communication skills workshop for Hem-Onc fellows and assessed the acceptability and feasibility of its implementation in Hem-Onc fellowship programs. Methods: We implemented the COMM-CCT workshop at seven Hem-Onc programs in the U.S. The three-hour, synchronous Zoom-based workshop included a onehour didactic session that covered barriers to patient trial participation (e.g., patient, physician, institutional) and introduced the COMM-CCT framework (Check-In, Outline Options, Make a Shared Decision, Map Out Next Steps) for discussing CCTs. This was followed by a two-hour role-play session where fellows practiced communication skills with cancer survivors who were trained to act as patients, while faculty facilitators and peers gave constructive feedback. At each site, "fellow champions" encouraged peers to participate in the workshop. We assessed implementation (i.e., feasibility and acceptability) by surveying and interviewing participating fellows. Results: Regarding acceptability, fellows (n=54) reported high satisfaction (on a 1-5 scale) with the workshop (M=4.30, SD=0.79), its content (M=4.28, SD=0.79), its organization and execution (M=4.5, SD=0.61), and the faculty and facilitators (M=4.56, SD=0.63). They were comfortable with communication skills taught (M=4.15, SD=0.71) and felt the skills were compatible with the realities and resources of their clinical practice (M=4.35, SD=0.70). Fellows further agreed what they learned would be useful to (M=4.33, SD=0.73) and able to be incorporated into (M=4.22, SD=0.72) their clinical practice. When interviewed, fellows (n=9) found the workshop acceptable, describing it as "well-organized," "very helpful," and relevant. The role-plays with "real survivors" were noted as a strength, as was learning by observation in a group setting. Feasibility was evidenced by fellows reporting incorporating COMM-CCT concepts into practice, such as by initiating discussions with patients about cancer clinical trials since participating in the workshop. Conclusions: The COMM-CCT workshop is acceptable and feasible to implement in Hem-Onc fellowship programs. Findings will inform its refinement, broader scaling, and continued integration into graduate medical education programs. Research Sponsor: The Leukemia & Lymphoma Society.

GUIDE-G: An artificial intelligence-powered platform for dynamic NCCN guideline visualization in breast cancer (BC).

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Background: Breast cancer (BC) management has evolved rapidly, with 17 FDA approvals in the past five years. Increasing complexity in NCCN guidelines has resulted in prolonged decisionmaking times and complex clinic preparation processes. GUIDE-G, an AI-powered, web-based platform, was developed to address these challenges by enabling hierarchical visualization of NCCN guidelines and providing efficient, point-of-care clinical decision support. Methods: The primary objective was to assess the feasibility of GUIDE-G. SUMMARIZATION of NCCN Guidelines in BC was performed using Large Language Model-based feature extraction, applying targeted prompts for accurate content retrieval and generating structured markup output. Manual curation by a panel of BC experts at Baylor College of Medicine ensured alignment with the guidelines, with accuracy measured by edits per generated content. VISUALIZATION involved transforming the markup into dynamic hierarchical diagrams using markmap-lib framework, supported by Node.js. GitHub-based version control ensured automated updates, with mobile-compatible HTML enabling cross-platform accessibility. Results: GUIDE-G (https://elkhanany.github.io/cancer_workflow/) achieved 90% accuracy in guideline summarization, as validated by expert review. The feasibility objective was met, with seamless integration into clinical workflows. Anecdotal feedback from 20 BC fellows highlighted the platform's ability to reduce per-patient preparation time by approximately 5 min. Although formal survey data is pending, preliminary observations suggest the platform enhances learner engagement and supports real-time clinical decision-making. Visualization performance demonstrated consistent sub-second rendering on major mobile platforms, ensuring accessibility at the point of care. Formal impact evaluation is underway, with IRB approval for studies assessing workflow efficiency and learner satisfaction. Conclusions: GUIDE-G offers a transformative approach to BC guideline implementation, combining scalable architecture and version-controlled deployment for sustained adaptation to evolving guidelines. Learner impact is being collected via 16-point survey instruments. Preliminary findings demonstrate potential for significant improvements in clinical workflow efficiency and educational outcomes, paving the way for implementation across oncology subspecialties and transforming evidence-based care delivery. Research Sponsor: None.

Implementation of a novel interdisciplinary pharmacology curriculum in a hematology/oncology fellowship program.

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Background: Thoroughly understanding cancer therapeutics is a critical component of Hematology/Oncology (HO) training, with pharmacology comprising a large part of the ASCO/ESMO Recommendations for a Global Medical Oncology Curriculum. Prior studies demonstrated that interdisciplinary approaches to education lead to more teamwork and enable learners to gain from multiple perspectives. We created and implemented a novel pharmacology curriculum in our HO fellowship program using a case-based, interdisciplinary format grounded in learning science principles. Methods: We used a pre-post design to evaluate and transform HO fellowship pharmacology training. The pre-existing pharmacology curriculum was organized by drug mechanism of action (MOA) and delivered via a didactic lecture by a pharmacist. HO fellows completed a baseline survey assessing satisfaction and garnering feedback. Based on this feedback, a case-based curriculum was piloted, organized by disease type and given jointly by a pharmacist and clinician. Lectures involved active learning with call and response questions with guidance in treatment decision making, dosing considerations, patient counseling, and toxicity management. This was followed by a post-survey to assess changes in perceptions and effectiveness. Results: 34% of HO fellows filled out the initial survey (11/32) and 17 (53%) completed the post-lecture survey with results in Table 1. Among the 12 post-survey respondents who had attended pharmacology lectures the previous year, all rated the new format as an improvement. Thematic qualitative analysis emphasized increased absorption of material and increased relevance due to clinician inclusion and case-based format. Comments noted the new series as a "marked improvement" and "more clinically relevant." Conclusions: HO fellows found a case-based, interdisciplinary, disease-specific pharmacology curriculum conducive to learning and retaining information, and a significant improvement over a passive lecture series organized by MOA. The new format increased fellows' confidence and abilities in managing cancer-directed therapies, and improved perceived skills related to interdisciplinary patient care. This curriculum could serve as a model for implementation at HO fellowship programs in other institutions. Research Sponsor: None.

Pre- and post-intervention survey results.			
Pre-survey statement	% Agree, n/total		
l did not retain a significant amount from the lectures I did not find the format conducive to learning	63%, 7/11 73%, 8/11		
I would prefer a case-based approach Post-survey statement	91%, 10/11		
The new format is conducive to my learning The interdisciplinary format enhanced my learning	94%, 16/17 94%, 16/17		
aging therapies	88%, 15/17		
The lectures improved my ability to discuss treatment options with patients/other providers	71%, 12/17		

Applying learning science principles (LSP) through a simulation session (SIM) for oncology trainees (OT) about fertility preservation (FP) in patients (pts) with cancer and treatment (tx) of pregnant pts (TPP) with cancer.

