2016 Mission Endowment Report

In 2016, the Conquer Cancer Foundation of the American Society of Clinical Oncology (CCF) continued our distribution from the Mission Endowment, which was established to provide lasting support for our mission to improve the care and treatment of people living with cancer. The Endowment makes it possible for us to continue supporting the very best in cancer research, education and quality care well into the future.

Funds from the Mission Endowment were used to support the following programs and projects in 2016:

Research
- One Conquer Cancer Foundation of ASCO Long-term International Fellowship
- National Cancer Institute-ASCO Teams in Cancer Care Delivery Project

International Programs
- Three International Development and Education Awards in Palliative Care (IDEA-PC)
- Journal of Global Oncology

Professional Education
- 2016 Cancer Survivorship Symposium: Advancing Care and Research
- Four Resident Travel Awards for Underrepresented Populations
- ASCO Health Policy Fellowship
- Journal of Clinical Oncology (JCO) Understanding the Pathway Animations
- ASCO University MOC App/ASCO University Personalized Learning Dashboard (PLD)

Patient Education
- 2016 Community-Based Research Staff Award for 2016 ASCO Research Community Forum
- Cancer.Net/patientACCESS Program

Access to and Quality of Care
- JOP Special Series Content

2015 Projects Completed in 2016
- eQOPI Pilot Project
- ASCO Medical Student Interest Groups
Research

2016 Long-term International Fellowship Awards (Grant period: January 1, 2017 – January 9, 2018)
The Conquer Cancer Foundation of ASCO Long-term International Fellowship (LIFE) is an important grant program that:

- Supports training of young oncologists from low- to middle-income countries through clinical training, research, and mentoring at a U.S., Canadian or European Union institution
- Requires dissemination of the knowledge to the home country to improve cancer care in low- to middle-income countries
- Enhances international research collaboration
- Promotes bi-directional flow of knowledge, experience, expertise, and innovation between countries
- Provides supporters an opportunity to be recognized at the premiere oncology venue, the ASCO Annual Meeting

Since 2010, the LiFe has provided research-training support to 16 early-career oncologists from 11 developing countries with total awards amounting to $1.84 million.

Figure 1. Home Countries of LiFe Recipients (2010-2014)

Program Details:
2016 LiFe Recipient: Allan Andresson Pereira, MD, PhD
Host institution: The University of Texas MD Anderson Cancer Center
Research Title: “Circulating tumor DNA as an early marker to monitor clinical benefit of regorafenib in patients with metastatic colorectal cancer”

Research Summary:
Novel cancer drugs are expensive, toxic, and usually require long periods of usage before doctors are sure if it is working or not, usually through tomography scans. Regorafenib is an example of these new cancer drugs, also called “targeted-therapies”. It has been shown that some patients with metastatic colorectal
cancer can live longer after a number of previous treatments with chemotherapy when offered regorafenib. However, because of its high cost, which may be unsustainable for many health systems, and a lack of benefit in a considerable portion of the patients who received it, we need a more rapid assessment tool in order to limit exposure and cost from ineffective treatments. In fact, the majority of patients with metastatic colorectal cancer in middle-and low-income countries, who are treated in their public health systems, will die without having been treated with any targeted-therapies already approved for this purpose.

All healthy individuals have fragments of DNA circulating in their blood. In cancer patients, a proportion of these DNA fragments arise from the tumor itself. Recent studies with circulating tumor DNA analysis in patients with solid tumors, such as colorectal cancer, have demonstrated a variety of potential applications. We aim to evaluate circulating tumor DNA as an early biomarker of efficacy of new therapies for metastatic colorectal cancer, using regorafenib as a model, in order to avoid unnecessary toxicity and costs in case of early treatment resistance. We will evaluate patients with advanced colorectal cancer whose blood had been collected and stored throughout the treatment with regorafenib and verify if changes in circulating tumor DNA levels can tell us earlier than tomography scans who will benefit from the treatment. This would establish a new standard of care for monitoring metastatic colorectal cancer patients, which could be later validated for different tumor models and result in better resource allocation, reducing unnecessary expenses and enabling greater access to more efficacious targeted-therapies to the middle-and low-income countries.

Results:
The current recipient is required to submit a progress report to the Conquer Cancer Foundation every six months during the Fellowship period. The above information highlights information provided in the progress report. As the fellowship continues additional progress reports as well as annual, post-fellowship reports will be provided for three years after their return to their home country.

National Cancer Institute-ASCO Teams in Cancer Care Delivery Project
The National Cancer Institute (NCI)-ASCO Teams in Cancer Care Delivery initiative aims to encourage exploration of these issues to understand how teams currently operate and where improvements may help. The literature in health care and many other fields demonstrates that effective teamwork takes time and intentional focus to nurture, develop, and sustain. This project promotes collaboration of clinicians involved in cancer care, advocates who have had cancer or been caregivers, and researchers engaged in studying teams will highlight successful models and identify areas for future research.

Program Details:
Over the past year, the writing teams developed case-based vignettes—either fictional or based on a composite of patient experiences—to discuss the importance of delivering cancer care as a team. Writers followed a uniform format: An introduction that described the background of the team principle(s) and the epidemiology of the case; a case study that exposed the team principle(s); existing evidence for the team principle(s); implications for practice and implications for research; and conclusions.

In addition, of 23 initial teams, 21 submitted initial drafts of papers for review. An editorial committee—composed of the authors of this introduction as well as volunteers from the ASCO Workforce Advisory Group and other reviewers—selected 16 papers that were presented in February at the NCI-ASCO Teams in Cancer Care Symposium that was held in conjunction with the 2016 ASCO Quality Care Symposium. At that meeting, participants provided the writing teams with additional feedback on their presentations. The
result is this extraordinary collection of 19 peer-reviewed manuscripts that unite oncologists, team researchers, and patients in a joint exploration of the critical elements of teamwork as displayed in day-to-day cancer care.

The NCI-ASCO Teams in Cancer Care Workshop occurred on February 25, 2016. Approximately 110 people attended the meeting. Sixteen teams were selected to present at the meeting to discuss the topics of their manuscripts and principals of team based care. Additionally, ASCO Daily News interviewed NCI and ASCO chairs (Drs. Stephen Taplin, MD and Michael P. Kosty, MD, FACP) for a special article that ran during ASCO’s 2016 Annual Meeting.

The contractor has counted approximately 10,800 nurse practitioners and physician assistants in oncology. This is the “universe” of what ASCO believes are advanced practice providers (APPs) who are currently practicing in oncology. Membership lists from ASCO, the American Academy of Physician Assistants (AAPA); the Association of Physician Assistants in Oncology (APAO); and the Oncology Nursing Society (ONS) were added to Medicare claims data and insurance claims data from Provider 360 in order to create this master APP list. From this potential universe, a sample of 1,100 (identified sample) as well as possibly an open sample (convenient sample) will be surveyed1 into 2017. ASCO staff has engaged with communications staff to develop consistent messaging and a communications plan that will be shared with all organizations. Communication outreach will begin in the March 2017 Advanced Practitioner Society for Hematology and Oncology (APSHO) and APAO newsletters. In addition, the AAPA and ONS will be emailing members directly in March 2017.

Results:
This NCI-ASCO initiative aimed to encourage exploration of oncology team care issues to better understand how oncology teams currently operate and where improvements may help. The products were developed to be utilized by any oncology practice—physicians, advanced practice providers, office managers or other team members—in part because there is not much existing literature on teams in oncology.

Since the conclusion of this project, ASCO University has launched the educational module “Team-Based Care Course” which also references the work produced from the grant. ASCO and NCI have continued discussions on next steps on teams in the oncology setting. Currently, early stage discussions have begun to determine further collaboration to provide training and educational materials for teams in the oncology setting. This is likely to be a project and will cite the work from this effort as the initial project work.

International Programs
International Development and Education Award in Palliative Care (IDEA-PC)
The International Development and Education Award in Palliative Care (IDEA-PC) provides support for early–career oncologists in developing countries to participate in the ASCO Annual Meeting and visit a

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1 **Due to a delay with the survey finalization, the planned potential launch for the survey would have been December. In discussing the timeline with the contractors, it was determined not to be likely to receive a high response rate over the winter holidays. Further delays with a third party contractor has pushed this project unforeseeably behind schedule. ASCO staff discussed options with CCF staff and ASCO legal and was granted an extension. Funding for this project will be spent down in the first quarter of 2017 and the remaining funds will be paid by ASCO’s budget.**
cancer center in the United States or Canada. The Awards are designed to assist in career development, support further oncology education, and help to establish strong relationships with leading ASCO members who serve as scientific mentors to each recipient, specifically in the area of palliative care. With these building blocks, IDEA-PC recipients are able to share the knowledge and training they receive through the program with colleagues in their home countries once they return.

Program Details:
Three IDEA-PC recipients traveled to Chicago in June 2016 to participate in the ASCO Annual Meeting. The recipients were paired with a mentor and spent three days with their mentor at their institution for an Extended Tour.

<table>
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<tr>
<th>IDEA-PC Recipients</th>
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<th>Mentor</th>
<th>Co-Mentor</th>
<th>Mentor Institution</th>
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<tr>
<td>Pham Tuan Anh, MD</td>
<td>National Cancer Hospital of Vietnam</td>
<td>Janet Abrahm, MD</td>
<td>N/A</td>
<td>Dana Farber Cancer Institute Boston, MA</td>
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<td>Sandhya Chapagain Acharya, MD</td>
<td>NAMS, Bir Hospital, Kathmandu, Nepal</td>
<td>Arif Kamal, MD, MHS</td>
<td>N/A</td>
<td>Duke Cancer Institute Durham, NC</td>
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<tr>
<td>Ali Alkan, MD</td>
<td>Ankara University School of Medicine, Turkey</td>
<td>Thomas Smith, MD, FACP, FASCO, FAAHPM</td>
<td>Ilene Browner</td>
<td>Johns Hopkins Hospital Baltimore, MD</td>
</tr>
</tbody>
</table>

Photo 1: The 2016 IDEA and IDEA-PC Recipients at the Conquer Cancer Foundation Grants and Awards Ceremony on June 5, 2016. Front row, left to right: Juliano Ce Coelho, MD, Kul Ranjan Singh, MBBS, MS, MCh, Jalil Salih Ali, MBChB, Yusuf Adetomiwa Adelabu, MBBS, Sandhya Chapagain Acharya, MD (IDEA-PC), Susmita Sharma, MBBS, MD, Narmin Talibova, MD, Andrea Craciunescu, MD, Chris Tania Echeveste, MD, PhD, Ali Alkan, MD (IDEA-PC), Dorothy Chilambe Lombe, MD, Oladapo Adedayo Kolawole, MBBS. Back row, left to right: Fábio de Figueirêdo Chaves, MD, Manuel Caitano Maia, MD, Raja Pramanik, MD, Davit Zohrabyan, MD, Uday Yanamandra, MBBS, MD,
Results:
The 2016 IDEA and IDEA-PC Report incorporates feedback collected from recent participants of the program, as well as recipients from 2015 (one year ago) and 2011 (five years ago). The final report has been included in Appendix A with additional detail of the IDEA-PC program.

Journal of Global Oncology (JGO)
The Journal of Global Oncology (JGO), debuted in 2015, is an online only, open access journal focused on cancer care, research, and care delivery issues unique to countries and settings with limited healthcare resources. JGO aims to provide a home for high-quality literature that fulfills a growing need for content describing the array of challenges health care professionals in resource-constrained settings face. Article types include original reports, review articles, commentaries, correspondence/replies, special articles and editorials.

Program Details:
Some outcomes are clear in that editors, copyediting, and a submission system are all basic, necessary elements of any journal. In 2016, JGO began transitioning to a new host for jgo.org, with the result of a new website that is cleaner, more modern, and easier to navigate. JGO began work in 2016 to transition to a new manuscript submission system, which will launch February 15, 2017. This new system will be more user-friendly, and will offer a user-friendly experience for authors as they submit their papers.

Results:
The Journal of Global Oncology received 374 submissions from 56 different countries in 2016, which includes about 65 abstracts that JGO published for a NCI symposium. The top three countries for submissions were United States, India and Brazil (see chart below). The overall acceptance rate is 27%.

Chart 1.1: Journal of Global Oncology – Received Submission: Top 10 Countries (2016)
The number of submissions and number of site visits, which includes more than 150,000 page views and over 110,000 full-text usages of the site, are clear indicators that *JGO* is healthy and thriving. When a journal receives this number of submissions in a relatively short time, it is a sign that such a journal was previously missing in the literature, and has now filled an important gap by providing a home for this research.

**Professional Education**

*2016 Cancer Survivorship Symposium: Advancing Care and Research*

The Cancer Survivorship Care Symposium: Advancing Care and Research inaugural meeting, cosponsored by ASCO, the American Academy of Family Physicians (AAFP), and the American College of Physicians (ACP), provided information about survivorship issues that both primary care physicians and oncologists are faced with throughout the cancer care continuum. The target audience included primary care providers and members of the cancer team who are interested in survivor care and taking an interdisciplinary team approach to helping patients transition from patients to survivors, including oncologists, nurses, physician assistants, nurse practitioners, residents, and oncology fellows, as well as cancer advocacy organizations.

**Program Details:**

The two-day Symposium represents an innovative approach to both education and patient care. The meeting program features unique multidisciplinary sessions on cancer survivorship care relevant throughout the entire cancer care continuum, from risk assessment and care-delivery models to how best to provide multidisciplinary education and training. Presentations of scientific research are accompanied by contextual discussions, allowing for a more complete perspective on current data. Highlights include keynote sessions, case studies, and networking sessions. The Symposium is the first collaboration between the American Academy of Family Physicians, the American College of Physicians, and ASCO. The involvement of all three organizations demonstrates the necessity of continuing and coordinating survivorship care across a wide spectrum of specialties and practices. Cancer Survivorship Symposium: Advancing Care and Research aims to assist attendees with monitoring late- and long-term effects/comorbidities, providing surveillance for recurrence and secondary malignancies, addressing psychosocial aspects of survivorship, improving communication and care coordination, and understanding current research in survivorship care.

**Results:**

The Cancer Survivorship Care Symposium was held on January 15-16, 2016, in San Francisco, California. Three studies from the inaugural Symposium were highlighted in a presscast for reporters on January 11. Notable media placements were garnered in the Wall Street Journal, Huffington Post, and HealthDay. Total attendance reached more than 800 for the inaugural meeting with more than 400 attendees claiming CME/CE credit for this symposium.

**2016 Resident Travel Award (Grant period: January 1, 2017 – January 9, 2018)**

The Conquer Cancer Foundation of ASCO Resident Travel Award (RTA) for Underrepresented Populations is an important award program that:

- Improves oncology care by promoting diversity of cultures and backgrounds in the oncology workforce
- Gives medical residents from underrepresented populations an opportunity to be exposed to the latest clinical oncology research at the ASCO Annual Meeting
• Uses the expertise of ASCO’s more than 40,000 oncology professionals to provide professional mentoring and networking for these residents
• Provides supporters an opportunity to be recognized at the premiere oncology venue, the ASCO Annual Meeting

Program Details:
2016 RTA Recipients:
• Fiyinfolu Balogun, MD, PhD (New York University School of Medicine)
• Kimberley Lee, MD (Johns Hopkins University)
• Lina Maria Ortega, MD (Massachusetts General Hospital)
• Frederick Doamekpur, MD (Morehouse School of Medicine)

Results:
During the third quarter, the post-Annual Meeting survey was conducted among the 2016 RTA recipients. Results from the survey indicated that:
• Recipients rated their overall ASCO Annual Meeting experience as excellent (67%) and very good (33%).
• Receiving the award gave the recipients more insight into the field of oncology and its specialties (78%).
• Attendance at the Annual Meeting encouraged the recipients to pursue oncology as a career (78%)
• 100% of respondents would consider attending the ASCO Annual Meeting again.

