

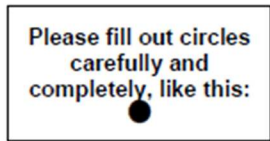


Society for Immunotherapy of Cancer

SITC Workshop on New Perspectives for Target Antigens in the Changing Cancer Immunotherapy Landscape

Thursday, November 5, 2015

This form is for your evaluation of this educational activity. Please provide your input on the format, goals and other items that affect your meeting experience.



By providing your name and contact information, you will be entered into a drawing for a chance to win one of three \$100 Amazon gift cards. **Note: To receive CME credits, you must fill out the evaluation along with your contact information.**

What is your professional role?

- Clinical Care: Clinical/Practicing Oncologist
- Clinical Care: Nurse
- Clinical Care: Nurse Practitioner
- Clinical Care: Patient Advocate
- Clinical Care: Pharmacist
- Clinical Care: Physician Assistant
- Clinical Care: Social Worker
- Clinical Care: Other
- Industry
- Scientist-in-Training/Student
- Scientific Research: Basic
- Scientific Research: Clinical
- Scientific Research: Translational
- Other

Which of the following best describes your primary work setting?

- Academic Medical Center
- Clinic Group Independent
- Clinic Group Owned
- Community Hospital with Training Program
- Community Hospital without Training Program
- Industry/Biotech (1-50 Employees)
- Industry/Biotech (51-500 Employees)
- Industry/Biotech (500+ Employees)
- Government/Regulatory
- Solo Private Practice
- Other

What is your area of specialization?

- Biochemistry
- Cellular Biology
- Clinical Investigations/Clinical Trials
- Dermatology
- Genetics and Genomics
- Immunology
- Immunotherapy
- Internal Medicine
- Microbiology
- Molecular Biology
- Oncology, Hematology
- Oncology, Medical
- Oncology, Other
- Oncology, Pediatric
- Oncology, Radiation / Radiation Biology
- Oncology, Surgical
- Pathology
- Pharmacology/Toxicology
- Stem Cell Biology
- Transplantation
- Other



How long have you been practicing medicine (if applicable)?

- More than 20 years 6 – 10 years Less than 1 year
 11 – 20 years 1 – 5 years I do not directly provide care

How many patients with cancer do you currently see each week (if applicable)?

- Fewer than 5 16 – 25 36 – 45 56 or more
 6 – 15 26 – 35 46 – 55 Not Applicable

As a result of this educational activity, I am better able to:

	Yes	No	Some what	Not Applicable
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Compare current approaches to the identification of tumor antigens, including genomic, proteomic and bioinformatics methods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Examine methods for isolating T cells, T cell receptors and chimeric antigen receptors for use in adoptive immunotherapies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Identify the opportunities and challenges associated with the development of effective cancer vaccines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Describe the results of studies aimed at identifying antigens targeted by checkpoint blockade.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree	Not Applicable
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This activity met the program goals and my educational needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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The Workshop maintained fair balance: In presentations that discussed specific immunotherapeutic agents, fair and accurate assessment of the risks and benefits were presented in a balanced manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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The Workshop was free from commercial bias.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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The Workshop faculty were effective in presenting the materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Presenter Ratings

	Excellent	Very Good	Good	Fair	Poor
Session I: Approaches used to Identify Tumor Antigens					
Elaine Mardis, PhD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victor H. Engelhard, PhD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sergio A. Quezada, PhD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Session II: Characterization and Isolation of Specific T Cells for Therapy

John Haanen, PhD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eric Tran, PhD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laurence J.N. Cooper, MD, PhD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Session III: Antigen Discovery: Enabling the Next Generation of Immunotherapies

Ugur Sahin, MD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alexandra Snyder Charen, MD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Catherine J. Wu, MD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you perceived commercial bias, please indicate the presenter and topic and/or what SITC could do to avoid such bias.

Based upon your participation in this activity, do you intend to change your practice behavior? (Choose only one of the following options.)

- I do plan to implement changes in my practice based on the information presented.
- My current practice has been reinforced by the information presented.
- I need more information before I will change my practice.

If you plan to change your practice behavior, what changes do you plan to implement? (Choose all that apply.)

- Apply latest guidelines
- Change in clinical trial design
- Change in pharmaceutical therapy
- Change in non-pharmaceutical therapy
- Change in diagnostic testing
- Choice of treatment/management approach
- Change in current practice for referral
- Change in differential diagnosis
- Other: _____



How confident are you that you will be able to make your intended changes?

- Very confident Somewhat confident Unsure Not very confident

Thinking about how your participation in this activity will influence your patient care, how many of your patients are likely to benefit in the next 3 months?

- Fewer than 50 100-149 200 or more
 50 – 99 150-199 Not Applicable

Which of the following do you anticipate will be the primary barrier to implementing these changes?

- Formulary restrictions Patient adherence/compliance Insurance/financial issues
 Time constraints Lack of multidisciplinary support Treatment related adverse events
 System constraints (healthcare system or other) Other, please specify:

What topics would you like to see addressed at future SITC Workshops?

How would you rate the downloadable SITC 2015 Meeting App?

- Excellent Average Poor I did not know it was available

Of the following, in which form would you prefer to receive the syllabus and evaluations? (choose only one)

- Printed, Hard Copy Electronic, Paperless Copy

How do you prefer to receive the type of information/education presented in this meeting?

- Participating in a live webinar Journal articles
 Participating in a self paced online course Podcasts
 Archived session recordings of live events Other:
 Attending a live event

What social media technologies do you use professionally? (Fill in all that apply.)

- LinkedIn YouTube Pinterest
 Facebook OncologyTube Blogs
 Twitter Instagram Other:

Are you a member of SITC? Yes No



Please provide your name, email address and area of interest should you wish to be more involved in SITC or would like to become a member.

If SITC could address only ONE issue as a Society in the next 12 months, what should it be?

Request for Credit (*required fields)

I do not wish to participate in a follow-up survey for this activity to help determine its effectiveness and guide the type of education PIM provides in the future.

Name* _____ Degree* _____
Organization _____ Specialty* _____
Address* _____
City, State, ZIP* _____
Telephone _____ Fax _____

**IMPORTANT: Your certificate will be EMAILED to your listed email address* below
(please print legibly).**

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*Valid email address required for receipt of your certificate.
You will receive your certificate from ce@annenber.net.

For Physicians Only

- I participated in the entire activity and claim 6.5 credits.
- I participated in only part of the activity and claim ____ credits.
(See program schedule for session-by-session credit information)

Please return completed form to the SITC registration desk or evaluation return box.