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Background: Addressing guideline concordant FP and TPP with cancer is challenging, especially for OT. SIM, a well-known education tool, has not been traditionally used to teach these topics. As part of the hematology/oncology fellowship curriculum, we designed a SIM applying LSP to bridge this educational gap. Methods: Applying LSP of contrasting cases, elaboration, feedback, generation and just-in-time telling, chief OTs and faculty designed a SIM with 3 clinical scenarios (CS) and 3 standardized pts (SP): FP for a female pt hospitalized for acute lymphoblastic leukemia tx, FP for a male pt in clinic for germ cell tumor tx, and breast cancer tx for a pregnant pt in 2nd trimester. OT received written educational materials (WEM) and attended a lecture 1 week and 1 day pre SIM, respectively. OT were split into 2 groups; 1 started in the FP CS and 1 in the TPP CS, and then they switched. To reduce cognitive overload, each OT participated in 1 of 2 FP CS: half in the female FP CS and half in the male. Faculty and chiefs led debriefing sessions after all CS. The FP debrief ended with a special "learner as a teacher" part, where OT who attended the female CS taught those from the male CS about their topic and vice versa. The SIM concluded with "take-home" points. Pre (after having WEM) and post SIM anonymous surveys and verbal feedback assessed OT comfort, perceptions, and knowledge. Results: A 3 hour SIM with 14 OT and 5 faculty was completed successfully. SIM ended with all OT verbally sharing a learning point and positive feedback. All OT filled pre and post SIM surveys. Pre SIM, 17% reported having prior FP education, and 42% had prior TPP education. However, only 8% and 25% felt adequately prepared for FP and TPP discussions, respectively. Post SIM survey showed major improvement in comfort and knowledge about FP and TPP (see table 1). 75% of OT favored a combination of SIM and learning by teaching over other SIM formats. 83% supported having a TPP lecture before SIM. 100% reported satisfaction with FP and TPP SIM's guality and wanted similar activities in the future. 92% were satisfied with the learner as a teacher tool. 100% felt education about FP and TPP with cancer should be part of fellowship training. Moral/cultural concerns were discussed as possible challenges in FP education. Conclusions: The application of LSP through SIM significantly increased OTs' comfort discussing FP and TPP with cancer, and objectively enhanced their knowledge on these topics compared to after reading WEM. The SIM was largely perceived as a successful activity to educate about challenging topics and should become part of fellowship curriculum. Research Sponsor: None.

	Pre SIM %	Post SIM %
Comfortable addressing FP	17	92
Comfortable addressing TPP	8	100
Correct answers about female FP	63	83
Correct answers about male FP	67	94
Correct answers about TPP with cancer	68	98

Linking comfort levels and knowledge gaps in hematology/oncology (HO) fellowship education: Insights from a multicenter survey.

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Background: HO fellowship programs lack standardized educational approaches. This can impact learning & self-assessment of learning gaps. This study investigates the relationship between HO fellows' (HOF) comfort levels & objective knowledge assessments across diverse HO topics, addressing a critical need for data in this area. Methods: HOF from 27 U.S. programs were invited to complete an anonymous survey (Sept-Oct 2023) in which they rated their comfort managing representative HO diseases, namely breast cancer (BC), plasma cell dyscrasias (PCD), hemophilia, von Willebrand disease (vWD), & heparin-induced thrombocytopenia (HIT), on a 7-point Likert scale (1 = extremely uncomfortable, 7 = extremelycomfortable). An optional multiple choice knowledge quiz on these topics followed, including an option for "not sure & need to look it up." Fellows were categorized into low (1-3), moderate (4-5), & high (6-7) comfort groups. One-way ANOVA assessed differences in knowledge scores by comfort levels. **Results:** In total,222 HOF completed the comfort survey (53% response rate): 82 PGY4 (37%), 72 PGY5 (32%), & 69 PGY6+ (31%). Also, 189 HOF completed the knowledge quiz (46% response rate): 71 PGY4 (38%), 57 PGY5 (30%), & 60 PGY6+ (31%). Mean comfort levels (±SD) were: BC diagnosis 4.8±1.4, localized BC management (mgmt.) 4.2±1.5, metastatic BC mgmt. 4.2±1.5, PCD diagnosis 4.8±1.4, MGUS/smoldering myeloma mgmt. 4.7±1.4, frontline myeloma treatment 4.5±1.6, maintenance myeloma treatment 4.1±1.5, inherited/acquired hemophilia mgmt. 3.7±1.5, vWD diagnosis 4±1.4, vWD mgmt. 3.8±1.4, HIT diagnosis 5.4±1.1, & HIT mgmt. 5.4±1.1. Mean knowledge scores were 41% for BC, 39% for PCD, 47% for hemophilia, 33% for vWD, & 51% for HIT. When evaluated by comfort level groups (low, medium, & high), knowledge scores increased significantly with higher comfort levels for BC (25%, 43%, 55%; p<0.01), PCD (25%, 38%, 51%; p<0.01), hemophilia (29%, 55%, 77%; p<0.01), & vWD (13%, 39%, 62%; p<0.01). HIT scores showed no significant difference by comfort levels (p=0.89). The number of "not sure" responses (%) significantly decreased (p < 0.01) with greater comfort across topics: BC (53%, 20%, 10%), PCD (39%, 23%, 7%), hemophilia (52%, 28%, 2%), vWD (69%, 40%, 12%). HIT "not sure" responses showed no significant difference by comfort levels. Conclusions: This multicenter analysis demonstrates a correlation between HOF comfort levels & knowledge assessments. Despite overall low performance on knowledge tests, comfort levels effectively discriminated between knowledge groups, underscoring their potential utility as a surrogate for educational progress. These data highlight the need for interventions to bridge gaps between perceived & actual knowledge. Future studies to validate these results across broader topics & institutions to inform optimal education strategies in HO training programs are needed. Research Sponsor: None.

Enhancing bereavement education and emotional preparedness: A global survey of oncology residency programs.