ASCO Health Policy Fellowship
ASCO launched a new Health Policy Fellowship program that aims to provide physicians with the necessary skills to shape cancer policy and help increase the involvement of ASCO members in policy, advocacy and grassroots activity. ASCO is actively recruiting oncologists in the early phase of their careers who have a keen interest in acquiring stronger health policy skills and have the leadership, civic, policy, or advocacy experience for this program. This one-year fellowship in health policy will be for clinical oncology practitioners/faculty or second or third year trainees. The program would include didactic training, mentored research and practical experience in health policy and advocacy.

Program Details:
For 2016, two Fellowship recipients (pictured to the right) were selected for the inaugural year:
• Robert Daly, MD (University of Chicago School of Medicine)
• Steve Young Lee, MD (New York University School of Medicine)

On July 1, 2016, the Policy Fellowship program period officially launched. The fellows visited ASCO Headquarters in July, August and September for their in-person time.
• The July visit included participation in the ASCO Leadership Development Program, several internal meetings with ASCO staff and volunteers, and dedicated time for project work.
- The August visit was composed of additional meetings with ASCO policy staff and volunteers, as well as one-on-one scheduled time with their mentors.
- The September visit included participation in the ASCO Advocacy Summit on Capitol Hill, the MACRA Symposium, and the ASCO Government Relations Committee meeting.

Results:
While the Fellowship program remains in its infancy, the ASCO Policy Fellows will continue to work on their projects with their mentors, continue their participation in the ASCO Leadership Development program, and prepare their papers for final review and presentation as the fellowship term runs until July 1, 2017.

Journal of Clinical Oncology (JCO) Understanding the Pathway Animations
Understanding the Pathway is a relatively new JCO article type that seeks to articulate the salient scientific aspects of selected Original Reports to a clinical/translational audience. A key element of these articles is a graphic that provides a visual explication of the underlying pathway or biological process, explaining its relevance to the Original Report, and highlighting future therapeutic or investigational directions pertaining to the pathway in cancer. This project aims to transform these images into brief animations with audio to address different learning styles and the growing time constraints of busy clinicians.

Program Details:
Four videos have been produced to date, with two funded videos still pending completion due to delays in receiving author feedback. JCO has budgeted to continue this program in 2017, and will be looking at other options for providing multimedia content.

Photo 2. Understanding the Pathway Animation Videos on YouTube

Results:
These videos have been featured on the JCO Twitter channel, and quickly became among the most retweeted and most liked items to date. They have also received usage on the ASCO YouTube channel. Since being posted in December 2016, each video has been viewed more than 130 times. The JCO staff are working with vendors to have them presented as part of the full text online for the associated articles.
ASCO University Maintenance of Certification (MOC) App/ ASCO University Personalized Learning Dashboard (PLD)

The original work related to the ASCO University MOC App changed scope mid-year to focus instead on the ASCO University Personalized Learning Dashboard. Each year, ASCO works with the National Board of Medical Examiners to host an Item Writing Workshop to provide this training. As part of the ASCO University Personalized Learning Dashboard, the Item Writing Workshop, establishes assessment terms as part of a new, comprehensive, self-assessment created for the PLD. Approximately 25 new faculty are trained each year at the workshop, which is held at ASCO Headquarters.

Program Details:
The Item Writing Workshop was held on September 8, 2016. A total of 24 faculty participated in the daylong training. These faculty are now writing questions for use in the 2018 PLD course, as well as other 2017-2018 self-assessment activities such as the ASCO-SEP Mock Exam and the MOC App.

Results:
Since the launch on March 1, 2016, there have been 257 individuals that have completed the self-assessment on the PLD platform, with additional participants showing work in progress. At the end of 2016, a pilot study was done to determine whether the certainty based marking overlay on multiple choice questions would improve self-directed learning. The study population included 112 medical oncologists, 57% being oncology fellows that completed the PLD assessment. Score comparisons between the upper and lower third of examinees showed that those in the upper third were less likely to be misinformed (incorrect answer but confident in the answer) or uninformed (incorrect answer and not confident). The highest percentage of misinformed responses was seen in the content area of palliative care. An expanded study will be done but the preliminary data provide important information to ASCO about the need for address of palliative care issues.

Patient Education

2016 Community-Based Research Staff Award for 2016 ASCO Research Community Forum

In 2010, the ASCO Board of Directors conceived of the (then) Community Research Forum as an element of its Clinical Trials Strategic Plan. The Board chose to focus one of the strategic plan initiatives on the concept of a forum for community-based sites as an unmet need, while noting that the Association of American Cancer Institutes had a similar forum for academic sites. In 2015, the ASCO Board completed an evaluation of the Forum and its initiatives and decided to broaden the scope of the Forum to ensure it has an even greater impact on the broader research community. To reflect this expansion, ASCO changed the Forum’s name to the ASCO Research Community Forum (RCF). This change is particularly timely with the trend of more collaborations between academic- and community-based research programs.

Program Details:
ASCO holds its Research Community Forum (RCF) Annual Meeting each fall at ASCO headquarters. The meeting provides an important and unique opportunity for physician investigators and research staff from all types of research programs to network and collaborate with colleagues from all types of research programs; share best practices for effectively conducting and managing clinical research; and discuss barriers and solutions to common challenges. In an effort to increase meeting attendance and broader representation, financial support was sought for selected attendees to travel to the RCF Meeting. Attendance at the ASCO RCF Annual Meeting would enable research staff from a wide array of practices to
attend, particularly those from community-based research sites. This broad representation would help ensure that the meeting has a greater impact, making it more accessible to those who would benefit most, and helping to ensure a variety of perspectives throughout the meeting and discussions.

The ASCO RCF Annual Meeting draws attendance from all types of research programs across the United States. The meeting is consistently highly ranked and well attended, and the 2016 meeting was no exception. Participants report that they plan to attend future meetings and they highly recommend the meeting to colleagues. The networking opportunities at the reception and meeting are highly valued by attendees. Participants have found the content of the meetings useful and report that they learned and identified actionable steps, and they implemented changes in research practices, policies, procedures.

**Results:**
In 2016, there were 92 attendees, including 34 physician investigators and 58 research staff who represented 65 practices from 29 states. Participants were from a range of different types of research programs, including NCI-funded programs, research networks, private practices, community-based hospitals, and academic research networks.

**Cancer.Net / patientACCESS Program**
Funds from the Mission Endowment in 2016 helped to further sustain Cancer.Net’s patient and caregiver program by providing funding for:

- Translating Cancer.Net content into Spanish and French
- Podcast Transcriptions for Cancer.Net
- Freelance Writers for new content on Cancer.Net
- Cancer.Net Promotional Mailings
- ASCO Answers Reprints
- 2016 patientACCESS Program
- Cancer.Net – Filming of Patient Education Video on Metastatic Breast Cancer

**Program Details:**
The main goal of the programs and projects is to increase awareness and usage of Cancer.Net and ASCO’s patient education program. One of ASCO’s strategic priorities is to be the authoritative source of cancer information, and the Mission Endowment support enables Cancer.Net to contribute to this in an important way. By increasing awareness and usage of Cancer.Net, more patients, families, and caregivers have access to the oncologist-approved cancer information they need at a critical time in their lives. Projects such as translating Cancer.Net content in Spanish, transcribing Cancer.Net podcasts, adding new content to Cancer.Net, promotional mailings, and reprinting of key ASCO Answer reports are all efforts to broaden this awareness.

Translation was a big part of making Cancer.Net information available in other languages this year. Six cancer types\(^2\) and 28 articles\(^3\) as well as the Cancer.Net feedback form were translated from English to

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\(^2\) The following cancer types were translated for Cancer.Net from English to Spanish: Oral and Oropharyngeal Cancer, Cervical Cancer, Kidney Cancer, Hodgkin Lymphoma, Small Cell Lung Cancer, and Chronic Myeloid Leukemia

\(^3\) The following articles on Cancer.Net were translated from English to Spanish: Anemia, Clotting Problems, Weight Loss, Thrombocytopenia, Fluid Around the Lungs, Shortness of Breath, Bleeding Problems, Caring for the Symptoms of
Spanish. In addition, the Managing Your Weight After a Cancer Diagnosis booklet was translated from English to French.

In 2016, efforts were also made to transcribe all non-scripted podcasts on Cancer.Net from 2016 and earlier. This transcription has been successful with more than 200 podcasts transcribed. As a result, of these efforts, ASCO is more accessible and easier to use for people with disabilities.

New content was also developed for Cancer.Net with blog posts on topics such as Donating Blood and Work Discrimination. To meet the demands of the constant change in the oncology field, three new fact sheets were created: Sharing Genetic Test Results with Your Family, Diarrhea, and Myelodysplastic Syndromes.

Three promotional mailings on Cancer.Net were distributed in 2016. These mailing focused on key groups: QOPI Certified practices, CancerLinQ Vanguard practices, ASCO members, the Cancer.Net Editorial Board, Oncology Nursing Society, American Academy of Family Physicians, Association of Oncology Social Work, and the American Academy of Physician Assistants. These mailings reached more than 77,000 health care professionals, which resulted in more patients receiving these ASCO resources from their doctors, it helped to broaden the reach of Cancer.Net to key audiences, and it increased awareness of the Conquer Cancer Foundation Mission Endowment.

The ASCO Answers Guide to Breast Cancer and ASCO Answers Palliative Care booklets were reprinted in 2016 as well.

For the fourth year in a row, Mission Endowment funds supported patientACCESS, a program that provides medical research articles from ASCO’s Journal of Clinical Oncology to patients and caregivers. These articles help them learn more about new discoveries and advances in cancer treatment, and facilitate doctor-patient communication.

Cancer.Net, in collaboration with Beckstein Productions, LLC, filmed a patient education video on metastatic breast cancer. This educational video offers an introduction to metastatic breast cancer and features three women diagnosed with this disease.

Results:
Statistics noted in the graphic below indicates several results – more people are aware of Cancer.Net and use the site than ever before, a testament to the high quality and readability of information, and ease of navigating the site.
Beyond viewership of the Cancer.Net site, the site continues to grow in content. There are currently more than 350,000 links to Cancer.Net (according to Google Webmaster Tools), including cancer centers, medical institutions, health organizations, patient advocacy groups, professional societies, and news organizations. Cancer.Net En Español content has continued to expand. Visits to the Spanish language content section made up 20% of all visits in 2016. Additionally, 683 ASCO Answers booklets, guides, and fact sheet orders were made (37,300 guides, 57,375 fact sheets, and 18,875 booklets were distributed). In 2016, Cancer.Net and ASCO’s patient education program received 11 awards in recognition of our ease of use, high quality information, the mobile app, podcasts, the blog, and printed materials. Since the launch of patientACCESS in February 2013, there have been 8,098 requests for articles.

Access to and Quality of Care
JOP Special Series Content
The Journal of Oncology Practice (JOP) is an authoritative forum dedicated to this mission, and the aforementioned content series topics elucidate this important information for practicing oncologists as well as their supportive teams. Additionally, publishing these series advances ASCO’s mission to conquer cancer through research, education and delivery of high-quality care; and provides continued exposure for the journal, which in turn will yield a continued increase in submissions and citations, and may help with efforts to secure an Impact Factor that will demonstrate the significance of articles published and JOP as a whole.

Program Details:
To accommodate growth and content, the following special series content has been published in part due to 2016 Mission Endowment funds:

- “The State of Cancer Care in America, 2016: A report by the American Society of Clinical Oncology” was published online ahead of print on March 15, 2016, and appeared in print in JOP’s April issue.
- “The National Practice Benchmark for Oncology: 2015 Report on 2014 Data” was published online ahead of print on March 22, 2016 and also appeared in print in JOP’s April issue.
- “Special Series: Quality Care Symposium” was published in JOP’s October 2016 issue.
Results:
In addition to the publication of these special series, this content continues to promote the missions of ASCO and the Conquer Cancer Foundation through the exposure statistics noted below regarding each of the series.

![JOP SPECIAL SERIES PUBLICATION STATISTICS 2016](chart.png)

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2015 Projects Completed in 2016

**eQOPI Pilot Program**
Mission Endowment funding supported the development of a fully-integrated performance improvement (PI) activity module within the QOPI system.

**Program Details:**
The purpose of the eQOPI Pilot was to evaluate data submitted electronically from an EMR to that of data submitted via manual chart abstraction, including differences in data, performance on quality measures, and scores for QOPI Certification. The volunteer practices engaged in the eQOPI data submission process, which included data connection of their EMRs to our vendor’s data platform, data mapping of fields needed for quality measurement calculations, and completion of a manual supplement form on the same patient data. QOPI staff then completed a measure results review, established data pull frequency, and moved to maintenance of data capture. Their submission of electronic and manual data submission helped ASCO understand how to evaluate quality performance from data pulled directly from the EMR, and ASCO learned best practices for proceeding with building an electronic capture platform for all QOPI practices.
Results:
eQOPI Pilot program estimated that 20 practices would complete the pilot, but only 14 contributed significant resources and data. Through this pilot, the team gained valuable insight regarding practice participation. The value of the practice participation helped determine program workflows, patient workloads, data gathered, and improvements necessary.

While the pilot was terminated due to insufficient findings, the program used the practices’ data to launch the current Qualified Clinical Data Registry pilot. This new pilot will be beneficial to all ASCO members as it directly supports the new CMS requirements relating to the Quality Payment Program.

The indirect benefit of the data gathered from these programs are:
- Measure development that aligns with CMS and practice needs/requirements,
- Learning more about eCapturable data fields in order to develop a program that will help reduce abstraction burden for practices involved in quality and performance improvement efforts.

ASCO-Sponsored Medical Student Interest Groups
The ASCO-Sponsored Medical Student Interest Groups provides a space for interested medical students, specifically those who are interested in any oncology-related career, including medical, surgical, radiation, gynecologic, radiology, pathology, or research. These groups create a forum for medical students to learn more about careers in oncology and network with potential mentors. Additionally, the program provides funding (up to $500) to medical student cancer interest groups, resources for meeting topics, and engages those interested in helping to further develop this initiative. These groups can be registered at ASCO.org/medstudents.

Program Details/Results:
In Year One, more than 30 medical school applications were received. The second year of applications closed in August 2016 and the number of applications increased to 63 from medical schools both in the U.S. and internationally. In an effort to ensure the program and resources are meeting the needs of medical students, ASCO staff will create a medical student focus group to develop and improve our resources and the support offered to the groups and their member

Discussions continue with the Professional Development Committee to make recommendations to enhance the program, as well as develop a medical student focus group of ASCO-sponsored Cancer Interest Groups leaders for the 2016-17 cycle.
Mission Endowment Spend Actuals

Mission Endowment Performance

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1, 2016 Balance</td>
<td>$24,040,150</td>
</tr>
<tr>
<td>2016 Pledges</td>
<td>$2,360,010</td>
</tr>
<tr>
<td>2016 Earnings</td>
<td>$1,258,299</td>
</tr>
<tr>
<td>2016 Spend</td>
<td>$(868,858)</td>
</tr>
<tr>
<td>December 31, 2016 Balance</td>
<td>$26,771,601</td>
</tr>
</tbody>
</table>

Mission Endowment Acknowledgements

Grants and Awards (LiFe and RTA)
The Mission Endowment support was recognized in the following:
2016 Grants and Awards Program Brochure
2016 Grants and Awards Program Book

Long-term International Fellowship

First awarded in 2010, LiFe is a one-year fellowship opportunity for early career oncologists from developing countries to deepen their relationship with an existing mentor in the United States, Canada, or Europe.

Nasreen Yousef Amayri, MD, MS
Subgrouping medulloblastoma in low income countries using immunohistochemistry staining (and PCR) techniques.
Home Institution: King Hussein Cancer Center
Sponsoring Institution: The Hospital for Sick Children
Mentored By: Eric Bouffet, MD

Aylin Andresson Linna Perletta, MD, PhD
"Circulating tumor DNA as an early marker to monitor clinical benefit of regorafenib in patients with metastatic colorectal cancer"
Home Institution: Instituto do Cancer do Estado de São Paulo (ICESP), São Paulo University (USP)
Sponsoring Institution: The University of Texas MD Anderson Cancer Center
Mentored By: Scott Kopatz, MD

Shahang Wang, MD, MS
"A Phase I study of imatinib in combination with vinorelbine in previously treated NSCLC"
Home Institution: Beijing Cancer Hospital
Sponsoring Institution: Mayo Clinic, Minnesota
Mentored By: Alex Adjei, MD, PhD

SUPPORTED BY

AMGEN 55 YEARS
CONQUER CANCER FOUNDATION
Misson Endowment

Conquer Cancer Foundation
Grants & Awards Program Supporters

ADVANCED CLINICAL RESEARCH AWARD IN BREAST CANCER
Breast Cancer Research Foundation

CARRIER DEVELOPMENT AWARD
Advanced Cancer Cures Research Foundation
Amgen

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Elanco

Genentech

Janssen Scientific Affairs, LLC

Lilly

Michael’s Mission

Roche

Shire

ONCOLOGY TRAINEE TRAVEL AWARD
Amgen

Takeda Oncology

RESIDENT TRAVEL AWARD FOR UNDERREPRESENTED POPULATIONS
Amgen

Takeda Oncology

YOUNG INVESTIGATOR AWARD
Amgen

Astellas, Inc.

American Association for Cancer Research

American Society of Clinical Oncology

Amgen

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The John and Elizabeth Lemmer Family Foundation

Lilly

Lung Cancer Alliance

J. Edward McDonald Foundation

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Novartis Oncology

Sana K. Parson, MD and Walter Armstrong

Pfizer Oncology

The Rain Project - Adolescent and Young Adult Cancer Alliance

Aerono and Baro ston Session

Sina Foundation

Takeda Oncology

Triumph Cancer Foundation

The W.W. Foundation, Inc. (Gwaltney) and the Samuels Fund of the Quail Foundation of Communities Foundation of Texas
2016 Grants and Awards Ceremony Program Slides
2016 Grants and Awards Annual Meeting Walk-in Slides

2016 Grants and Awards Press Releases


NCI-ASCO Teams in Cancer Care Delivery Project
Mission Endowment support was cited in each article of the Journal of Oncology Practice. The Journal was published in November 2016 and in ASCO University’s Team-Based Care Course.

International Development and Education Award in Palliative Care (IDEA-PC)
CCF Mission Endowment support was acknowledged in the Grants and Awards program (as noted in the screenshots noted in the Grants and Awards section) and in the 2016 IDEA Final report (see Appendix A).

Journal of Global Oncology
CCF and Mission Endowment funding was acknowledged in press releases related to JGO. It was also included in each issue Table of Contents (see Appendix A).

Mission Endowment support is recognized on the JGO homepage ([http://jgo.ascopubs.org/](http://jgo.ascopubs.org/)) and also on the “Our Supporters” page of JGO.org: [http://jgo.ascopubs.org/site/misc/support.html](http://jgo.ascopubs.org/site/misc/support.html).
ASCO Health Policy Fellowship

The CCF Mission Endowment was recognized on the ASCO website in the information released about the two selected fellows (see link) and on the Health Policy Fellowship ASCO Page (see screenshot):


Health Policy Fellowship

Last year, ASCO launched a new Health Policy Fellowship program that aims to provide physicians with the necessary skills to shape cancer policy and help increase the involvement of ASCO members in policy, advocacy and grassroots activity. ASCO is actively recruiting oncologists in the early phase of their careers who have a keen interest in acquiring stronger health policy skills and have the leadership, drive, policy, or advocacy experience for this year-long program.

Key Dates and Deadlines

- October 19, 2016: Application Process Opened
- December 30, 2016: Applications Due
- January 31, 2017: Applicants Notified
- July 1, 2017 to July 1, 2018: Program Term

How to Apply

Applications must be submitted online using ASCO's Grants Portal. Paper applications or applications sent by e-mail will not be accepted.

Eligibility Requirements

Up to two Fellows will be selected for the 2017-2018 ASCO Health Policy Fellowship program. Applicants must meet the following criteria:
2016 Cancer Survivorship Symposium: Mission Endowment support is recognized on the Symposium website: [http://survivorsym.org/meeting-supporters](http://survivorsym.org/meeting-supporters)

**MEETING SUPPORTERS**

- **Silver Supporter**
  - Astellas

- **Bronze Supporter**
  - Celgene Corporation

- **General Supporters**
  - Conquer Cancer Foundation
  - Conquer Cancer Foundation Mission Endowment

**Animated JCO Figures Pilot Program:** The Mission Endowment banner appears on screen for the first 7-9 seconds of each video (see screenshot).
CCF Mission Endowment support is recognized on the

- PLD information webpage on ASCO University [http://university.asco.org/pld](http://university.asco.org/pld)
- PLD platform – see screenshots below
2016 Community-Based Research Staff Award for 2016 ASCO Research Community Forum
The CCF ME and the availability of this travel stipend for research staff were promoted through several venues that reached both ASCO members and non-members, including during the RCF Annual Meeting presentations, feature articles and other marketing efforts through ASCO corporate communications, and the RCF website. Variations of the statement in the orange box below were included in ASCO in Action, ASCO Cancer in the News, and ASCO Connection, among other mediums. The statement also appeared on postcards and email flyers that were mailed to ASCO members.

Cancer.Net/patientACCESS
Supplying Cancer.Net patient education materials to cancer centers and patient advocacy organizations. A letter was sent to each organization informing them that the ASCO patient education materials they received were donated through the Conquer Cancer Foundation. (Not ME-specific)

Cancer.Net promotional mailings to QOPI Certified practices and CancerLinQ Vanguard practices included a letter noting that the Cancer.Net and ASCO Answers resources they received were provided through funding from the Conquer Cancer Foundation of ASCO (www.conquer.org).

The new products catalog used for another promotional mailing included the CCF logo and text to recognize that ASCO’s patient education programs are supported by CCF.

2016 patientACCESS Program – The Mission Endowment emblem is shown at the bottom of the Cancer.Net page about patientACCESS, along with the words “Supported by the Conquer Cancer Foundation Mission Endowment” (see screenshot below)
http://www.cancer.net/research-and-advocacy/patientaccess
JOP Special Series Content
Mission Endowment recognition is noted in the Acknowledgement section of each article within the JOP Special Series (see Appendix A with electronic JOP Special Series)

eQOPI Pilot Project
CCF Mission Endowment recognition was noted during the recruitment efforts and upon closing and thanking the pilot practices involved.

- Acceptance into pilot email:

   Good Afternoon,

   Congratulations! As one of the first twenty practices to register your interest and intent to pilot test eQOPI, we are happy to inform you that we have selected your practice to pilot eQOPI in the beta phase with us this fall!
   As a selected beta phase pilot practice, you are eligible to receive an honorarium* to support this work. ASCO will pay the honorarium to your practice in December once you have completed the beta phase work.

   Please provide your W-9 to receive the honorarium or let us know if you would like to decline receipt.

   *Made possible by a Mission Endowment grant from the Conquer Cancer Foundation.

Thank you!

- Thank You Email:

   Dear eQOPI Pilot Participant,
   
   We are happy to inform you that we have mailed the $2500 honorarium check to your practice for your contributions to the eQOPI Pilot Project; you should receive it within 1-2 weeks. We truly appreciate your efforts towards this project, which will allow us to improve the QOPI program and prepare us for the future of quality measurement in oncology.

   Any further questions? Contact the QOPI help desk!

   Thank you and have a wonderful day.

   Quality Oncology Practice Initiative (QOPI®) Staff
   Clinical Affairs Department
   American Society of Clinical Oncology
   2118 Mill Road, Suite 800
   Alexandria, VA 22314
   Helpdesk: 573-483-1060
   
   asco.org • cancer.net • conquer.org • cancerlink.org
ASCO Medical Student Interest Groups

CCF Mission Endowment recognition is noted on the ASCO page for ASCO Medical Student Interest Groups (see screen shot).

ASCO-Sponsored Cancer Interest Groups

ASCO-Sponsored Cancer Interest Groups help to connect interested Medical Students with resources and information about careers in oncology.

Benefits of ASCO-Sponsored Cancer Interest Groups

- Start-up funds for your school’s cancer interest group
- A forum to network with other students interested in oncology
- Resources to help with career choices
- Assistance identifying mentors

The application for the 2016-2017 cycle is currently closed.

To learn more about the application process and its requirements, please reference the Request for Applications.

Currently, the program is only accepting applications from medical student interest groups.

Acceptance Process

Approval will be based on complete and timely submission of application materials. We can only accept one application per institution. Applications should be submitted by the Medical Student Interest Group President.

If you have any questions, please email ASCO Professional Development Staff.

ASCO-Sponsored Cancer Interest Groups are supported by the Conquer Cancer Foundation Mission Endowment.
APPENDIX A: Additional Mission Endowment
Acknowledgements

Including:

2016 IDEA Final Report

Journal of Global Oncology Table of Contents

Journal of Oncology Practice Special Series Copies
International Development and Education Award (IDEA) and IDEA in Palliative Care 2016 Report

International Development and Education Award

We would like to acknowledge the generous support of the following organizations:

Avon Foundation for Women
Bayer HealthCare Pharmaceuticals Inc.
Conquer Cancer Foundation
CRDF Global
National Cancer Institute
National Science Foundation
NF Nimah, MD
Takeda Oncology

The Conquer Cancer Foundation (CCF) was created by the world’s foremost cancer doctors of the American Society of Clinical Oncology to seek dramatic advances in the prevention, treatment and cures of all types of cancer. Toward the vision of a world free from the fear of cancer, CCF works to conquer this disease by funding breakthrough cancer research and sharing cutting-edge knowledge with patients and physicians worldwide, and by improving the quality of care and access to care, enhancing for the lives of all who are touched by cancer. For more information, visit www.conquer.org.
Table of Contents

Introduction ........................................................................................................................................... 2
IDEA Program Objectives ......................................................................................................................... 2
Measures of Success ................................................................................................................................. 2
Methodology ............................................................................................................................................. 3
Objective 1: Promote professional development of young oncologists................................................. 4
Objective 2: Disseminate knowledge learned .......................................................................................... 5
Objective 3: Create lasting relationships between award recipients and their mentors ...................... 6
Objective 4: Inform ASCO and its members about cancer care ................................................................. 7
Objective 5: Extend awareness of ASCO, its mission, and services ....................................................... 8
Objective 6: Integrate palliative care services into cancer care in LMCs................................................. 9
Other Outcomes of the IDEA Program .................................................................................................. 10
Ongoing Challenges ............................................................................................................................... 10
Summary and Conclusions .................................................................................................................... 11

Appendices:
Appendix 1: 2016 IDEA Recipients and Mentors .................................................................................. 12
Appendix 2: One-Month Survey Results ................................................................................................ 14
Appendix 3: One-Year Survey Results .................................................................................................... 21
Appendix 4: Five-Year Survey Results .................................................................................................... 27
Appendix 5: 2016 IDEA Mentor Survey Results .................................................................................... 35
Appendix 6: IDEA Applicant Data .......................................................................................................... 40
Introduction

With the support of the Conquer Cancer Foundation and its donors, the 2016 International Development Education Award (IDEA) and IDEA in Palliative Care (IDEA-PC) programs successfully supported twenty-two award recipients to attend the American Society of Clinical Oncology (ASCO) Annual Meeting and to learn from an experienced ASCO mentor of the same specialty or disease focus.\(^1\) The award recipients had the opportunity to meet with their mentor in person during the Annual Meeting held June 3\(^{rd}\) — June 7\(^{th}\) in Chicago, attend educational and professional development workshops at the Annual Meeting, and to spend three days at their mentor’s cancer institution immediately afterward (“the Extended Travel Award”). Recipients also received complimentary ASCO membership for three years.

IDEA and IDEA-PC Program Objectives

The IDEA and IDEA-PC programs were developed to support the following objectives:

1. Promote professional development of young oncologists from low-and-middle-income countries (LMCs)
2. Disseminate knowledge learned at Annual Meeting in the global oncology community
3. Create lasting relationships between award recipients and their mentors
4. Inform ASCO and its members about cancer care in LMCs
5. Extend awareness of ASCO, its mission, and services to LMCs
6. (IDEA-PC): integrate palliative care services into cancer care in LMCs

Measures of Success

To determine whether the IDEA and IDEA-PC programs have met the objectives, the following measures will be used:

- Self-reported awardee achievements
- Average number of people IDEA recipients disseminated information to
- Percent of recipients and mentors still in contact after one year
- Percent of mentors reporting learning about cancer care in low-and-middle-income countries
- Percent of recipients who renew ASCO membership

---

\(^1\) There was one additional IDEA recipient (studying in Egypt from Iraq) who was not able to acquire a U.S. visa. ASCO staff will work with him to hopefully attend an ASCO meeting in 2017 or 2018.
Methodology

In July 2016, ASCO sent surveys to the IDEA recipients and their mentors to gauge immediate feedback on the program. In addition, at the same time ASCO sent surveys to past IDEA recipients to gauge the medium and long term impact of the IDEA and IDEA-PC programs.

2016 IDEA Alumni One-Month Survey
The 22 2016 IDEA and IDEA-PC participants were emailed an online evaluation about their experience. 22 people took the survey, a response rate of 100%.

2016 IDEA Mentor Survey
The 22 2016 IDEA mentors were emailed an online evaluation about their experience. 21 people took the survey, a response rate of 95%.

2015 IDEA Alumni One-Year Survey
The 19 2015 IDEA participants were emailed an online evaluation about their experience and how the program impacted their individual careers. 16 people completed the survey, a response rate of 84%.

2011 IDEA Alumni Five-Year Survey
The 24 2011 IDEA and IDEA-PC participants were emailed an online evaluation about their experience and how the program impacted their individual careers. 19 people took the survey, a response rate of 79%.
Objective 1: Promote professional development of young oncologists in low-and-middle-income countries

The 2016 IDEA recipients participated in several events during Annual Meeting designed to promote the professional development of the younger oncologists, including the Conquer Cancer Foundation’s Grants and Awards Ceremony, the IDEA Networking Workshop, and the President’s Reception. IDEA recipients agree that receiving the award has a positive impact on their career up to five years later.

### One-Month Survey Results

- 13 respondents to the IDEA one-month follow-up survey said the most rewarding part of participating in the IDEA program was the opportunity to network with other oncologists.
- 77% of respondents reported the IDEA Networking Workshop was excellent.
  - “In my opinion, the possibility of making an important network is the most positive feature of the program.”
    - 2016 IDEA recipient

### One-Year Survey Results

- 56% of respondents to the one-year survey said the IDEA program had a significant impact on their current career position.
- Five respondents cited positive examples of IDEA program’s impact on their career position.
  - “Wining the IDEA award gave me the opportunity to interact with other international oncologists and also with my mentor; with my mentor’s help I submitted an abstract for 2016 ASCO being chosen as a poster presentation. I have been invited as speaker in the Peruvian Cancer Congress in July, which is the most important oncology event in my country.”
    - 2015 IDEA recipient

### Five-Year Survey Results

- 68% of respondents to the five-year alumni survey said the IDEA program had a significant impact on their current career position.
- “The IDEA program opened my eyes to the spectrum of oncology practice and the need for cancer control in Nigeria. The IDEA program has really helped shape my current career position.”
  - 2011 IDEA recipient
Objective 2: Disseminate knowledge learned at Annual Meeting in the global oncology community

The IDEA program provides an opportunity for award recipients to learn about ASCO’s mission, learn from scientific and educational sessions at Annual Meeting, and to learn best practices from their mentor and mentor’s institution. The IDEA Dissemination Workshop advises recipients on ways they can share what they learned with colleagues and peers.