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Background: Bereavement care is a vital yet underemphasized aspect of oncology, requiring both clinical expertise and emotional resilience. Despite its importance, bereavement training is rarely integrated into residency programs, leaving residents unprepared and at risk of emotional fatigue and burnout. Addressing this gap is critical to improving caregiver support and resident well-being. This study evaluates the global state of bereavement training, its impact on preparedness, and the need for tailored interventions. Methods: A cross-sectional survey was conducted among 115 oncology residents from 21 countries. The survey included questions on demographics, bereavement training, interactions with grieving caregivers, preparedness, barriers, and interest in education. Descriptive statistics summarized the data, chi-square tests evaluated associations between training and preparedness, and correlation analysis assessed the relationship between caregiver interaction frequency and preparedness. Results: Participants were 58% female and 42% male. Most worked in academic hospitals (53%), followed by the public (44%) and private centers (3%). Residents represented 21 countries, with Italy contributing 61% of responses. Other countries included the UK, Pakistan, Romania, Kenya, Portugal, Bosnia, Saudi Arabia, Germany, Malaysia, Ukraine, Ireland, Russia, France, Egypt, Turkey, Australia, Iraq, Yemen, Georgia, and Norway. Bereavement training was absent for 80% of participants. Preparedness levels were rated as "Somewhat prepared" by 44.3%, "Not very prepared" by 43.5%, "Not at all prepared" by 8.7%, and "Very prepared" by 3.5%. Barriers included emotional fatigue (62%), lack of training (48%), and time constraints (41%). Emotional distress was common, with 61% reporting occasional impact, 33% deep impact, and 38% considering leaving residency due to emotional demands. Residents with formal training declared significantly higher preparedness (χ^2 = 13.83, p = 0.003). A weak positive correlation (r = 0.19) was found between caregiver interaction frequency and preparedness. Conclusions: Oncology residents face significant challenges in bereavement care due to insufficient training, high emotional demands, and systemic barriers like time constraints. The finding that 38% considered leaving residency underscores the emotional toll of inadequate preparation. Integrating bereavement training into oncology curricula is essential to enhance confidence, resilience, and caregiver support. Training should address grief management, pathological bereavement, and communication skills. Experiential learning, such as mentorship and reflective practices, can further improve preparedness. These interventions aim to meet residents' emotional and professional needs while enhancing patient and caregiver outcomes. Research Sponsor: None.

Evaluation of NCI Designated Cancer Centers medical student education and training initiatives.

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Background: The rising incidence of common cancers, an aging oncology workforce, and workforce shortages underscore the importance of medical education in oncology. However, U.S. medical students report that cancer education is underemphasized in their curriculum, and non-surgical oncology clerkships are infrequently required. Providing medical students with exposure to cancer care and research is crucial for encouraging them to pursue careers in oncology. This study evaluates the current landscape of medical student education and training initiatives at National Cancer Institute-designated cancer centers (NCIDCCs). Methods: In January 2025, we conducted a qualitative evaluation of the education and training webpages of NCIDCCs. Each webpage was reviewed to identify programs and training opportunities available to medical students. Programs specifically designed for medical students, as well as those for which medical students are eligible, were included. Data were summarized using descriptive statistics. Results: Of the 72 NCIDCCs, 71 had evaluable education and training webpages. The majority (n = 63, 89%) listed at least one education, training, or professional development initiative for medical students. Five institutions offered more than five programs for medical students. Most NCIDCC medical student initiatives focused on research training, with the most common opportunities being summer research fellowships, Medical Scientist Training Programs (MSTP), and travel awards. Only a few NCIDCCs listed clinical electives or internships among their offerings. Additionally, only 14 (20%) NCIDCCs advertised medical student programs focused on students from diverse backgrounds. Conclusions: Expanding cancer education and training in medical school is essential to addressing the growing need for an oncology workforce. While multiple research training opportunities exist at NCIDCCs, few cancer centers offer clinical electives or internships that provide medical students with direct exposure to clinical cancer care. Our analysis is limited to publicly available webpage listings; as a next step, we will conduct a survey of NCIDCC offices of education and training to further evaluate medical student initiatives. Given their multidisciplinary focus and integration of research with clinical care, NCIDCCs are uniquely positioned to develop and train the next generation of oncologists and clinical researchers through enhanced oncology education and training programs for medical students. Research Sponsor: None.

Advancing gender-responsive cancer control: A mixed methods evaluation of the leadership program for women in oncology.

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Background: Women constitute nearly 70% of the global health and social workforce but hold only 25% of senior leadership roles. Increasing women's representation in leadership is essential to addressing global health challenges and delivering equitable solutions. Leadership programs for women in healthcare enhance skills, confidence, and career progression. The Leadership Program for Women in Oncology (LPWO), developed by City Cancer Challenge (C/ Can) in partnership with the American Society of Clinical Oncology (ASCO), aims to empower mid-career women oncologists in C/Can cities to lead transformative cancer care improvements. Combining in-person and virtual training, networking, and mentorship, the LPWO's first cohort was evaluated to assess its impact on participants, institutions, and communities. Methods: Data were collected through surveys and key informant interviews (KIIs) with the 10 program participants from diverse geographic and professional backgrounds. Surveys, conducted at five time points, assessed knowledge across 11 leadership domains. Descriptive and inferential statistical analyses were used to evaluate changes over time. Results: Significant improvements were observed across all leadership domains, with mean scores increasing (p<0.05). KIIs revealed broader impacts, including strengthened team dynamics, strategic institutional involvement, and community engagement. Participants emphasized mentorship and coaching as a cornerstone of the program, fostering professional growth, project development, and connections with global experts. Conclusions: The LPWO demonstrates the potential of targeted leadership programs to drive systemic change. By equipping women oncologists with essential leadership skills, it enables them to advance institutional practices and reduce health disparities. Furthermore, the LPWO plays a critical role in fostering genderresponsive health systems by empowering women leaders to advocate for equitable and inclusive cancer care. Continued investment in similar initiatives, paired with rigorous evaluation, is critical for achieving sustainable global health outcomes. Research Sponsor: None.

Board certification practices of US hematologists and oncologists.