<table>
<thead>
<tr>
<th>One-Month Survey Results</th>
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<tbody>
<tr>
<td>77% of 2016 survey respondents said the Dissemination Workshop was excellent.</td>
</tr>
<tr>
<td>All 22 participants created a dissemination plan during the workshop.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>One-Year Survey Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>The 2015 IDEA recipients reported directly disseminating information learned during the IDEA program to 80 people on average.</td>
</tr>
<tr>
<td>100% of respondents to the one-year survey reported talking with colleagues about what they learned at IDEA.</td>
</tr>
<tr>
<td>81% reported presenting at hospital rounds with the information learned in the past year.</td>
</tr>
<tr>
<td>50% of respondents gave lectures about what they learned during the IDEA program.</td>
</tr>
<tr>
<td>75% said they circulated ASCO materials.</td>
</tr>
<tr>
<td>94% said that they had been successful in implementing the activities they outlined in their IDEA Commitment Worksheet.</td>
</tr>
</tbody>
</table>
Objective 3: Create lasting relationships between award recipients and their mentors

Generally, communication between IDEA recipients and their mentors decreases as time passes since receiving the award. In some instances, communication stops because the recipient or mentor is too busy with other commitments. However, considering interaction between recipient and mentor takes place during one week at ASCO’s Annual Meeting, it is remarkable that half of recipients report remaining in contact with their mentor five years after receiving the award.

<table>
<thead>
<tr>
<th>One-Month Survey Results</th>
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<tbody>
<tr>
<td>100% of respondents to the 2016 recipient survey reported being in contact with their mentor before the Annual Meeting.</td>
</tr>
<tr>
<td>91% of respondents reported making a plan for continued communication with their IDEA mentor.</td>
</tr>
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<thead>
<tr>
<th>One-Year Survey Results</th>
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<tbody>
<tr>
<td>75% of respondents to the alumni survey reported they are still in contact with their IDEA mentor.</td>
</tr>
<tr>
<td>“We communicate regularly and he has been a great mentor and has encouraged me to ask things I don't understand in oncology and a potential for collaboration in clinical research.”</td>
</tr>
<tr>
<td>-2015 IDEA recipient</td>
</tr>
<tr>
<td>“I contact her for second opinions and for networking. We have a future program idea for international collaboration to start clinical research in my country. I had a month of training at breast cancer unit of Columbia University Hospital and she invited me to her house to meet the family and discuss about my career.”</td>
</tr>
<tr>
<td>-2015 IDEA recipient</td>
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<table>
<thead>
<tr>
<th>Five-Year Survey Results</th>
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<tbody>
<tr>
<td>50% of respondents to the five-year alumni survey reported they are in touch with their IDEA mentor.</td>
</tr>
<tr>
<td>“My mentor is very helpful to me. He gave me some help on my career, as well as decision making, sometimes.”</td>
</tr>
<tr>
<td>-2011 IDEA recipient</td>
</tr>
</tbody>
</table>
Objective 4: Inform ASCO and its members about cancer care in low-and-middle-income countries

Connecting oncologists from different parts of the world helps ASCO members better understand cancer care in low-and-middle-income countries. 78 ASCO members volunteered to be mentors for the IDEA program in 2016; 22 were selected to be mentors and learned from their mentee about cancer care in their country.

<table>
<thead>
<tr>
<th>One-Month Survey Results</th>
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<tbody>
<tr>
<td>37% of 2016 mentors said the greatest benefit of participating in the program was learning about cancer care in another country.</td>
</tr>
</tbody>
</table>

“[Mentee]’s enthusiasm to learn served as an inspiration for the younger residents and fellows in training in the US. She was also able to provide a perspective on cancer care in Romania, which was very helpful.”

-2016 IDEA mentor

<table>
<thead>
<tr>
<th>One-Year Results</th>
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<tbody>
<tr>
<td>50% of mentors from the 2015 IDEA program volunteered to be mentors for the IDEA program in 2016.</td>
</tr>
<tr>
<td>20% of 2015 mentors who volunteered were selected to be mentors for the 2016 IDEA program.</td>
</tr>
<tr>
<td>71% of mentors for the 2015 IDEA program volunteered for other ASCO International programs, including international educational courses, the International Cancer Corps, and the Virtual Mentors pilot program.</td>
</tr>
</tbody>
</table>
Objective 5: Extend awareness of ASCO, its mission, and services to low-and-middle-income countries

The IDEA program is also a chance for ASCO International to expand awareness of its brand and programs in low-and-middle-income countries. One year later, one-third of IDEA alumni attended Annual Meeting, and one-fifth participated in another ASCO International program. After five years, approximately two-fifths of IDEA alumni reported attending Annual Meeting at least once. Roughly half of alumni reported maintaining their ASCO membership.

<table>
<thead>
<tr>
<th>One-Month Survey Results</th>
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<tbody>
<tr>
<td>45% of 2016 recipients learned about the IDEA program from a previous recipient.</td>
</tr>
<tr>
<td>Last year, 40% of IDEA recipients were referred by a previous recipient.</td>
</tr>
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</table>

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<thead>
<tr>
<th>One-Year Survey Results</th>
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<tbody>
<tr>
<td>19% of respondents to the alumni survey said they have applied for another program offered by ASCO or CCF. However, the majority of respondents said they do not have time or do not qualify to apply for a grant currently.</td>
</tr>
<tr>
<td>44% of respondents submitted an abstract for the 2016 ASCO Annual Meeting. 31% of respondents attended the 2016 ASCO Meeting.</td>
</tr>
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<tr>
<th>Five-Year Survey Results</th>
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</thead>
<tbody>
<tr>
<td>11% of respondents applied for another program offered by ASCO or CCF. One applied for a LIFe fellowship, and one applied to host Cancer Control in Primary Care and Multidisciplinary Cancer Management courses.</td>
</tr>
<tr>
<td>37% of respondents reported submitting an abstract at least once for Annual Meeting. An equal number have attended at least one ASCO Annual Meeting since 2011.</td>
</tr>
<tr>
<td>47% of respondents reported renewing their ASCO membership after the free membership expired.</td>
</tr>
</tbody>
</table>
Objective 6: Integrate palliative care services into cancer care in low-and-middle-income countries

IDEA-PC award recipients participate in the same activities as the other IDEA recipients; however, their mentors specialize in palliative and/or supportive care services. After participating in the IDEA-PC program, recipients should be prepared to incorporate palliative care activities into their work.

Note: IDEA-PC awards were not offered in 2015 due to lack of funding. 4 IDEA-PC awards were given in 2011.

<table>
<thead>
<tr>
<th>Five-Year Survey Results</th>
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<tbody>
<tr>
<td>Each of the 4 2011 IDEA-PC recipients responded to the 5-year follow-up survey. 100% said that they have integrated palliative care into their practice since participating in the IDEA-PC program.</td>
</tr>
</tbody>
</table>

“We have started separate Palliative care ward within our cancer hospital. All the doctors, para medical staffs are well trained in palliative care. We have also started certificate course in palliative care in the hospital for the para medical staffs working in the hospital and other hospital across Nepal. We have also started home care services from the hospital. As all the staffs are well trained in palliative care we are practicing standard palliative care for our palliative patients.”

-2011 IDEA-PC recipient

“Since winning the award, I have started a pediatric palliative care program, the first in Nepal. I have also started first pediatric hospice and palliative care service with 5 beds, along with adult palliative care at B P Koirala Memorial Hospital. I’ve worked as a central executive member of the Nepalese Palliative Care Association (NAPCare) for the last 3 years. I also work as a resources person trainer for National Training Centre of Nepal (training on palliative care twice a year). I’ve had active involvement in the formulation of a national pain management guideline. I am an expert member of National Palliative Care strategy planning (NAPCare, MOH, WHO). Finally, I am a 2016 team member of hospice and palliative care ,BPKMCH.”

-2011 IDEA-PC recipient
Other Outcomes of the IDEA Program

After conducting the IDEA alumni surveys, it became apparent IDEA recipients benefit from other positive outcomes from participating in the IDEA program.

- **Forming relationships with other IDEA award winners**: One year after receiving the IDEA award, 94% of survey respondents were in touch with fellow IDEA recipients. Five years after receiving the award, 83% of respondents reported being in touch with other recipients. Even if some recipients eventually lose contact with their mentors, they are more likely to keep in touch with peers.

- **Mentoring others at their own institution**: Five years after receiving the IDEA award, 56% of respondents said they have mentored someone else since receiving the award. IDEA participants may gain the skills or motivation to foster new mentorship relationships as a result of participating in the program.

- **Care to patients**: One year after receiving the IDEA award, 75% of respondents said that the program had a significant impact on the care they provide to patients. 79% of respondents to the five year survey said that the program had a significant impact on the care they provide to patients. No respondents to either survey said that the program had no impact on the care they provide to patients. While the IDEA award may have somewhat less impact on recipients’ career position, it provides a benefit to patients in LMICs.

Ongoing Challenges

- One of the 2016 IDEA award recipients was not able to attend ASCO’s Annual Meeting in Chicago due to a visa problem. ASCO staff notifies recipients of winning the award as soon as possible so they can apply for a visa in time. However ASCO cannot control the distribution of visas. It is unfortunate when recipients cannot meet their mentor in person as this is the foundation of the IDEA program. When a recipient is unable to attend, ASCO makes every effort to arrange for the recipient to attend the next year’s Annual Meeting, or to attend another ASCO meeting.

- As in previous years, both IDEA recipients and mentors report that the ETA should be longer. Unfortunately, extending the length of the visit is not possible due to lack of funding.

- Assessing the impact of IDEA-PC awards on integrating palliative care services into cancer care in low-and-middle-income countries is difficult due to the small number of awards granted, even with a 100 percent response rate among the four 2011 IDEA-PC recipients. However, all of the participants said that they had integrated palliative care into their work since winning the IDEA-PC.
Summary and Conclusions

Promote professional development
Based on self-reported awardee achievements, participating in the IDEA program has a positive impact on IDEA recipients’ careers. More alumni perceive the award to have significantly affected their career five years later than the alumni surveyed one year later. Additionally, both groups of IDEA recipients provide positive anecdotal evidence of the award’s effect on their oncology career and practice.

Disseminate knowledge learned
One hundred percent of respondents to the 2015 alumni survey report sharing what they learned during the program to their colleagues, indicating the program is a successful method of disseminating information about ASCO’s Annual Meeting and oncology best practices to the global oncology community. One year after receiving the award, recipients report presenting information they learned to 80 people on average.

Create lasting relationships
The majority of IDEA recipients form strong, lasting relationships with their mentors. One year later, three-fourths of IDEA recipients remain in contact with their mentor. Recipients report asking their mentors for help with difficult cases, applying for grants and awards, and planning joint research projects. Several recipients also say that their mentor visited their own institution, sometimes as part of a conference being hosted at the mentee’s institution. After five years, 50 percent of IDEA recipients who completed the survey said they are still in touch with their mentors.

Inform ASCO and its members about cancer care in low-and-middle-income countries
Roughly 40 percent of mentors for the 2016 IDEA recipients reported the greatest benefit of participating in the IDEA program was learning about cancer care in another country; all but one respondent said they would be willing to serve as an IDEA mentor again. Some IDEA mentors are interested in participating in other ASCO International programs after serving as a mentor. Half of 2015 mentors volunteered to be an IDEA mentor again; one-fifth participated in another international program such as an international educational course or the International Cancer Corps.

Extend awareness of ASCO, its mission, and services to low-and-middle-income countries
Five years later, 47 percent of respondents to the alumni survey report renewing their ASCO membership after the complimentary ASCO membership expired. Respondents cite the high membership fee as a reason for not renewing their membership. In addition, 37% of respondents said that they had submitted an abstract to or attended an ASCO Annual Meeting in the five years since winning an IDEA or IDEA-PC award (37 percent).
## Appendix 1: 2016 IDEA Recipients and Mentors

<table>
<thead>
<tr>
<th>IDEA Recipients</th>
<th>Mentor &amp; Co-Mentor</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yusuf Adetomiwa Adelabu, MBBS</td>
<td>Pamela Harris, MD</td>
<td>CTEP, National Cancer Institute Chicago, IL</td>
</tr>
<tr>
<td>Lagos University Teaching Hospital (Nigeria)</td>
<td>Susan Percy Ivy, MD</td>
<td></td>
</tr>
<tr>
<td>Jalil Salih Ali, MBChB</td>
<td>Eric Donnelly, MD</td>
<td>Northwestern University Chicago, IL</td>
</tr>
<tr>
<td>Zhianawa Cancer Center (Iraq)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Juliano Ce Coelho, MD</td>
<td>Prakash Neupane, MD</td>
<td>The University of Kansas Medical Center Kansas City, KS</td>
</tr>
<tr>
<td>Hospital de Clínicas de Porto Alegre (Brazil)</td>
<td>Takefumi Komiya, MD, PhD</td>
<td></td>
</tr>
<tr>
<td>Fabio de Figueirêdo Chaves, MD</td>
<td>Glen Weiss, MD, MBA</td>
<td>Western Regional Medical Ctr at CTCA Goodyear, AZ</td>
</tr>
<tr>
<td>Cancer Institute of Ceará (Brazil)</td>
<td>Jordan Waypa</td>
<td></td>
</tr>
<tr>
<td>Jayson L. Co, MD</td>
<td>Jay Dorsey, MD, PhD</td>
<td>University of Pennsylvania Philadelphia, PA</td>
</tr>
<tr>
<td>Univ of Santo Tomas Hosp (Philippines)</td>
<td>Joshua Jones, MD</td>
<td></td>
</tr>
<tr>
<td>Andrea Craciunescu, MD</td>
<td>Sanjay Jain, MD, PhD</td>
<td>Morehouse School of Medicine Stone Mountain, GA</td>
</tr>
<tr>
<td>Ion Chiricuta Oncology Institute (Romania)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chris Tania Echeveste, MD, PhD</td>
<td>Don Dizon, MD</td>
<td>Mass General Hospital Cancer Center Boston, MA</td>
</tr>
<tr>
<td>Hospital General de Mexico (Mexico)</td>
<td>Rachel M. Clark, MD</td>
<td></td>
</tr>
<tr>
<td>Oladapo Adedayo Kolawole, MBBS</td>
<td>Peter Kingham, MD</td>
<td>Memorial Sloan Kettering Cancer Center New York, NY</td>
</tr>
<tr>
<td>Ladoke Akintola Univ of Tech (Nigeria)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dorothy Chilambe Lomba, MD</td>
<td>Mary Gospodarowicz, MD, FRCPC</td>
<td>Princess Margaret Cancer Center Toronto, ON, Canada</td>
</tr>
<tr>
<td>Stellenbosch University (South Africa)</td>
<td>Peter Chung, MBChB, FRCR</td>
<td></td>
</tr>
<tr>
<td>Manuel Caitano Maia, MD</td>
<td>Sumanta Pal, MD</td>
<td>City of Hope Duarte, CA</td>
</tr>
<tr>
<td>Instituto do Cancer do Estado de Sao Paulo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jesse Elungat Opakas, MBBS, MD</td>
<td>Heyoung McBride, MD, MS</td>
<td>Lovelace Health System Albuquerque, NM</td>
</tr>
<tr>
<td>AMPATH Moi Teaching &amp; Refri Hosp (Kenya)</td>
<td>Malcolm Purdy, MD</td>
<td></td>
</tr>
<tr>
<td>Fernando Perez Jacobo, MD</td>
<td>Julio Hajdenberg, MD</td>
<td>UF Health Ctr at Orlando Health Orlando, FL</td>
</tr>
<tr>
<td>Hospital Central Norte Pemex (Mexico)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raja Pramanik, MD</td>
<td>Gayatri Nimmagadda, MD</td>
<td>Baltimore Washington Medical Center Glenburnie, MD</td>
</tr>
<tr>
<td>Dr BRA Inst Rotary Ctr Hosp, AIIMS (India)</td>
<td>Russell DeLuca, MD, FACP</td>
<td></td>
</tr>
<tr>
<td>Susmita Sharma, MBBS, MD</td>
<td>John Sweetenham, MD, FRCP, FACP</td>
<td>Huntsman Cancer Institute, Univ of Utah Salt Lake City, UT</td>
</tr>
<tr>
<td>Bir Hospital, NAMS (Nepal)</td>
<td>Deborah Stephens, DO</td>
<td></td>
</tr>
<tr>
<td>Kul Ranjan Singh, MBBS, MS, MCh</td>
<td>Anees Chagpar, MD, MSc, MPH, MBA</td>
<td>Yale University New Haven, CT</td>
</tr>
<tr>
<td>King George’s Medical University (India)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mohammed A. Suwaid, MBChB, MD</td>
<td>Shakun Malik, MD</td>
<td>National Cancer Institute Bethesda, MD</td>
</tr>
<tr>
<td>Al Anbar Oncology Center (Iraq)</td>
<td>Anish Thomas, MD</td>
<td></td>
</tr>
<tr>
<td>Narmin Taliibova, MD</td>
<td>Richard Goldberg, MD</td>
<td>The James Ohio State University Cancer Center Columbus, OH</td>
</tr>
<tr>
<td>National Oncology Center (Azerbaijan)</td>
<td>Yvonne Efebera, MD</td>
<td></td>
</tr>
<tr>
<td>Andre Jerome Williams, MBBS, DM</td>
<td>Saroj Niraula, MBBS, MD</td>
<td>CancerCare Manitoba and Univ of Manitoba, Winnipeg, MB, Canada</td>
</tr>
<tr>
<td>Cornwall Regional Hospital (Jamaica)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uday Yanamandra, MBBS, MD</td>
<td>Amrita Krishnan, MD</td>
<td>City of Hope Duarte, CA</td>
</tr>
<tr>
<td>PGIMER (India)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Davit Zhorabyan, MD</td>
<td>Lidia Schapira, MD</td>
<td>Mass General Hospital Cancer Center Boston, MA</td>
</tr>
<tr>
<td>Yerevan State Medical University (Armenia)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IDEA-PC Recipients</td>
<td>Mentor &amp; Co-Mentor</td>
<td>Institution</td>
</tr>
<tr>
<td>--------------------</td>
<td>--------------------</td>
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</tr>
<tr>
<td>Pham Tuan Anh, MD</td>
<td>Janet Abraham, MD</td>
<td>Dana Farber Cancer Institute Boston, MA</td>
</tr>
<tr>
<td>National Cancer Hospital of Viet Nam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sandhya Chapagain Acharya, MD</td>
<td>Arif Kamal, MD, MHS</td>
<td>Duke Cancer Institute Durham, NC</td>
</tr>
<tr>
<td>NAMS, Bir Hospital (Nepal)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ali Alkan, MD</td>
<td>Thomas Smith, MD, FACP, FASCO, FAAHPM Ilene Browner</td>
<td>Johns Hopkins Hospital Baltimore, MD</td>
</tr>
<tr>
<td>Ankara Univ School of Medicine (Turkey)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Recipient was not able to participate in 2016 IDEA program.
Appendix 2: One-Month Survey Results

One month after the 2016 IDEA program, the 22 participants were asked to complete an evaluation of their experience and how it has impacted their individual careers since then.

1. Name
22 responses

2. How did you hear about the IDEA Program?

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>From a former IDEA recipient</td>
<td>45.5%</td>
<td>10</td>
</tr>
<tr>
<td>Email from ASCO</td>
<td>22.7%</td>
<td>5</td>
</tr>
<tr>
<td>ASCO website</td>
<td>18.2%</td>
<td>4</td>
</tr>
<tr>
<td>From your institution</td>
<td>9.1%</td>
<td>2</td>
</tr>
<tr>
<td>Postcard from ASCO</td>
<td>4.5%</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
<td>0</td>
</tr>
</tbody>
</table>

3. Did you receive the necessary information regarding your IDEA program participation in a timely manner, including receipt of the award and your schedule of activities?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>100%</td>
<td>22</td>
</tr>
<tr>
<td>No</td>
<td>0%</td>
<td>0</td>
</tr>
</tbody>
</table>

Comments:
- Excellent support from Vanessa, Sarah and Team
- Everything came in a timely manner, some even came earlier in some instances.

4. Please provide comments about the frequency of emails from ASCO, and the level of detail that was provided in each communication (e.g., did you receive sufficient information in the emails, did you hear from ASCO often enough, etc.).

- Yes
- Emails were timely and informative
- I am extremely pleased with how inclusive the ASCO organization is, especially considering the large size of the membership. In particular the IDEA team made me feel like family. I will never forget this experience.
- I had all the information I needed about the meetings as well as every answer to my travel arrangements and my visit to the Mass General
- The email communications were very clear, appropriately timed and adequate in frequency. Information dissemination was as lucid as it could be. Really impressed.
- I received all the information I needed. The communications were great and always in short time.
- Yes, ASCO keeps me posted frequently.
- The emails from ASCO’s Vanessa Sarchet were all timely, not far from each other, and were usually very explicit. I indeed heard from ASCO often enough. All the information received in the emails were often sufficient.
Yes, the frequency and details provided were marvelous and was precise and concrete. 
ASCOT team is working actually very very perfect. Every time receiving letter from ASCO we find news about future events, about latest scientific news, researches. So, they keep us in tonus to be part of big oncology community.
The emails were always very well written and also with sufficient information. My questions were answered in good time.
I received sufficient information in a timely manner from e-mails about ASCO, the annual meeting and IDEA activities, so yes, I did hear from ASCO often enough.
"The frequency of emails: (a) Preconference: it was once every 2-3 days with all the required details. (b) Post-conference: once in 15-20 days. The level of details: As an IDEA recipient, It was adequate with all the necessary details available. It contained starting from how we should attend the conference, to itinerary details, to the schedule and to every finer detail possible/preempted. I really thank the IDEA support staff for the kind of guidance and support provided."
The information provided was timely and very helpful. It was sufficient to guide us throughout the IDEA program, ASCO annual meeting and also the ETA.
Sufficient communication though I have had a couple of emails unanswered after the meeting.
The frequency of the email was almost on time and contained sufficient information. Maybe even too detailed at times.
The emails from ASCO provide comprehensive information on the grants and other activities of ASCO. The daily mails in the morning and evening are adequate frequency.
I received sufficient information in the emails.
Frequency of mails from ASCO is enough and informative.
The information provided by ASCO emails are the best, the frequency and the level of information are very good and the programs provided by ASCO also.
Yes, since I am a member of ASCO, I am receiving email every days about updated studies.
I have frequently received email from tomorrow ASCO consisting of meeting information.

<table>
<thead>
<tr>
<th>5. Did you and your mentor communicate prior to your arrival in the United States?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>No</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Did you find having a mentor helpful?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>No</strong></td>
</tr>
</tbody>
</table>
7. How would you rate your experience with your mentor?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>81.8%</td>
<td>18</td>
</tr>
<tr>
<td>Good</td>
<td>18.2%</td>
<td>4</td>
</tr>
<tr>
<td>Fair</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Poor</td>
<td>0.0%</td>
<td>0</td>
</tr>
</tbody>
</table>

8. Please provide comments on the mentorship component of the IDEA program.

- ETA was too short (4)
- Let me understand cancer care in the USA/Canada (3)
- Mentorship will help improve cancer care in home country (3)
- An Innovative and extremely useful initiative.
- Unfortunately i did not get to do my ETA but i met with my mentor and that was amazing.
- My mentor is really a great person and has been very helpful to me. The only thing I would suggest is sharing the IDEA recipient’s schedule to mentors in advance, so all of them could attend the IDEA events. It seems that my mentor was not aware about some IDEA events soon enough in order to be present.
- I really appreciate the mentorship component of the IDEA program because it helped me get a one-on-one feel of the program, especially the ETA. The guidance through the ETA and very meaningful discussions on the way forward were, and indeed, are very helpful. It feels great to have someone to guide me through as I progress in my career.
- It is a major component of the program and share her excellence of the IDEA program. This will further help award recipient to guide their career and develop life time values.
- I think my mentor was/is the best mentor in IDEA... She gave me much time than I could expected from this program. It is big feelings that now I have supporter, adviser who stand in my back and will help and give valuable advices to rise in my career, to realize my and our team’s plans, dreams to develop oncology in Armenia. It's huge stimulus to move forward... She gave feelings that we do not alone in our hard, difficult future... She is amazing!!! It will be good to add in IDEA program also the visit of mentor to IDEA recipients' institution after the IDEA program in the coming year, like a ETA for mentor. It will give more tight relationship between institutions and will more helpful to develop global oncology. In that case mentor will get acquainted with local problems, possibilities and the cooperation will be more effective and productive. "
- A thorough clinician with a professional outlook, a good teacher. She a nice
human being and a thorough gentle woman.

- I really feel the mentors need to fulfil their obligation when they volunteer for this position
- Greatly useful. Also provides a means for further networking.
- Very good.
- My mentor really was very friendly and eager to teach me. I can say he is beyond my expectation. I hope that I have chance to meet him again.
- I think that I am lucky with my mentor. This mentorship programed will help me in my career. But I think it would be better if ETA was before ASCO meeting. Because I was really tired after ASCO and couldn't focus all my attention on visits.

9. Did you and your mentor make a plan for continued communication?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>90.9%</td>
<td>9.1%</td>
</tr>
</tbody>
</table>

10. How would you rate your experience at the tour of Northwestern University on Thursday, 2 June?

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>45.5%</td>
<td>45.5%</td>
<td>9.1%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Comments:

- It was the real difference between perfect World cor cancer and the reality of low income countries
- The lectures and discussions with the "leaders" in oncology were very educative. The entire tour gave me the real feeling of what a comprehensive cancer center really is.
- Great tour, amazed at how patient-friendly the facilities are
- It was more like an institutional advertisement rather than a professional visit, where most of the time they were trumpeting the features of the institute & less of any exposure.
- The tour of the Northwestern gave us an idea of what is the composition and how a comprehensive cancer center looks. It also serves as an inspiration and model where to aspire that hopefully we can establish the same in our own country.
- The sessions should be revised, some of them were specific and more focused on a specific subject. For example session with psychologist
- It was first time for me to have a tour in one of the big hospital with most of the advanced facilities. they have many services that made them IDEAL
11. How would you rate your experience at the IDEA Networking Event on Friday evening?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>77.3%</td>
<td>17</td>
</tr>
<tr>
<td>Good</td>
<td>22.7%</td>
<td>5</td>
</tr>
<tr>
<td>Fair</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Poor</td>
<td>0%</td>
<td>0</td>
</tr>
</tbody>
</table>

Comments:
- Did not attend.
- It was a nice evening where we could meet the others IDEA recipients and get closer to each other.
- It was a great time meeting and familiarizing myself with other recipients and their mentors. The cocktail was a very nice one to discuss over as well.
- It was an enormous opportunity to connect with the learned people from around the globe and learn and share experiences with such an intellectual crowd is a huge opportunity. I thank ASCO/IDEA for providing such a great opportunity.
- Great opportunity to meet the mentors (not only mine) and past IDEA recipients.
- Could interact with the giants in the field.
- The networking event gave me the opportunity to interact with former IDEA recipients. Their advice was valuable in planning for my career development in the future.
- The first time I have met my mentor in IDEA networking event. It was very exciting.

12. How would you rate your experience at the Grants & Awards Ceremony on Sunday?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>90.9%</td>
<td>20</td>
</tr>
<tr>
<td>Good</td>
<td>9.1%</td>
<td>2</td>
</tr>
<tr>
<td>Fair</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Poor</td>
<td>0%</td>
<td>0</td>
</tr>
</tbody>
</table>

Comments:
- I felt so important and that as the only Gynecologist oncologist awardee I was able to change history in Conquer cancer Foundation.
- It was a pleasure to share the room with the CCF directors and the others award recipients.
- The organization was really great. All the activities went well and were brief enough to keep us well focused.
- One of the best experiences of my life.
- The grants & awards ceremony is the greatest moment of the meeting.
- A lifetime experience.
- It was an overwhelming experience to be in the presence of high ranking officers of ASCO, CCF and other leading young minds in oncology.
- The most exciting part of IDEA. It was fascinating to participate in this event.
and receive award plaque

### 13. How would you rate your experience at the IDEA Dissemination Workshop on Tuesday?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
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<td>Excellent</td>
<td>77.3%</td>
<td>17</td>
</tr>
<tr>
<td>Good</td>
<td>22.7%</td>
<td>5</td>
</tr>
<tr>
<td>Fair</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Poor</td>
<td>0%</td>
<td>0</td>
</tr>
</tbody>
</table>

**Comments:**
- Did not attend.
- I have no words to say how lucky We were of meeting Dr Gilberto Lopes.
- We had time to relay our feelings about the entire award and the annual meeting, share thoughts and further networking plans as well.
- Could share the views with the group.
- The timing was bit inappropriate with most of the recipients’ flights to ETA being a few hours later on the same day. It would be better if the workshop was held a day earlier.
- Although I was not able to finish all of the program because of my early flight out from Chicago. The forms given were valuable in keeping and summing up my plans after the IDEA program. It gives me a concrete idea on how I can scale up and increase the reach of the IDEA program.
- I heard many suggestion from my colleagues from IDEA, that enable me to think more globally in my future career.

### 14. What were the most positive aspects of the IDEA program?

- Networking (14)
- Attending ASCO meeting (8)
- Mentoring component (7)
- Well designed. Encouraging. Very Interactive.
- Its precious effects on our career

### 15. What areas do you feel could be improved?

- Longer ETA (9)
- Nothing (5)
- I think recipients should be able to make a presentation about oncology care in their countries and expose this presentation to the others, so everyone would get to know how each represented country’s reality is.
- Probably, if there can be an additional ticketed MTP session for recipients.
- 1. Need to have regular follow up and meeting of the past award recipient.
   2. In Nepal we have recently have IDEA awardee reunion on the leadership of ASCO Mentor Dr. Prakash Neupane. It was very fruitful and have come up with several ideas to work further."
• Information about the closing times of the venue on the last day and time till the luggage counters will be open and also some information about shuttles to airport will also be very helpful to participants who are new.
• The latest information on cancer care.
• More organized meetings with the participants.
• My level of knowledge from exposing to hundreds of new studies released in ASCO. And also I got experiences how to treat gynecological cancer by Brachytherapy. Last but the least, encouraged me to think about starting a multidisciplinary team to treat cancer patients in the best way.

<table>
<thead>
<tr>
<th>15. Were funds enough for your meals and ground transportation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>
Appendix 3: One-Year Survey Results

One year following the conclusion of the 2015 IDEA program, the 19 recipients were asked to complete an evaluation of their experience and how it has impacted their individual careers since then.