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Background: United States (US) fellowship programs train physicians in both hematology and medical oncology (HO), yet fellows often focus on only one of these specialties. Historically, single-subspecialty boarding has been viewed as a feasible career pathway for medical oncologists pursuing academic careers; single-boarding in hematology was uncommon while dualboarding was favored for clinical practice. Real-world HO board certification practices and how these partition with career pathways are presently unknown. Methods: We linked Centers for Medicare & Medicaid Services (CMS) and American Board of Internal Medicine (ABIM) publicly available data to describe the credentialing practices of all US HO who billed Medicare Part B in 2022. Physicians were single-boarded (only obtained hematology or oncology certification) or double-boarded. Current position was dichotomized per CMS as teaching versus non-teaching hospital and metropolitan versus non-metropolitan per rural-urban commuting area codes (1-3 vs 4-10). Researchers had non-federal research funding in 2022 per CMS Open Payments while clinicians did not. Results: Of 12,394 physicians, 32% single-boarded in oncology, 3% single-boarded in hematology, and 64% double-boarded. Single-boarded hematologists were more frequently employed at teaching hospitals in metropolitan areas (Table). Researchers or those who graduated from a top 20 ranked medical school were more frequently singleboarded. Maintenance of certification was most common for those who initially doubleboarded and least common for those who single-boarded in hematology. Physicians who maintained both boards or only oncology boards were most frequently clinicians at teaching hospitals while those who only maintained hematology boards were most frequently researchers at teaching hospitals. Conclusions: Over one-third of US HO fellowship graduates single board, with single-boarding in oncology being 10x more common than single-boarding in hematology. Single-boarded hematologists were more likely to work at teaching hospitals than single-boarded oncologists or dual-boarded physicians. Consideration could be given to tailoring US HO fellowship training requirements to more appropriately fit the interests and career pathways of HO fellows. Research Sponsor: None.

Physician characteristics by initial ABIM hematology/oncology credentialing.				
Characteristic	Oncology Single-Board, n=4,012	Hematology Single-Board, n=400	Hem/Onc Double-Board, n=7,982	p-value
Female gender Years Since Medical School Graduation (SD)	1,402 (35%) 28.8 (11.9)	13 (34%) 29.8 (14.7)	2,878 (36%) 25.0 (11.0)	0.38 <0.001
Top 20 Medicàl School Teaching Hospital Metropolitan Area Non-Federal Research Funds Maintenance of Certification	641 (16%) 3,317 (83%) 3,777 (94%) 1,586 (40%) 2,859 (71%)	57 (14%) 361 (90%) 388 (97%) 156 (39%) 252 (63%)	645 (8%) 6,549 (82%) 7,508 (94%) 2,602 (33%) 6,450 (81%)	<0.001 <0.001 0.04 <0.001 <0.001

Exploring DORIS: A cancer-focused AI knowledge platform for diagnosis and treatment information.

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Background: Clinicians in oncology have high demands on their time due to lack of sufficient staffing, leading to the need to work additional hours outside of practice, "pajama time", and high levels of stress. Key approaches to improving the situation for clinicians include: (a) increasing staffing and resources, (b) improved teamwork, (c) utilization of ambient AI for notetaking, and (d) the use of AI assistants for medical knowledge access and interpretation. We're focused on (d). Regarding the use of AI assistants, our informal survey of oncology fellows and attendees has revealed that over 90% of them are using a general AI chat tool to help them find key medical information. The use of a general AI chat tool is problematic since there is no medical review or curation, leading to errors and gaps in the information provided. Methods: Our team has built an alternative to general AI chat, called DORIS (Dynamic Oncology Reference Information System). The DORIS for breast cancer prototype was built in alignment with ASCO's Guiding Principals for AI, and targets easy access to information around 5 pillars of medical knowledge needed for cancer care: molecular biomarkers, diagnostic testing, treatment pathways, drug-drug comparison, and clinical trial search. The system uses a Large Language Model (LLM) to facilitate access to a carefully curated set of medical documents covering the 5 pillars, including treatment pathways (with digitization of flow diagram logic), FDA, NIH and other publicly accessible datasets. To be accurate, the curation of DORIS' knowledgebase needs to be kept up-to-date, while removing out-of-date information (something general AI platforms don't do). To further increase the ease of use, DORIS includes different approaches to query for information while also using its embedded intelligence to suggest follow up questions. Results: Medical review of DORIS is ongoing. Early errors were identified related to omissions from curation. Other errors occurred due to bugs within the LLM, e.g. the responses suddenly shifted to Spanish. The reference materials have been expanded to reduce omissions and code implemented to double check responses from the LLM. We are on target for onboarding over 250 users for the early access program. Conclusions: Early user feedback has been positive with regards to relevance and utility. We will report on the first 6 months of use of this prototype platform, providing multiple metrics on how it is being used, and an analysis of user feedback on the value of the tool. Research Sponsor: Bridgewest Ventures New Zealand; Callaghan Innovation - Government of New Zealand.

The value of observerships abroad: Lessons from UA-MED supporting Ukrainian cancer care during the war.

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Background: This study evaluates the influence of international observerships organized by the coalition of healthcare professionals from academic institutions - the Ukrainian Alliance for Medical Exchange and Development (UA-MED) - on the professional development, knowledge transfer, and clinical practice improvement of Ukrainian oncology professionals during the war. Methods: A total of 126 international observerships were facilitated for various Ukrainian medical professionals across 17 participating institutions the US, Canada, Europe, and Australia. A survey was administered to assess the impact of observerships on oncology care in Ukraine, focusing on procedural knowledge gained, lessons learned, and challenges faced when implementing new techniques upon return. Results: Eighty-six respondents participated in the survey. Seventy-three percent of respondents were oncology professionals, including 30.1% radiation oncologists, 31.7% surgeons, 15.9% medical oncologists, and 14% medical physicists. The median duration of the observerships was 4 weeks with 79.7% observers attending a professional conference. The average satisfaction score for the observerships was 9.6 ± 0.7 out of 10. Importantly, 93% of respondents reported a shift in their perception of how to practice medicine, 90% learned new procedures and techniques, and 71.2% implemented these new procedures upon returning to Ukraine. However, despite this progress, significant barriers to implementation were encountered, including lack of material resources (70.7%), human resources (43.1%), and support from department leadership (43.1%) and colleagues (32.8%). Encouraged to disseminate their knowledge, participants provided informal training to colleagues (78.0%), prepared presentations for their institutions (69.5%), national conferences (44.1%), and incorporated learned materials into educational lectures (49.2%). Notably, 83.0% of participants maintained ongoing mentorship contact with their training institutions. Key institutional advancements included transition from Co-60 to linear accelerators at few centers, the launch of an allogeneic bone marrow transplant program, and the development of educational programs across various specialties. Participants emphasized improved confidence in their clinical decision-making and highlighted the value of multidisciplinary team approaches they observed abroad. Conclusions: The international observerships played a crucial role in enhancing the skills and knowledge of Ukrainian cancer care professionals during the war. Despite the ongoing conflict, significant improvements were made in clinical practice, medical education, and the implementation of new procedures. The success of these observerships underscores the potential for similar programs to be replicated in other LMICs/ UMICs. Research Sponsor: None.

Dissecting publication timelines: Insights from high-impact oncology journals.