1. Name
   16 responses

2. How would you rate your overall experience at the 2015 ASCO Annual Meeting?

<table>
<thead>
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<th>Rating</th>
<th>Percentage</th>
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</tr>
</thead>
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<tr>
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<td>2</td>
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<tr>
<td>Fair</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Poor</td>
<td>0.0%</td>
<td>0</td>
</tr>
</tbody>
</table>

3. Did you acquire any new skills due to your participation in the 2015 Annual Meeting? (check all that apply)

<table>
<thead>
<tr>
<th>Skill</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Science/Research</td>
<td>75.0%</td>
<td>12</td>
</tr>
<tr>
<td>Clinical Practice</td>
<td>87.5%</td>
<td>14</td>
</tr>
<tr>
<td>Patient and Survivor Care</td>
<td>37.5%</td>
<td>6</td>
</tr>
<tr>
<td>Practice Management</td>
<td>50.0%</td>
<td>8</td>
</tr>
<tr>
<td>Ethics</td>
<td>25.0%</td>
<td>4</td>
</tr>
<tr>
<td>Cancer Prevention</td>
<td>25.0%</td>
<td>4</td>
</tr>
<tr>
<td>Guidelines</td>
<td>75.0%</td>
<td>12</td>
</tr>
<tr>
<td>Other (please describe):</td>
<td>12.5%</td>
<td>2</td>
</tr>
<tr>
<td>• Palliative care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Communication with my mentor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Have you been successful in implementing the activities you outlined in your IDEA Commitment Worksheet?

<table>
<thead>
<tr>
<th>Success</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>93.8%</td>
<td>15</td>
</tr>
<tr>
<td>No</td>
<td>6.3%</td>
<td>1</td>
</tr>
</tbody>
</table>

Comments:

- Almost of them
- I went for training abroad for most part of the past year and have just come back home.
- Introduced two colleagues who won IDEA 2016
- Not in total but almost. I had committed to three actions of which i completed the institutional grand rounds and the workshop for residents. The third commitment regarding the article i had submitted to the JGO and after review has been returned to me. I have since incorporated the suggestions and is under review at a different journal. I also helped guide a colleague from a different institute (Dr. Uday Yanamendra) in his application process. Of the other targets in the worksheet i have been successful in conducting interdepartmental discussions, district level lectures. I also have along with my colleagues created SOP for most of the functionings in our unit. Pain management policy i need to work more on - this year.
- Yes and no the situation in Iraq is not good
- PARTIALLY YES
I have submitted an abstract this 2016 ASCO annual meeting, but I do not applied for the LIFE fellowship. I keep in touch with my mentor.

5. In what ways did you disseminate the information you learned during the IDEA program? (check all that apply)

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talked to colleagues</td>
<td>100.0%</td>
<td>16</td>
</tr>
<tr>
<td>Presented at hospital rounds</td>
<td>81.3%</td>
<td>13</td>
</tr>
<tr>
<td>Gave lectures</td>
<td>50.0%</td>
<td>8</td>
</tr>
<tr>
<td>Circulated ASCO materials</td>
<td>75.0%</td>
<td>12</td>
</tr>
<tr>
<td>Wrote articles</td>
<td>25.0%</td>
<td>4</td>
</tr>
<tr>
<td>Other (please describe):</td>
<td>37.5%</td>
<td>6</td>
</tr>
</tbody>
</table>

- social media, congresses,
- SOME PUBLICITY DURING ASCO MCMC HELD IN APRIL THIS YEAR
- emails and calls to other colleagues in oncological field
- At tumour board meetings
- 1. Newspaper clipping 2. Radio interview
- I strongly encouraged two of my colleagues who were interested to apply to IDEA one of them now is 2016 IDEA winner his name is Dr. Jalil salih

6. Approximately how many people did you directly disseminate the information to?

- 70
- 50
- 100
- 100
- 65
- 500
- 20
- 13
- 70
- 50
- 20
- 40
- 100
- 25
- 30
- 20
7. What type of information did you share? (check all that apply)

<table>
<thead>
<tr>
<th>Information Type</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Science/Research</td>
<td>68.8%</td>
<td>11</td>
</tr>
<tr>
<td>Patient Management</td>
<td>68.8%</td>
<td>11</td>
</tr>
<tr>
<td>Clinical Guidelines</td>
<td>50.0%</td>
<td>8</td>
</tr>
<tr>
<td>ASCO Information</td>
<td>93.8%</td>
<td>15</td>
</tr>
<tr>
<td>Cultural/Travel Information</td>
<td>50.0%</td>
<td>8</td>
</tr>
<tr>
<td>Information about your mentor</td>
<td>62.5%</td>
<td>10</td>
</tr>
<tr>
<td>Other (please describe):</td>
<td>18.8%</td>
<td>3</td>
</tr>
</tbody>
</table>

- collaboration possibility for clinical research
- IDEA information
- Information about CCF

8. How much impact did the 2015 IDEA program have on your current career position?

<table>
<thead>
<tr>
<th>Impact Level</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant impact</td>
<td>56.3%</td>
<td>9</td>
</tr>
<tr>
<td>Some impact</td>
<td>37.5%</td>
<td>6</td>
</tr>
<tr>
<td>No impact</td>
<td>6.3%</td>
<td>1</td>
</tr>
</tbody>
</table>

- Unfortunately, this wonderful experience did not impact my current career position because in my country we have the same career steps regardless of what we achieve, but it totally changed my path and widely enriched my CV.
- I have a different view of oncology practise than previously. I feel I am a better clinician.
- The exposure was important in fostering my intereset in research. We presented an abstract in ASH for the first time from our centre since the department began in 2007 (https://ash.confex.com/ash/2015/webprogram/Paper83030.html). Also I was able to collaborate and be part of an inter-institutional (with Mass General- my ETA destination) project which we presented as an abstract this ASH (https://ash.confex.com/ash/2015/webprogram/Paper86562.html).
- Relationship with my mentor has good impact on my clinical practice. Meeting all those pioneers encouraged me to become pioneer in my country for cancer being injected with the idea to conduct clinical trials in my center.
- Winning the IDEA award gave me the opportunity to interact with other international oncologists and also with my mentor, with my mentor’s help I submitted an abstract for 2016 ASCO being choosen as a poster presentation. I have been invited as speaker in the Peruvian Cancer Congress in July, which is the most important oncology event in my country.
- I have a lot of new projects going on and contacts to develop them. I’m also the the chief resident in my hospital.

9. How much impact has the 3-year complimentary ASCO membership had on your current career position?

<table>
<thead>
<tr>
<th>Impact Level</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant impact</td>
<td>93.8%</td>
<td>15</td>
</tr>
<tr>
<td>Some impact</td>
<td>6.3%</td>
<td>1</td>
</tr>
<tr>
<td>No impact</td>
<td>0%</td>
<td>0</td>
</tr>
</tbody>
</table>

- for me and for all my colleagues, I share the JCO with them.
- I am very well updated with a monthly journal magazine.
- on a daily basis, I read the ASCO emails and practice the information provided. Personally, I can’t pay for the membership because my monthly pay check currently is 4700 USD.
- Absolutely significant, because I could use my JCO subscription for searching articles as a reference for cited my research projects and sponsor my own abstracts and of my colleagues, also with the money that I saved of my annual fee I paid my diploma in immunology.
- Having access to JCO and other material is great to teach.

<table>
<thead>
<tr>
<th>10. How much impact did the 2015 IDEA program have on the care you provide to your patients?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant impact</td>
</tr>
<tr>
<td>Some impact</td>
</tr>
<tr>
<td>No impact</td>
</tr>
</tbody>
</table>

- Care more about distress and psychological support in cancer patients.
- Evidence Based medicine- The program most changed my outlook in this aspect; and I am confident the patients are reaping the benefit.
- IDEA provided an excellent mentor for me she was breast oncologist. This encouraged me to become women oncologist because women suffer from cancer in my community there is oncologist in Iraq to give all their time for women. meeting my mentor convinced me that it’s possible to work on one or two type of cancer and be successful.
- I have learned a lot about the patient management in the session with the professor and the plenary and of course with the experience in the cancer institute that I visited in Orlando either in and out-patients, all this knowledge I am using for the treatment of my patients.
- Networking connections friends and future and ongoing projects.

<table>
<thead>
<tr>
<th>11. Did you submit an abstract for the 2016 ASCO Annual Meeting?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. Did you attend the 2016 ASCO Annual Meeting?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. Since receiving the IDEA award, have you applied for any other grants or awards from the Conquer Cancer Foundation of ASCO (YIA, CDA, Merit Award, Life, etc.)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. Why have you not applied for any other grants or awards?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not eligible (4)</td>
</tr>
<tr>
<td>Lack of time (3)</td>
</tr>
<tr>
<td>I planned to apply for the YIA or CDA but I could not. They are challenging, yes but the reason behind is the center where to do this research and the mentor: Since American doctors see on my CV that I am from a developing country they apologize saying that it cannot happen.</td>
</tr>
</tbody>
</table>
• We are not yet very stable about setting up the breast cancer program and since there has been a change in the government and the new minister is a bit not very certain of the procedures. We have abstained from applying other grants
• I have not applied as I was involved in another training program
• Other reasons: I embarked the application for LIIFe award with my mentor. Then the situation in Iraq went very bad I had to leave Iraq as a refugee I couldn't complete the application.
• Thank you in deed CCF for this award it means a lot to me."
• I AM WILLING TO APPLY AND WILL HAVE A DETAILED LOOK AT EARLIEST TIME.
• Plan to apply next year

15. Do you plan to apply for any other grants or awards from the Conquer Cancer Foundation in the future?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>0</td>
</tr>
</tbody>
</table>

16. Have you remained in contact with your Mentor from the 2015 IDEA program?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>75.0%</td>
<td>25.0%</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>4</td>
</tr>
</tbody>
</table>

17. Please provide comments about your relationship with your mentor. If you are still communicating with your mentor, please describe your relationship (how the mentor helps in your work). If you are not still communicating with your mentor, please explain why not.

• "I contact her for second opinions and for networking.
• We have a future program idea for international collaboration to start clinical research in my country.
• I had a month of training at breast cancer unit of Columbia University Hospital and she invited me to her house to meet the family and discuss about my career."
• My mentor in Mauritius Dr. Manraj met with my mentor Prof. Olopade in AORTIC 2015, in Marrakesh and they talked about the relationship Mauritius and USA can have in the near future. But since, then we have not been in contact.
• My mentors were really great and quite welcoming and they have committed to helping me in my practice. We haven't been in contact much because I was involved in transplant training which was totally different from their special fields of interest.
• we communicate regularly and he has been a great mentor and has encouraged me to ask things I don't understand in oncology and a potential for collaboration in clinical research
• It stopped after our first few mails. She is very busy and told me that I would have to be resending her the emails I send as she might not respond on time.
• Dr. Jeremy Abramson has been a great mentor. I frequently discuss with him over email my difficult lymphoma cases. (Partially treated; difficult histology; challenging patient fitness etc. He has advised me on what is the standard of care approaches and how best to manage my scenarios based on the available evidence. I also met him in person once again this year at the ASH highlights in Brisbane where he was a speaker and we again discussed about the challenges at my centre and how best to tackle them. Additionally he also helped connect me to others at Mass General with whom I discuss cases (Dr. Kuter, Dr. Yi-Bin, Dr. Hochberg) He helped in the
I have in contact with her through mails. There were some discussion about some more exchange programs. May be it will materialize in due course of time.

I ask her scientific questions through messenger about my daily clinical practice. we are friends on facebook. I contacted her for the application for LiFe grant she had intend to help me. I have plan to conduct clinical trial so I will need her advice.

I am currently treating only leukemia patients among malignant disorders in pediatric age group and we use BFM protocols which is not used by my mentors institution.

"- opinion about treating patients
- advise for the fellowship"

Me and my mentor, Dr Julie Gralow remain strongly in contact. Dr Gralow invited me in October 2015 to be a speaker for the WE CAN summit in Bucharest, Romania. We have also applied for the LIFE award. We met at 2016 ASCO annual meeting and she is an invited speaker for the ICTW in September these year in Cluj. We are planning to write articles together. Dr Gralow is a great mentor!

I have a good relationship with my mentor, but the communication is not frequent, the reason is he can help me with his suggestion regarding my research work but he is almost completely a clinician physician and almost not a researcher physician.

I occasionally contact my mentor for my research inputs

With my idea mentor I send the application for the YIA 2015, and I had the chance to keep in touch by email in order to present again a new project for this year.

My mentor specialized in leukemia and I am interested in brain tumors so I am not directly contacting him but we met at ASCO2016 meeting. I am in contact with the team at his institution working in brain tumors

We have been discussing clinical cases that I see during my clinical practice.

| 18. Have you remained in contact with other IDEA recipients from your group? | Yes | 93.8% | 15 |
| | No | 6.3% | 1 |
Appendix 4: Five-Year Survey Results

Five years following the conclusion of the 2011 IDEA program, the 24 IDEA recipients were asked to complete an evaluation of their experience and how it has impacted their individual careers since then.

1. Name
19 responses

2. How much impact did the 2011 IDEA program have on your current career position?

<table>
<thead>
<tr>
<th>Impact Level</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant impact</td>
<td>68.4%</td>
<td>13</td>
</tr>
<tr>
<td>Some impact</td>
<td>26.3%</td>
<td>5</td>
</tr>
<tr>
<td>No impact</td>
<td>5.3%</td>
<td>1</td>
</tr>
</tbody>
</table>

Comments:
- Impact on a personal level wherein I feel that the program has helped me grow deeper in my doctor-patient relationships. On a professional level, opportunities have lately opened as the Philippine Medical Community is now gradually being more receptive to the idea of PC
- Helped me in my professional and personal development
- Focused me on my career as an oncologist, allowed me to attend the biggest cancer conference, huge international network
- a really wonderful experience
- The IDEA program opened my eyes to the spectrum of oncology practice and the need for cancer control in Nigeria. The IDEA program has really helped shape my current career position.

3. How much impact did the 3-year complimentary ASCO membership have on your current career position?

<table>
<thead>
<tr>
<th>Impact Level</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant impact</td>
<td>68.4%</td>
<td>13</td>
</tr>
<tr>
<td>Some impact</td>
<td>31.6%</td>
<td>6</td>
</tr>
<tr>
<td>No impact</td>
<td>0.0%</td>
<td>0</td>
</tr>
</tbody>
</table>

Comments:
- assists me in continuously being connected and updated
- But I could not continue the membership. I think I will be able to continue the membership form this year onward
- Free access to journals
- It enable me to explore ASCO, and all it has to offer.

4. Have you continued to renew your ASCO membership?

<table>
<thead>
<tr>
<th>Renewal Status</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>47.4%</td>
<td>9</td>
</tr>
<tr>
<td>No</td>
<td>52.6%</td>
<td>10</td>
</tr>
</tbody>
</table>

Comments:
- membership dues are prohibitive based on present income, specially when most of the work I am currently engaged in is voluntary and charity
- transfer money is problem and queries not addressed properly from ASCO
- I received password for enter to website from pharmaceutical representative.
- Financial issue.
- will be doing soon
- Yes but I think this year I didn't renew my membership
- I had no longer sufficient financial resources to renovate
- I’ve been a member since Januarys 2016. Because I could not afford it..I will try to have it again in the next year
- great help for communication with international oncologists
- Financial constraints

5. How much impact did the 2011 IDEA program have on the care you provide to your patients?

<table>
<thead>
<tr>
<th>Impact</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant impact</td>
<td>78.9%</td>
<td>15</td>
</tr>
<tr>
<td>Some impact</td>
<td>21.1%</td>
<td>4</td>
</tr>
<tr>
<td>No impact</td>
<td>0.0%</td>
<td>0</td>
</tr>
</tbody>
</table>

6. How has your practice changed as a result of your participation in the 2011 IDEA program?

- Helped to open my eyes to international practice
- Because of the 2011 IDEA Program, my perspectives on patient care has broadened. I am now more open to partnerships and teamwork. Besides my clinical practice, I also now enjoy teaching in one of the medical schools here. In 2015, I was tasked to be the coordinator of a course which was recently developed for medical students to target the soft science of medicine which includes patient engagement, communication skills, teamwork, even dealing with sensitive issues such as DNR and Death and Dying in the Medical Profession - all of which is very much the core of PC
- I have started pediatric palliative care in Nepal as a first person I have also started first pediatric hospice and palliative care service with 5 bed, along with adult palliative care at B P Koirala memorial hospital. Working as a central executive member of Nepalese palliative care association (NAPCare) since last 3 years. Working as a resources person trainer for national training centre of Nepal.( training on palliative care twice a year). Active involvement in formulation national pain management guideline. Expert member of national palliative care strategy planning (NAPCare, MOH, WHO)2016. Team member of hospice and palliative care, BPKMCH.
- Some practices were change such as regimen of chemotherapy.
- Following things happened after IDEA program: bolder, net working with colleagues helped, more recognition
- We have started separate Palliative care ward within our cancer hospital. All the doctors, para medical staffs are well trained in palliative care. We have also started certificate course in palliative care in the hospital for the para medical staffs working in the hospital and other hospital across Nepal. We have also started home care services from the hospital. As all the staffs are well trained in palliative care we are practicing standard palliative care for our palliative patients.
- We get an update of all aspects we are interested in, which affects directly our decisions to provide the best care to our patients
- This award gave me the vision to value myself and prepare as an international
oncologist. After this award in 2013 I had the opportunity to conduct clinical research in Europe and a subspecialty in breast cancer. Now I am an associate professor of the course Medical Oncology in the hospital where I work.

- It kept me closer of ASCO, high quality science. To have been part of IDEA improved my desire of new knowledges and necessity to be up-to-date.
- Open a lots of news opportunities
- THE OPPORTUNITY TO KNOW A REFERENCE CENTER IN THE TREATMENT OF CANCER AND SHARE KNOWLEDGE WITH MY MENTOR, CHANGED THE WAY TO THINK AND TREAT SOME PATIENTS. HOWEVER, WE HAVE SIGNIFICANT DIFFERENCES BETWEEN OUR REALITIES.
- No
- Has made me more keen on encouraging oncology training in Kenya. More collaborative
good
- It is a new start since I returned
- improved patient evaluation and care for brain tumours; improved liaison with pathologists/tumour boards
- As a result of the participation in the IDEA program and the knowledge i received I now supervise the oncology program in my hospital.
- Since my participation in IDEA, I have been able to network with other oncologists in the world. This network has improved the care I deliver to patients. Through access to ASCO resources, I am now able to bring oncology training courses to Nigeria. The IDEA program has been a blessing to me.
- IDEA has added value to my qualifications and skills. Helped me network globally and get help and support from international experts.

<table>
<thead>
<tr>
<th>7. Is there anything that has prevented or limited you from making changes in your practice?</th>
<th>63.2%</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>36.8%</td>
<td>7</td>
</tr>
</tbody>
</table>

- No (7)
- In the beginning, it was more of the medical environment and misconceptions about PC. However, since last year, I feel that the medical environment has gradually become more receptive. I am now affiliated in 3 hospitals in Manila, all interested in developing PC. The prospects of engaging more health professionals to the practice of PC appears to be bright!
- Still need further exposure for development of pediatric palliative care.
- reimbursement issue in my country
- I have co-founded comprehensive private cancer hospital in Kathmandu. Resource is always a constrain in this part of world but we are planning to bring some good changes in cancer diagnosis, treatment and palliation because of this hospital
- The limits were financial for some patients since some medications were not accessible for them
- When you live and work in a developing country obviously the access to cancer treatment is a major problem; however identify opportunity areas and adapt your practice is a highly rewarding challenge.
• YES, THE ECONOMICAL CONDITION OF MY CONTRY.
• Resources can sometimes be a challenge for patients hence modifications need to be made
• Insufficiency/non-availability of equipment/instruments
• Yes. I do not have access to many chemotherapy pain management drugs in Nigeria. These have limited the scope of my practice.
• In India, yes. It has been difficult to practice palliative care in India due to lack of access and attitudinal barriers from oncologists and private hospital administrators. In Saudi Arabia, practice is good.

8. Have you submitted an abstract at an ASCO Annual Meeting since 2011?

<table>
<thead>
<tr>
<th>Yes</th>
<th>36.8%</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>63.2%</td>
<td>12</td>
</tr>
</tbody>
</table>

If yes, what year(s)?
• 2012 – 1
• 2013 – 1
• 2014 – 1
• 2016 - 2

9. Since 2011, have you attended an ASCO Annual Meeting?

<table>
<thead>
<tr>
<th>Yes</th>
<th>36.8%</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>63.2%</td>
<td>12</td>
</tr>
</tbody>
</table>

If yes, what year(s)?
• 2013 - 1
• 2014 -1
• 2015 - 2
• 2016 - 3

10. Since receiving the IDEA award, have you applied for any other programs ASCO or the Conquer Cancer Foundation offers?

<table>
<thead>
<tr>
<th>Yes</th>
<th>10.5%</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>89.5%</td>
<td>17</td>
</tr>
</tbody>
</table>

If yes, which ones?
• LiFe – 1
• MCMC – 1
• CCPC – 1

11. Why have you not applied for any other grants or awards? For example, are you not interested in pursuing other grants at this time in your career, or were you not eligible for other grants, or is the application process too challenging, or were there other reasons?

• Not Interested right now
• personally, I felt I needed time to apply the experiences the 2011 IDEA gave me as well as learn more through literatures and gather more experiences. * in my situation, good wifi access is the challenge not the actual application process
- application process is challenging for me
- Actually I’m very interesting to apply to any program but I’m pretty busy and did not enough time for encourage the quality research for apply to the grants.
- eligible application too challenging
- I am involved with new hospital as a co-founder and medical director, hence very busy these days. May be in future I will apply
- Actually I forget and missed the end date if them
- YES..of course I’m interested, but for the moment I am finishing other commitments with other sponsors research ; I’ll be happy to apply the following year ii
- In the moment I am focusing in the USMLE tests. I have a plan to stay one year in MSKCC as advanced fellow in breast cancer
- I GUESS THAT UNTIL NOW I DIDN’T APPLY OTHER GRANTS BECAUSE I THOUGHT I WASN’T ELIGIBLE... BUT I REALLY WANT TO PARTICIPATE AGAIN IN OTHER ASCO PROGRAMS!
- I am not eligible for other grants
- Busy with clinical work
- process is challenging
- Involved in other programmes/not eligible for some awards
- Application process challenging
- Not eligible and the process appears too challenging. Saudi Arabia is not low-middle income country. Though, the salary that I draw does not allow me to support participation in ASCO.
- Other reasons

<table>
<thead>
<tr>
<th>12. Do you plan to apply for any other grants or awards in the future?</th>
<th>84.2%</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>84.2%</td>
<td>16</td>
</tr>
<tr>
<td>No</td>
<td>15.8%</td>
<td>3</td>
</tr>
</tbody>
</table>

If yes, which ones?
- LIFe (5)
- YIA (4)
- IDEA-PC (3)
- Merit (3)
- Innovation Grant
- I have not looked in the specifics yet but I am hoping for an ASCO program that can provide linkages that would enable me to pursue the following 1. assist in the set up of a structured and functional PC team and program 2. conduct PC training and seminars 3. opportunities for networking specially in the Asian region 4. additional exposure and opportunities to learn and observe from experts 5. set up possibly twinning training programs
- other relavent categories in the field of pediatric oncology /palliative care not sure yet
13. Have you remained in contact with your Mentor from the 2011 IDEA program?

<p>| | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>50.0%</td>
<td>9</td>
</tr>
<tr>
<td>No</td>
<td>50.0%</td>
<td>9</td>
</tr>
</tbody>
</table>

14. Please provide comments about your relationship with your mentor. If you are still communicating with your mentor, please describe your relationship (how the mentor helps in your work). If you are not still communicating with your mentor, please explain why not.

- I had moved away my primary focus from hemato-oncology, which was her specialty. Also reluctance on my part
- I did a few emails initially but due to wifi issues, the communication was not regular. However, observership I had has created a permanent impact on me, carrying with me the things I have picked up when we made rounds and from the dedicated people I met in Wisconsin
- They give frequent suggestion and solve my quires when I am in difficulty in dealing and treating patients.
- I was in loss contact with my mentor but still have contact with co-mentor. He wrote LOR for me but I’m still not use because did not get the university or hospital to study.
- Still she is mentor
- I did remain in contact for few years then got busy with stuffs here so haven’t been in contact lately.
- Consulting him regarding some cases
- I don’t keep any contact. I don’t think we have much time to exchange ideas even in 2011 (it is a very busy doctor)
- Our relationship was very superficial. I think he was not very motivated as a mentor and probably I did not try so hard as I should to maintain our relationship.
- MY MENTOR IS A VERY NICE PERSON, ALWAYS ANSWER MY EMAILS AND IS ALWAYS AVAILABLE TO TALK TO ME.
- My mentor is very helpful to me. He gave me some help on my career, as well as decision making, sometimes
- Felt he was too senior to me. Was not sure how to interact further
- Dr. Linus Chuang best mentor I ever met in life
- Prof. Elias is a very kind man, I met him in SABCS 2014. I hope I could study for 1 or 2 years in his cancer center in future
- Sometimes communicates with my mentor who provides guides as required
- Due to some challenges with immigration at the time, I did not make any contact with my mentor. So I have not kept that up. But I have remained in touch with other mentors who are ASCO members.
- An opportunity did not arise.
- Because I don’t want to bother him
15. Other than your mentor, are you in touch with other professional contacts you met through ASCO or ETA?

| Yes | 50.0% | 9 |
| No  | 50.0% | 9 |

16. Have you remained in contact with other IDEA recipients from your group?

| Yes | 83.3% | 15 |
| No  | 16.7% | 3 |

17. Since winning the IDEA award, have you had the opportunity to mentor someone else?

| Yes | 55.6% | 10 |
| No  | 44.4% | 8 |

18. Overall, what was the best outcome of your IDEA experience?

- Getting to know the US Oncology system
- IDEA provides you with a world view of our profession,
- Relative with ASCO faculty. Exposure to advanced centre. CME. Journals.
- Observership in special institute with the great mentor/co-mentor
- recognition
- Experience, networking, self-confidence, skills
- Incredible experience that affects the practice directly
- The best thing about this award is to realize the importance of networking. The international exposition allow you to think and prepare as a global oncologist.
- The best outcomes was to stay connected with ASCO (member for 3 years and the 2011 annual meeting)
- KNEW A REFERENCE CENTER IN CANCER TREATMENT, OPPORTUNITY TO PARTICIPATE ASCO MEETING, BE IN TOUCH WITH MENTOR AND IDEA PARTICIPANTS.
- more interested in clinical research and made me more confident in my career
- International network of friends in oncology
- good relation with mentor and benefit
- For me, it is a new start as a young oncologist
- Networking with my mentors and mentoring another IDEA recipient
- Opening my eyes to oncology and giving me the opportunity to network with people who have helped shape my practice.
- Professional network and contacts
- Knowing great people..changes opinions..cultures..points of views..be in touch with the best oncology centers of the world
19. How can we make the IDEA program better?

- Longer ETA (6)
- it is really a good program though I feel post program, how to continuously engage and support the alumni would be something to focus on, and if possible even conduct country visits and regional networking support
- there should be some more consideration from least developed countries like Nepal ex. more award and more exposure in the field
- give more scholarship to colleagues from my country
- Keep doing what you are doing
- You are doing the best
- Probably need greater diffusion in Latin America
- I Think that the most important aspect of IDEA program should be good selection of mentors
- I THINK IDEA PROGRAM IS PERFECT THE WAY IS PLANNED
- More opportunities for developing countries, and special awards for one kind of tumor each year
- Giving other opportunities
- Already good enough I think
- Alumni meet in country on origin.

20. Would you recommend the IDEA program to others?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>100.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>0</td>
</tr>
</tbody>
</table>

21. Thank you for your feedback! Please feel free to add any additional comments, questions or concerns regarding the IDEA program.

- again, I would like to extend my heartfelt thanks to all! - from the organizers to our mentors. I have grown much... from a personal and professional level and hope despite limited resources can continue to find opportunities to give back and share the values and learnings I obtained from the program
- I want to pay the due to continue ASCO member but money transfer from Nepal is challenging, is there is other facilities to consider for membership dues.
- Actually now aday i very interesting in palliative care oncology ( i’m trying to get ECFMG) please notice me if grants or other chance activated.
- Very good programme but IDEA should increase the institutional visits.
- Thank you for communicating with us
- It’s great to know that you still remember us and are looking to be better. Congratulations!!
- My gratitude for being part of IDEA. The organisation of the whole process was great, seamless. I am encouraging local doctors to apply
- Appreciations to ASCO and the Conquer Cancer Foundation
- Thank you for creating the IDEA program
Appendix 5: 2016 IDEA Mentor Survey

An online evaluation was emailed to the 22 mentors for the 2015 IDEA program; 21 mentors responded to the survey, a response rate of 95%.

1. Name
21 responses

2. Overall, how was your 2016 IDEA mentor experience?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
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</tr>
<tr>
<td>Good</td>
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<tr>
<td>Fair</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Poor</td>
<td>0.0%</td>
<td>0</td>
</tr>
</tbody>
</table>

3. Did you feel your mentee was a good match for you and your team?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>100%</td>
<td>21</td>
</tr>
<tr>
<td>No</td>
<td>0.0%</td>
<td>0</td>
</tr>
</tbody>
</table>

Comments:
- Yes although his interest is in hematologic malignancies and we do primarily solid tumors.
- I had specifically asked for Spanish speaking mentees, and this is the 2nd year we get one.
- My mentor was a great fit, he really took advantage of the time spent here.
- Andrea is highly motivated to learn Oncology; it was a pleasure to have her. She spent a lot of time seeing patients in the outpatient clinics, as well as the inpatient setting, reviewed radiology, pathology and general management approaches in the USA.
- This was a great experience for me and I hope also for Andre although unfortunately he had to leave earlier than expected due to unforeseen circumstances. Hope to continue to keep contacts.
- She was very energized by the experience.

4. How many hours did your team spend planning for, communicating with, and hosting your recipient?

<table>
<thead>
<tr>
<th>Hours</th>
<th>Percentage</th>
<th>Count</th>
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<td>10 hours or less</td>
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</tr>
<tr>
<td>11-20 hours</td>
<td>19.0%</td>
<td>4</td>
</tr>
<tr>
<td>21-30 hours</td>
<td>28.6%</td>
<td>6</td>
</tr>
<tr>
<td>31-40 hours</td>
<td>23.8%</td>
<td>5</td>
</tr>
<tr>
<td>Over 40 hours</td>
<td>14.3%</td>
<td>3</td>
</tr>
</tbody>
</table>

5. In what ways did you and your mentor team benefit from this experience?

- Exposure to many people interested in helping the mentee; multiple contacts;
- Exposure to new ideas on the structure and operation of a modern radiotherapy program;
- We were educating him with comprehensive cancer care in the community.
setting. Importance of multidisciplinary team in taking care of PTs

- It’s always nice to meet people from other countries -- gives our team a sense of how things work in other settings, set up potential networks and collaborations.
- My mentee was able to see the spectrum of palliative care in oncology that he was interested in (Community hospital, private practice, outpatient oncology center, and inpatient general hospital). We were able to make followup plans for me to visit his hospital in Hanoi, which will help me understand his challenges more directly.
- Mentee got to see how the US government supports clinical trials and learned how we evaluate the quality of research proposals; learned a lot from ASCO Meeting; may potentially do a fellowship at NCI in cancer prevention. I enjoyed the experience and benefited from a good exchange of ideas
- Education and teaching, insight into RadOnc practices across countries.
- made us reexamine what we wanted to teach
- 1. They have become really efficient at accommodating this type of visitors 2. They have now grown accustomed to having other doctors from other countries visit and work with them for a few days 3. It has given them, I believe, greater pride in what they do.
- we may have a future collaboration/grant proposal together
- It’s wonderful and invigorating to spend time with enthusiastic young oncologists working under very different pressures and with such a deep commitment to improving cancer care for their respective communities
- Sharing of knowledge and cultures. Able to discuss and implement ideas of improvements and utilization of new technology.
- "Able to help ASCO and foreign oncologist. Exchange different oncology experiences. Share global perspective of oncology practice with faculties and trainees of my institution
- We are planning future collaborations
- International perspective on medical care
- Helpful for us to give thoughtful input into what aspects of our center would be beneficial to someone from a developing country. provoked ideas around new outreach initiatives. Very beneficial to learn more about care provision in a developing country
- I know Dapo from previous collaborations. This visit allowed us to revisit some research ideas that he is now working on. The trip stimulated this.
- Dr Craciunescu's enthusiasm to learn served as an inspiration for the younger residents and fellows in training in the US. She was also able to provide a perspective on cancer care in Romania, which was very helpful.
- Benefited from exchange of ideas. Although the opportunity would have been more if the mentee could have made it to my centre.
- We enjoyed working with such an ambitious young oncologist

6. Did you and your recipient communicate prior to the program?

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<thead>
<tr>
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<th>21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>0.0%</td>
<td>0</td>
</tr>
</tbody>
</table>
7. Do you intend to stay in contact with your mentee for 2-3 years, with an expectation that you provide them with news and updates from future ASCO meetings?