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Background: Efficient dissemination of research findings is critical in oncology, where timely access to new knowledge impacts clinical care and outcomes. This study analyzes publication timelines of high-impact oncology journals to identify patterns and determinants, including research categories and study designs. Methods: This is a retrospective observational study. Journals with the highest impact factors and available publication timeline data were included: Journal of Clinical Oncology, Molecular Cancer, Clinical Cancer Research, and Cancer Discovery. All articles published in 2023 were analyzed for submission-to-acceptance, acceptance-topublication, and total publication times. Data were processed using SPSS, and statistical comparisons were made with the Kruskal-Wallis test (significance: p<0.05). Results: A total of 875 articles were analyzed. The overall median total publication time (TT) was 7.1 months (IQR: 5.7–8.9), with submission-to-acceptance (AT) and acceptance-to-publication (PT) medians of 4.8 months (IQR: 3.5-6.3) and 2.2 months (IQR: 1.6-2.6), respectively. Among journals, Molecular Cancer exhibited the shortest TT (median: 4.7 months; IQR: 3.1-6.6), while Cancer Discovery had the longest TT (median: 8.8 months; IQR: 6.8–10.6). Similarly, Molecular Cancer achieved the fastest AT (median: 3.9 months; IQR: 2.2–5.4) and PT (median: 0.6 months; IQR: 0.4–1.1). Conversely, Cancer Discovery recorded the slowest AT (median: 6.0 months; IQR: 4.5–7.8) and PT (median: 2.8 months; IQR: 2.4–3.2). In terms of research categories, blood cancer articles accounted for the largest proportion of publications (14.4%), followed by gastrointestinal cancer (13.9%). Articles in genitourinary (median TT: 6.4 months; IQR: 5.5-8.8) and cardiac cancer (median TT: 6.5 months; IQR: 5.9-6.9) categories had the shortest TT, while endocrine (median TT: 7.9 months; IQR: 5.6–10.9) and immunotherapy (median TT: 9.1 months; IQR: 6.8–10.5) categories exhibited the longest TT (p<0.05). Clinical trials were the most common study design (37.6%), followed by cross-sectional studies (19.5%). Systematic reviews had the shortest TT (median: 2.4 months; IQR: 1.9-9.2), while proof-of-concept studies required the longest TT (median: 9.5 months; IQR: 8.7–10.7) (p<0.05). Systematic reviews and database studies also had the shortest PT (median: 1.5 months), whereas proof-ofconcept studies had the longest PT (median: 2.8 months; p<0.001). Conclusions: Publication timelines in oncology journals vary significantly by journal, research category, and study design. Molecular Cancer demonstrates the fastest publication processes, while Cancer Discovery exhibits the slowest. Genitourinary and dermatologic oncology categories, as well as systematic reviews, achieve the most expedited timelines, emphasizing the need to consider category and study design in publication planning. Research Sponsor: None.

The evolving landscape of academic and industry partnerships in gynecologic oncology clinical trials.

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Background: To determine trends in the financial relationships of study investigators in gynecologic oncology trials. Methods: From 2011-2024, phase III trials were identified from clinicaltrials.gov. Data was collected from the conflict-of-interest (COI) statements of 54 clinical trials. Chi-square and Fisher's exact tests were used for statistical analysis. Results: Of1,390 total co-authors from 54 clinical trial publications, we found that 46.3% of authors were from European nations, 28.3% were based in the United States, and 16.9% were from East Asian nations, with the remaining 8.5% from other nations (including, but not limited to, Australia, Canada, and Mexico). Of the listed authors' titles, 82.8% held MDs and 17.2% held non-MD degrees (PHD, MPH, MSc). Most (74.0%) of the trials were on ovarian cancer, with the remainder being on cervical (13.0%) and endometrial (13.0%) cancer. The majority (79.5%) of trials were sponsored by pharmaceutical companies, while the remainder were academic/ cooperative-led trials. Among the pharmaceutical and industry sponsors, Roche / Genentech sponsored the most trials (27.8%), followed by Merck Sharp & Dohme (16.7%) and AstraZeneca (14.8%). Overall, 61.8% of total authors had some form of COI; of the total authors, 40.9% were consultants, 29.1% received research funding, 9.6% attended speaker bureaus, 18.6% received travel funds, and 9.8% declared employment/stock ownership. In all trials, the majority of authors disclosed COI regardless of if the trial was pharmaceutical or cooperative-led, at 63.5% and 55.2%, respectively. To evaluate trends, we divided the data into three time periods, 2011-2015, 2016-2019, and 2020-2024. Over time, there was a statistically significant increase in the number of authors who were consultants: 27% to 40% to 44% (p<0.001); who received research funding: 16% to 25% to 33% (p<0.0001); and who received travel funds: 8% to 19% to 20% (p<0.01). There was no change in speaker bureau participation (p=0.63) or employment/stock ownership (p=0.20). Conclusions: Financial relationships between study investigators and pharmaceutical companies have increased, particularly in consulting and research funding. As industry involvement grows, academic cooperative groups should maintain close collaboration to ensure scientific integrity and guide trial design. Research Sponsor: None.

Addressing gender disparities in oncology and hematology education: Insights from social media engagement analysis.

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Background: Gender disparities in professional visibility pose significant challenges to equity in oncology and hematology education. Women represent only 34% of speakers at major oncology conferences and author just 37% of high-impact oncology publications. MedNews Week (MNW), a global platform dedicated to combating medical misinformation and fostering inclusivity, aims to address these gaps by amplifying diverse voices and promoting equitable professional representation. This study analyzed speaker engagement data to identify visibility disparities and propose actionable strategies to enhance representation in oncology and hematology education. Methods: MNW hosted 20 speakers during Years 2 and 3 of its programming. Social media engagement metrics were collected and analyzed for male and female speakers across five platforms: Twitter, LinkedIn, Instagram, YouTube, and TikTok. Metrics included average engagements per post (likes, shares, comments) and overall engagement trends. Gender-specific differences in engagement were evaluated using statistical analyses, including independent t-tests, to determine significance. Data were normalized to account for variations in platform algorithms and audience size. Results: Male speakers achieved nearly three times the total engagement of female speakers, averaging 123,745 engagements per event compared to 41,133 for females, a difference representing approximately 75% of total engagement by males. A t-test demonstrated a highly significant disparity in engagement levels (t = -14.01, p = 3.48×10^{-16}). Twitter emerged as the dominant platform for both genders, with male speakers averaging 46,870 engagements, compared to 37,717 for females. However, female speakers excelled on TikTok (94 average engagements, with no male presence) and achieved near parity on LinkedIn (2,849 vs. 2,901). YouTube engagement favored females, with an average of 85 versus 61 for males. Conclusions: Male speakers demonstrated significantly higher overall engagement; however, female speakers achieved parity, or even outperformed, on emerging platforms like TikTok and YouTube. These findings underscore persistent challenges to achieving gender equity while also highlighting the potential of innovative platforms to amplify underrepresented voices. This analysis reinforces the need for targeted strategies, such as leveraging emerging platforms and expanding professional visibility initiatives, to enhance inclusivity and equity in oncology and hematology education. Research Sponsor: None.