<table>
<thead>
<tr>
<th></th>
<th>100.0%</th>
<th>21</th>
</tr>
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<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>0.0%</td>
<td>0</td>
</tr>
</tbody>
</table>

8. Do you have any interest in collaborating with your recipient in the future (e.g., apply for research grants/fellowships, such as the Long-term International Fellowship)?

<table>
<thead>
<tr>
<th></th>
<th>85.7%</th>
<th>18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>14.3%</td>
<td>3</td>
</tr>
</tbody>
</table>

Comments:
- no direct collaboration but involvement in common global programs
- I will not be providing him with news and updates from ASCO meetings unless I attend them. but we will collaborate on program building and educational efforts in the future.
- cancer prevention fellowship and possible fellowship in heme malignancies
- depends on other time commitments
- I am not sure he is in a position (where currently working) to do much research...
- the grant proposed would be for LIFe
- Given current situation in home country unlikely to, but would be interested in.
- Possibly.

9. Would you be willing to serve as a mentor again?

<table>
<thead>
<tr>
<th></th>
<th>95.2%</th>
<th>20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>4.8%</td>
<td>1</td>
</tr>
</tbody>
</table>

10. What was the most positive aspect of your IDEA mentorship experience?

- excellent bright energetic mentee truly interested in leadership and professional development
- Sharing the knowledge and enhancing the treatments for achieving global cancer care
- Meeting people from other parts of the world
- Getting to meet an experienced oncologist who has done a lot of work educating himself in palliative care in a very different culture
- exchange of ideas
- finding someone with similar interests
- Helping a resident from a developing national gain exposure to US practices.
- She was very enthusiastic and early in her career- she was quite open to advice
- meeting young people with good interests
- I liked the gathering at ASCO, and I am very proud of how our administrative staff can do this program almost effortlessly
- meeting Davit and listening to his story and ambitions, connecting with other
mentors and mentees and being reminded of the impact we can have on the global improvement in cancer care
- Mentee was a wonderful individual who was great to interact with and discuss our common interests of radiation oncology.
- Share global perspective
- His level of knowledge was very impressive
- Building a bond with Dr. Maia, a future collaborator.
- Exchange of information regarding care models in a very different environment
- The opportunity to potentially impact on the learning of, and career choices for Dr. Craciunescu.
- Being able to interact, guide, and learn from each other.
- Her excitement

11. What was the least positive aspect of your IDEA mentorship experience?

- None (4)
- slow communication
- Sadly, we didn’t get to connect at ASCO
- His spoken English was not as good as his written, and I worry that he may not have comprehended enough of what the mentors were trying to explain.
- organizing the schedule
- there were some delays in communication
- Improved opportunities for networking with the mentee at ASCO.
- time commitment
- maybe the planning phase
- I wish the outline of events would have been presented to me earlier in the process. I would have set aside time for receptions and ceremonies. I didn’t receive notice of all the events until after meetings had already been scheduled. This may be secondary to this being my first time as primary mentor contact. But several of the events I was only made aware of through my mentee.
- This happens on very busy post ASCO week
- The institutional paperwork for this
- Inadequate time!!
- None; perhaps a longer time frame (5-7 days) would be more helpful.
- unforeseen situation leading Andre to leave early

12. What aspects of the program would you suggest ASCO improve?

- Nothing (4)
- collect requirements that the individual centres have for observers and make the candidates aware as they choose the centre
- Additional recognition of the mentors by ASCO. Not just conveying thru emails
- None -- I know the ASCO staff work hard to follow up with mentees to ensure they know about further collaborative grant mechanisms etc., that they can
use to further their work, and keep in touch with their mentors.

- Screening for English fluency—have an experienced person on the ASCO staff talk with the finalists to rank them in spoken English fluency, and then have us decide who to invite.
- perhaps assigning mentees to mentors who have similar interests in specific tumor types
- Improved opportunities for networking with the mentee at ASCO.
- Perhaps a targeted grant application to encourage CDA?
- For people interested in starting Pall Care programs, you should work with CAPC to have them do the Palliative Care Leadership Training homework and then have them to PCLC
- Maybe a more formal checklist approach of things that can be accomplished before, during and after the experience is complete
- I think placing more emphasis on pre-visit contact and the development of a personal learning program is key to success, it helps to understand the mentee's expectations and come up with a good solution and plan. I also suggest providing a mini-leadership and presentation skills course during the stay in Chicago, these are important skills for all mentees. Begin recruiting mentors earlier in the process and keep them informed about the program periodically throughout the year in order to keep them interested
- Encourage follow up communication and more collaborations
- a few more days to spend at the center might be helpful
- Would like to see a more structured way of introducing and linking with the mentee during the meeting on a daily basis
- Will put some thought into it, and submit suggestions at a later time.

<table>
<thead>
<tr>
<th>13. Is there anything else you would like us to know about your mentor experience?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- They can share their experience with mentor</td>
</tr>
<tr>
<td>- It was wonderful; Tanya was perfectly matched!</td>
</tr>
<tr>
<td>- It is a terrific idea, in fact i have suggested some other young physicians I know from India apply</td>
</tr>
<tr>
<td>- I plan to bring Dr. Maia to the US for 1 year using grateful patient funds I have acquired.</td>
</tr>
<tr>
<td>- Excellent experience; would like to continue, and stay involved in International educational efforts, and mentoring opportunities.</td>
</tr>
</tbody>
</table>
Appendix 6: IDEA Applicant Data

During the 2016 cycle, 97 unique applications were initiated using the online system. Of those, 78 applications were completed and successfully submitted. Again this year ASCO staff offered hands-on technical assistance to applicants. It is worth noting the decrease in application numbers as compared to recent years. The reason for the decrease is unclear but could be due to difficulty with the EasyGrants application system, the need for more marketing to oncologists who are unaware of the opportunity, or applicants getting discouraged that they haven’t won and therefore not applying again.

Of the 62 viable candidates following Phase 1 of the review process, 30 (48% of the total) submitted abstracts as the first author for the 2016 ASCO Annual Meeting, which is in line with the average submission rate for previous years (50%). Of the 23 applicants selected for IDEA, 15 submitted abstracts; nine of these were accepted for publication and four were accepted for a poster presentation.

As in past years, the largest number of applications – 37 (47% of the total completed) – were submitted from Asia, including 21 from India, 8 from Nepal, 4 from Thailand, and 4 from other Asian countries. There was a high degree of diversification this year in terms of countries represented by applicants, which is always desirable.

Twenty-two recipients participated in the 2016 IDEA program, representing 15 countries. Two new countries were represented for the first time this year: Azerbaijan and Jamaica. This was the first year we had representation from the Caribbean. Following are additional details for the 2016 cycle of applications received and recipients awarded, in comparison to previous years.

IDEA Applications Received by Year
*(does not include IDEA-PC)*

<table>
<thead>
<tr>
<th>Year</th>
<th>Completed</th>
<th>Incomplete</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
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<td>78</td>
<td>19</td>
<td>97</td>
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<tr>
<td>2015</td>
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<tr>
<td>2002</td>
<td>35</td>
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</table>
### 2016 IDEA Applications & Recipients by Country*

<table>
<thead>
<tr>
<th>Country</th>
<th>Applications Submitted</th>
<th>Applications Selected</th>
<th>% of Applicants Selected</th>
</tr>
</thead>
<tbody>
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<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Brazil</td>
<td>11</td>
<td>3</td>
<td>27%</td>
</tr>
<tr>
<td>Egypt</td>
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<td>100%</td>
</tr>
<tr>
<td>India</td>
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<td>14%</td>
</tr>
<tr>
<td>Iran</td>
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</tr>
<tr>
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</tr>
<tr>
<td>Russian Federation*</td>
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<td><strong>TOTAL</strong></td>
<td><strong>78</strong></td>
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*Country not eligible based on 2016 World Bank List – Applicants were notified and applications not counted in final tally of complete applications received.
National Cancer Institute–American Society of Clinical Oncology Teams in Cancer Care Project

Michael P. Kosty, MD, Amy Hanley, Veronica Chollette, RN, MS, Suanna S. Bruinooge, MPH, and Steven H. Taplin, MD, MPH

The concept of teamwork is a recognized and necessary component of high-quality performance in many walks of life: athletics, the airline industry, the military, and first responders, to name a few. Health care has mentioned teams for decades. If asked if you were a member of a team, most readers would immediately answer, “Yes, of course!” We would argue that, on many levels, the answer is really, “Maybe not,” but that there is a lot we can learn that will help us all work better, and perhaps more easily, by thinking carefully about what is meant by the concept of a “team.”

A team is defined as two or more people who interact dynamically, interdependently, and adaptively to achieve a common goal that is shared within the context of some larger group or organization. In most health care settings, providers certainly interact dynamically, but they do not always work interdependently and often do not adapt to achieve common goals. More often, they function as well-meaning individuals who attempt to focus on an assumed, but unstated, goal—to make the patient well—but are sometimes distracted by conflicting personal and professional goals, incomplete information (as a patient moves from one setting to another), a rigid hierarchical structure, which is particularly true in large institutions, and different agendas. Add to this the reality that in oncology, care is really delivered by a team of teams, and the potential for inefficient, uncoordinated, and even substandard care grows exponentially.

In 2013, the Institute of Medicine decried that “Oncology care is an extreme example of the best and worst…highly innovative targeted diagnostics and therapeutics alongside escalating costs that do not consistently relate to the value of treatments, tremendous waste and inefficiencies due to poor coordination of care…” There has been little progress with respect to improving the process of care in more than 15 years. Care is often overly expensive. Patients and physicians are frustrated. There is a call for the quadruple aim: Better quality, better value, a better patient experience, and more satisfied physicians.

The expectation that teams address the challenges of health care has grown in the last few years on the basis of evidence that teams are effective. There is a growing body of literature that demonstrates that health care teams and teamwork can reduce mortality and improve hospital management of medications and outpatient management of diabetes, depression, and other medical conditions. The Affordable Care Act incentivizes teamwork and care coordination by encouraging adoption of the Patient Centered Medical Home and Accountable Care Organization. Furthermore, ASCO has identified multidisciplinary care teams of appropriately skilled personnel as a cornerstone of quality care, and the Agency for Healthcare Research and...
Quality has initiated a national program to train medical providers in teamwork.10

One method that is being promoted to address the complexity of care and achieve the quadruple aim is to promote more teamwork in cancer care. More than 3 years ago, the ASCO Workforce Advisory Group started thinking about teams in cancer care. Those thoughts grew out of an interest in understanding how to address the impending shortage of oncologists.11,12 Simultaneously, scientists at the National Cancer Institute (NCI) were beginning to explore what was known about teams in cancer care. It was in this context that the NCI-ASCO Teams in Cancer Care Project was born. The hypothesis of the NCI-ASCO project was that deliberately identifying and enhancing team interactions in oncology care would help oncology professionals improve cancer care delivery. The mechanism the project used was to bring together team scientists, cancer clinicians, and patient advocates—literally in one room—to focus on using team science to improve delivery of care to patients with cancer. Teams were formed around a specific cancer type, an evidence-based principle of effective teamwork, and a point of care on the cancer continuum. There are many unique aspects to this project: It is the first time clinicians and team scientists collaborated in a coordinated fashion to deconstruct the way cancer care is delivered in the United States and to propose alternative models to achieve a more patient-centric, coordinated, and efficient model. Patient advocates were integral members of each writing team from the beginning to help clinicians wrestle with the role of patients in care teams and ensure inclusion of the patient perspective. Finally, the process was iterative and included abundant feedback.

In October 2014, in response to a solicitation for providers and patients, the writing teams from the United States and Canada met at ASCO headquarters to begin the process. Groups for which there were no team researchers or patient advocates were matched with those individuals so that functional writing teams could be assembled. ASCO also ensured that each group had clinicians to serve as writers or consultants from both academic and community-based settings. From this meeting, concepts for papers that explore how teams and teamwork are guided by the establishment of a common goal. One way around the confusion of cancer care may be for the cancer care team(s) to think first and foremost about the goals of care as being those of the patient. Could consideration of cancer care through patients’ eyes improve quality, access, efficiency, and clinical outcomes? Should the person with cancer have an explicit role and set of responsibilities within the treatment team? If clinicians approach patients with this question, would they embrace a role in the team or believe the clinician is trying to avoid responsibility? Could working in teams with well-recognized valued roles for all team members improve job satisfaction and reduce provider burnout?15,16 These questions have many possible answers. This NCI-ASCO initiative was aimed at encouraging exploration of these issues to better understand how teams currently operate and where improvements may help. The literature in health care and many other fields demonstrates that effective teamwork takes time and
intentional focus to nurture, develop, and sustain. We hope this collaboration of clinicians involved in cancer care, advocates who have had cancer or who have been caregivers, and researchers who are engaged in studying teams has shed some light on successful models and has identified areas for future research.

As a result of this collaboration, ASCO has committed to continue to nurture the interaction of cancer care clinicians, those involved in team science research, and patients. ASCO hopes to continue the focus through sessions at professional meetings and other materials that focus on teams in cancer care, including which metrics are best used to measure the impact of improved teamwork. In addition, ASCO University has developed a module entitled, “Oncology Practice Team-Based Care.” This course focuses on team roles and communications, practice models and evaluation of practice needs, and patient perspectives and will be available in December 2016.

In this issue of Journal of Oncology Practice, there are 18 articles that have been collaboratively written by clinicians, patient advocates, and researchers to present real-world applications of evidence-based approaches to team-based care across the cancer care continuum. In addition, there are three commentaries from distinguished team researchers that put these papers into context, and a commentary from patient advocates on the role that patients can fulfill in care teams. We hope you find this series of articles and invited commentaries rewarding and discover practical opportunities to apply these concepts to your practice. Lasting change can come from explicitly helping to transform individual clinicians and separate groups into a team that works together.

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Final approval of manuscript: All authors
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References

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2017 Gastrointestinal Cancers Symposium

Save the date for the 2017 Gastrointestinal Cancers Symposium to be held January 19-21, 2017, in San Francisco, CA. This specialized, multidisciplinary oncology event is designed to provide scientific and educational content for members of the gastrointestinal cancer care and research community. The symposium will provide time for networking with colleagues and activities designed specifically for early-career oncologists.

For additional details, visit gicasym.org.
AUTHORS’ DISCLOSURES OF POTENTIAL CONFLICTS OF INTEREST

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