Engagement metrics across social media platforms for speakers.				
Platform	Female Engagement (Average)	Male Engagement (Average)	Difference	
Twitter	37,717	46,870	24.3% higher (male)	
LinkedIn	2,849	2,901	1.9% higher (male)	
Instagram	203	279	37.0% higher (male)	
TikTok	94	0	Female only	
YouTube	85	61	39.4% higher (female)	

Harnessing social media for cancer prevention and early detection: Challenges, opportunities, and pathways to equity.

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Background: Social media is a valuable tool for cancer prevention and early detection but faces challenges like gender disparities, misinformation, and minority underrepresentation. Women receive 28% fewer views and 41% less engagement than men, while most cancer screening content on YouTube and TikTok is low quality and contains misinformation. MedNews Week (MNW), a global education platform, addresses these issues by promoting accurate and inclusive digital health communication. This study assesses engagement and platform effectiveness to improve cancer communication strategies. Methods: A systematic review of 225 articles from PubMed, supplemented by MedNews Week (MNW) outreach data, was conducted to evaluate the role of social media in cancer prevention and early detection. Metrics analyzed included platform effectiveness, engagement trends, content themes, and challenges related to misinformation and representation. Results: Twitter, utilized in 57% of studies, was effective in facilitating cancer prevention discussions. Breast cancer dominated interventions at 52%, while colorectal and lung cancers were underrepresented. Content quality was a concern, with 98% of YouTube and 100% of TikTok videos on prostate cancer screening rated low to moderate. Additionally, 88% of YouTube and all TikTok videos contained moderate to high misinformation. Representation gaps showed African American and Hispanic populations featured in only 10% and 6% of YouTube videos, and 20% and 12% of TikTok videos. Discussions of high-risk groups appeared in 46% of YouTube but just 8% of TikTok videos. Promising misinformation detection methods included linguistic models analyzing Twitter posts, achieving a macro F1 score of 79.7 for predicting unreliable information. Conclusions: Social media has great potential to improve cancer awareness, prevention, and early detection but is hindered by misinformation, lack of inclusivity, and inconsistent content quality. Overcoming these challenges requires platform-specific strategies, collaboration with healthcare entities and influencers, and a focus on diverse representation. MNW's efforts demonstrate the importance of providing reliable, inclusive health information to reduce disparities and promote equitable digital health communication. Research Sponsor: None.

Metrics of social media engagement for cancer awareness and detection.					
Platform	Primary Use	Representation Gaps	Content Quality	Misinformation Levels	Engagement
Twitter	Prevention	N/A	N/A	N/A	Effective
YouTube	Prostate cancer screening	Black: 10%, His- panic: 6%	98% low to moderate	88% moderate to high	Limited
TikTok	Emerging platform	Black: 20%, His- panic: 12%	100% low to moderate	100% moderate to high	Minimal
LinkedIn	Professional engagement	N/A	N/A	N/A	Gender parity
Instagram	Awareness	N/A	N/A	N/A	Effective

Empowering medical oncologists: Exploring the impact and engagement of telegram channels for professional development in Russia.

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Background: Social media use has gained popularity among medical professionals, with X being one of the most popular platforms globally by medical oncologists. Physicians worldwide use it for conference communication, sharing scientific articles, breaking geographical barriers, and engaging with peers globally. Recently, there has been increasing interest in leveraging former Twitter as an educational tool among medical oncologists, proving effective for accessing the latest news and sharing opinions. However, lot of social networks are unavailable in Russia, prompting a surge in interest in other social media platforms. Over the past three years, numerous Professional Medical Channels have emerged on Telegram, a popular platform among Russian speakers worldwide. Here, we describe the extensive use, engagement, and professional impact within the medical oncology community utilizing these educational channels. Methods: We analyzed Medical Oncology Telegram Channels with over 2 thousand followers. The authors (all practicing oncologists) share conference news, conduct tumor boards, clinical cases and other high yield educational materials. Ensuring the authors' credibility as established physicians in the oncology community, we analyzed engagement metrics, follower counts, and conducted an online survey among users to assess the channels' impact on daily medical practice. We present the results of this analysis. Results: We analyzed Telegram medical oncology channels with over 2 thousand followers, averaging 6,354 followers each. The average post reached 2,260 users, with 53% of followers engaging with posts. The online survey comprised 338 medical professionals, including practicing medical oncologists (41%), community-based oncologists (11.5%), surgical oncologists (19.6%), oncology residents (19.6%), medical students (9%), and other medical professions. Most respondents (95%) were based in Russia, with smaller percentages from Belarus, Kazakhstan, Uzbekistan, and Israel. When asked about the channels' impact on daily clinical practice, 33% reported significant changes, 50.6% reported slight changes, and 16.3% noticed no change. Additionally, 87.6% felt more confident in treatment choices due to shared information. Respondents also noted increased job satisfaction and support in combating physician burnout, with 83.3% expressing a sense of community and support through these channels. Conclusions: Telegram channels are gaining traction among Russian-speaking medical professionals, offering a new avenue for sharing medical updates, conference coverage, exchanging ideas, and fostering community. Especially during challenging times, such support is crucial. Further research is warranted to explore how social media engagement can enhance professional development among Russian-speaking medical oncologists. Research Sponsor: None.

The bubble effect: Impact of ASCO digital promotion on *Journal of Clinical Oncology* (*JCO*) download metrics (2023).

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Background: The impact of digital promotion on scientific article metrics remains debated. This study examined how ASCO's digital promotion via Twitter (X) and podcasts influenced download rates for articles published in the Journal of Clinical Oncology (JCO) between January and December 2023. Methods: We conducted a retrospective review of articles published in print between January and December 2023 in JCO. Monthly download numbers from each article's month of publication till November 2024 were collected from the official JCO webpage. Promotions by the JCO Twitter (X) account (@JCO_ASCO) and JCO Podcasts - JCO Cancer Stories: Art of Oncology Podcast and ASCO Guidelines Podcast were tracked. Articles with print dates post-December 2023, those without print dates, and manuscript categories including Correspondence, Errata, Retractions, and Acknowledgments, were excluded. To evaluate the association between monthly downloads and digital promotion, multivariable mixed-effects Poisson regression models were employed. Articles were treated as random effects, while digital promotion and months since publication were treated as time-varying covariates. Free access options were included as fixed effects. Monthly rate ratios per unit change in each covariate, with corresponding 95% confidence intervals (CI) were used to summarize associations. Results: In total, 563 articles, of which 297 were original reports were analyzed. Digital promotion and free access significantly increased download rates. Articles promoted via official tweets experienced a 27.6% increase in download rates, while those featured in podcasts saw a more modest but still significant increase of 9.2%. When focusing on original reports, podcast promotion had a greater relative impact, with a 19.1% increase in downloads (Table 1). Conclusions: Digital promotion of scientific articles via Twitter (X) and Podcasts significantly boosts downloads. However, interpreting the impact of free access is challenging due to incomplete data on when articles became freely accessible. Future studies should address these limitations and explore broader metrics such as citation counts, journal impact factors, and author H-indices to better understand the influence of digital promotion on scientific dissemination. Research Sponsor: None.

Multivariable analysis of digital promotion and monthly paper downloads - eligible papers vs Original Reports only.

Variable*	ELIGIBLE PAPERS (N=563) Rate ratio (95%Cl; p-value)	ORIGINAL REPORTS ONLY (N=297) Rate ratio (95%Cl; p-value)	
Official tweet (Yes vs. No) Official podcast (Yes vs. No) Open/free/partial access (Yes vs. No)	1.276 (1.270, 1.281; p<0.001) 1.092 (1.084, 1.100; p<0.001) 3.706 (2.766, 4.965; p<0.001)	1.128 (1.121, 1.135; p<0.001 1.191 (1.180, 1.202; p<0.001 1.411 (0.331, 6.020; p=0.642	

*Months since online publication and papers were included in the model for adjustment.

Racial, ethnic, sex, and subspecialty demographic composition of initial fellow of the Fellow of the American Society of Clinical Oncology (FASCO) recipients through 2024.

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Background: Disparities in cancer care, including underrepresentation in the healthcare workforce, leadership, and recognition, remain a significant challenge. The Fellow of the American Society of Clinical Oncology (FASCO) designation honors individuals for their commitment to ASCO, the largest clinical oncology organization in the world. In 2022, the FASCO selection process transitioned to a more transparent, merit-based system requiring 100 points for FASCO designation. However, recipient demographics of FASCO recipients remain largely unexplored. Methods: All FASCO recipients through 2024 were identified and reviewed using publicly available data from the ASCO website, documenting name, degree, and award year. Providers with National Provider Identifiers were linked to Medicare Part B data. Race, ethnicity, sex, specialty, medical school graduation year, and fellowship graduation year were verified or determined through Medicare data and website reviews. Analyses included Pearson's chi-squared test, Fisher's exact test, and the Mann-Kendall trend test. Results: Among 644 FASCO recipients, 400 (62%) are male, 244 (38%) are female, 540 (84%) are White, 20 (3.1%) are Black, and 616 (96%) have non-Hispanic ethnicity. Medical oncologists constituted 512 (80%) of recipients, followed by 43 radiation oncologists (6.7%), 25 surgical oncologists (3.9%), and 64 (9.9%) from various specialties and professions, including pediatric and gynecological oncology, family practice, palliative care, radiology, urology, oral oncology, software engineering, non-profits, health policy, social work, research, and patient advocacy. The average time in practice before FASCO designation is 23 years. Between 2007 and 2024, FASCO awards increased significantly in both overall number and diversity, with non-White recipients rising from 16.1% to 22.7% (p < 0.001), Hispanic recipients from 4.3% to 13% (p <0.001), and female recipients from 38% to 49% (p = 0.003). Following the 2022 selection change, recipient diversity improved, with 25.5% non-White recipients, 7.8% Hispanic recipients, and near gender parity achieved (122 men, 121 women, p < 0.001) from 2022 to 2024. Conclusions: In this first definitive review of FASCO recipients, nearly two-thirds of recipients are male, 84% are white, and 80% are medical oncologists. Over time, the diversity of recipients in terms of gender, race, and ethnicity has gradually improved, accelerated by the implementation of a more transparent, merit-based system in 2022. These changes in the FASCO selection process have significantly enhanced diversity among recipients, highlighting the critical role equitable and transparent practices play in promoting diversity and inclusion within professional organizations. Research Sponsor: None.

Advancing gender equity in cancer research across north Africa: A comprehensive analysis of women's role and men's supportive efforts—Final findings from the GEORGiNA-1 study.

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Background: Despite limited research on gender inequity in North Africa, this male-dominated region provides a unique context for exploring gender dynamics in academic oncology. The GEORGINA-1 study (Gender Equity in Oncology Research Group in North Africa) examined the representation of female oncologists in publications, cancer societies, and editorial boards of peer-reviewed journals, while also evaluating the outcomes of a mentorship program aimed at supporting their professional development. Methods: An updated analysis of articles published from 2018 to 2022 was conducted. Data extraction was performed manually using a standardized template, capturing gender and publishing features. Gender representation was further evaluated in leadership roles within oncology societies, editorial boards of regional journals, and through a pilot men-led mentorship program aimed at supporting women in cancer research via training, project development, and academic publishing guidance. Factors associated with gender distribution were studied using Chi-squared and Fished Exact tests as well as logistic regression. Results: A total number of 7,774 publications including 6,142 original articles were analyzed. Females accounted for 50.7% of first authors position. There was a significantly higher percentage of females as first authors in Tunisia (p<0.001). In last author positions, male authors were more prevalent, accounting for 63.5% of publications. Male researchers were found to have significantly higher representation as principal investigators (PIs) (p < 0.001). Female first authors were significantly more likely to collaborate with female co-authors (p < 0.001). Similarly, when females held PI positions, there was a statistically significant increased number of female co-authors (p < 0.001) and female first authors as well (p < 0.001). Female first authors were found to publish significantly more original research (p < 0.001). 0.001), but they published significantly less original research when holding PI positions (p <0.001). Additionally, female PIs received significantly less funding (p < 0.001). The percentage of local female speakers at cancer meetings consistently outpaced that of male speakers. Male dominance was evident across most journals. Fifteen female mentees were selected for the mentorship program. Among those who achieved most of the program's goals (n=12), they produced significant outputs, including an edited book, original studies, reviews, conference abstracts, and multiple poster and oral presentations at oncology meetings. Conclusions: Although women in cancer research seem to hold a fair position in North Africa, barriers such as insufficient funding and limited international collaboration continue to hinder progress toward gender equity. Research Sponsor: None.

A multifactorial analysis of first-author retention in ASCO accepted works.

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Background: Ensuring clinician oncologists remain engaged with research is an important step in maintaining optimal patient care in a rapidly changing field, and can be especially difficult for clinicians of marginalized groups. To identify trends in research engagement among oncologists, we performed a retrospective analysis on first-author retention in ASCO accepted works from 2019-2024, focusing on year presented, presentation type, and gender. Methods: Data from publicly available ASCO works from 2019 to 2024 were obtained from ASCO online materials, including first author (or speaker/chair) and presentation type (limited to education session, oral abstract, poster discussion session, poster session, and online-only ASCO meeting publication). Gender was identified by name using Namsor, a public web-tool. Names that could not be predicted by the web-tool were identified manually by physical presentation on institutional websites, if possible. An original script was created to identify first-author retention year-to-year, outputting the proportion of first authors found in both years and appropriate statistical tests. This analysis focused on comparing one-year retention (e.g. 2019-2020, 2020-2021, etc.). Results: We found that the period with the highest one-year first-author retention of all works was during 2022 to 2023, with 22% retention (985 of 4445 first-authors). Firstauthor retention remained 20-22% for all other periods analyzed, except during 2023-2024 where retention decreased to 15% (806/5568; Two-proportion test comparing 2022-2023 and 2023-2024: p < 0.001). Focusing on specific presentation types, education sessions were found to have the lowest one-year retention, averaging 5.1%, as compared with poster sessions, which had the highest average one-year retention of 15.3% (Two-proportion test: p < 0.001). Looking at gender, we found that education sessions were the least male-prevalent, with an average of 49.6% retained speakers being male across all years. For oral abstracts, poster discussion sessions, and online-only publications, 53-54% of retained first-authors were male. Notably, first-author retention in poster sessions was much more male-prevalent, with an average of 62.7% of first-authors being male (Two-proportion test comparing male proportion in education and poster sessions: p = 0.002). Lastly, we found that five-year firstauthor retention of all works from 2019 to 2024 was significantly male-dominated, with 61% of those retained being male (267/437; one-proportion test p < 0.001). Conclusions: Trends of retention at a major oncology conference were identified, including recent decreases in retention, which could be due to a relative increase in first-time authors. The male prevalence in poster sessions and decrease in first-author retention of women over longer periods of time reveal specific areas to create more equitable opportunities for women in research. Research Sponsor: None.

TPS9046

A randomized controlled trial of high-fidelity simulation versus mentoring training for residents: ACACIAS 2.

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Background: In medical oncology, the "know-how-to-be" aspect of training is crucial but often underemphasized in resident education. Typically, residents develop their interpersonal skills through direct patient interactions. The challenge lies in delivering cancer diagnoses with empathy and effectively managing the patient experience through advanced communication strategies. High-fidelity simulation training has proven effective in educating professionals, including those in surgical fields. Our previous feasibility studies established a simulation framework for cancer consultation processes. This study aims to demonstrate that highfidelity simulation training provides greater benefits for residents compared to traditional mentoring by reducing perceived stress levels. Methods: ACACIA2 (n° HDH : F20221011092723) is a prospective, randomized, open-label, national, multicenter trial that aims to enroll 100 young doctors. After one high-fidelity simulation evaluation, they were randomly assigned (1:1) to have traditional mentoring (Arm A or control arm)+/- 2 sessions of high-fidelity simulation with theoretical training with a certified coach/actor (Arm B) during 6 months. This training adapted to the announcement has been validated in preliminary studies (ACACIA programme)(Figure 1). All the cases worked on in the sessions are taken from real life. Inclusion criteria include healthcare professionals aged 18 and older, actively participating in specialties where they frequently deliver cancer diagnoses, such as surgical and medical disciplines. The primary endpoint is to compare changes in stress levels between residents receiving simulation training and those undergoing conventional mentoring. Secondary objectives include assessing stress changes as measured by a coach/actor, evaluating self-assessed attitudes and skills during simulation sessions, comparing self-assessments before and after training, monitoring heart rate variability, exploring the relationship between skill development and heart rate changes, and assessing participant satisfaction. The first resident was enrolled in November 2022. Clinical trial information: F20221011092723. Research Sponsor: None.

TPS9047

Evaluating the use of educational videos in a medical oncology sarcoma clinic to improve patient knowledge and satisfaction.

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Background: The first clinic visit is a pivotal step in the journey of a cancer patient (pt), often accompanied by anxiety due to future uncertainty. During this initial visit, pts receive extensive information regarding their diagnosis, treatment plan and prognosis. Early education and tailored guidance can potentially enhance understanding, aid decision-making, and alleviate distress. This study evaluates the impact of sarcoma-specific educational videos on improving pts' knowledge of their disease and treatment options before their first clinic appointment. Results will help to identify ways to enhance pt education and satisfaction. Methods: All newly diagnosed, English speaking, sarcoma pts referred to the sarcoma medical oncology clinic at Mount Sinai Hospital and Princess Margaret Cancer Centre will be eligible. The primary objective is to assess changes in pts' and caregivers' knowledge and perceptions of sarcoma and its treatment after educational intervention as measured by changes in global responses between baseline and post educational intervention surveys. Secondary endpoints include understandability and satisfaction with the educational videos, using validated tools including Pt Education Materials Assessment Tool (PEMAT) and Suitability Assessment of Materials (SAM) instrument. A pilot study (n = 20) will first be performed to assess feasibility, acceptability and determine sample size. For the interventional study, pts will be randomized in 1:1 ratio to either view the educational videos prior to their consult, or a control arm where they will receive standard of care information. Pts on the experimental arm will view four short educational videos (approximately 5-7 minutes each) which focus on 1) what to expect at their initial visit, 2) sarcoma team composition and respective roles, 3) systemic therapy overview and 4) introduction to clinical trials. The study will involve distribution of surveys at 3 different timepoints, each consisting of 15-20 multiple choice questions and taking 3-5 minutes to complete. The first baseline survey will be completed by pts in both arms before their initial consult and is designed to assess pts' initial knowledge and perceptions of their sarcoma and treatment options. The second survey, to be completed only by pts on the experimental arm after watching the educational videos, will measure changes in pts' perceptions and overall satisfaction. A third and final survey will be completed by pts in both arms after their initial consult with the medical oncologist to assess for any further changes. A knowledge quiz will also be given to the pts on the experimental arm both before and after they watch the educational videos to evaluate changes in their understanding of sarcoma and its management. If pts are accompanied by a caregiver, they will also be invited to participate in this study. Research Sponsor: None.