**Instructions**

This case presentation form is intended to be completed and submitted electronically. Please email completed forms along with any optional supplemental information to Kelly.durden@cancer.org and carbon copy your regional ACS staff partner. We request that you submit your case presentation form **at least three business days** prior to your scheduled case presentation. Please do NOT submit a scan of a printed version of this form.

This form includes four sections: **Section 1: Presenter Information & Case Presentation Summary**, **Section 2: System-Level Case Presentation**, **Section 3: Patient-Level Case Presentation** and **Section 4: Faculty Recommendations**. You need to complete Section 1 and then, choose **either** Section 2 or Section 3. We recommend that each case presentation will range from **three minutes to five minutes**. Please do not include patient identifiers on this form or use any identifiers during the presentation. Please note, for patient-level case presentations, the faculty will provide guidance that should NOT be interpreted as direct medical advice.

**Project ECHO Data Usage Statement**

Project ECHO® collects registration, participation, questions/answers, chat comments, and poll responses for some teleECHO® programs. Your individual data will be kept confidential. These data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to inform new initiatives.

# Section 1: Presenter Information and Case Presentation Summary

1. **Presentation Date:** Click or tap to enter a date.
2. **Presenter Name(s):** Click or tap here to enter text.
3. **Presenter Title(s):** Click or tap here to enter text.
4. **Organization/Health System:** Click or tap here to enter text.
5. **Please summarize the case you are presenting to the group:**Click or tap here to enter text.
6. **Which specific questions are you asking the faculty and the other participating spoke sites?**

Click or tap here to enter text.

# Section 2: System-Level Case Presentation

1. **Describe your current system or workflow:** *If available, feel free to provide workflow charts separately.*

Click or tap here to enter text.

1. **What are the primary challenges/barriers:** *Include specifics on identified gaps and quality improvement methods used to clarify the root causes*.

Click or tap here to enter text.

1. **Describe what you are trying to improve and any other relevant background information:**

Click or tap here to enter text.

1. **Briefly describe your vision of what it will look like when it is working well:**

Click or tap here to enter text.

1. **Describe any recent changes (less than 6 months) made to this system or workflow, including when they were made and their impact:**

Click or tap here to enter text.

1. **If applicable, what data (quantitative, qualitative) do you have to augment your observations:**

Click or tap here to enter text.

# Section 3: Patient-Level Case Presentation

|  |
| --- |
| DEMOGRAPHIC INFORMATION |
| Age | Gender (*Choose One)* | Race/Ethnicity *(Choose All that Apply)* |
| Click or tap here to enter text. | Female[ ] Male[ ] Non-Binary/Third gender[ ] Transgender female[ ] Transgender male [ ]  | American Indian/Alaska Native [ ] Asian [ ] Black/African American [ ]  | Hispanic/Latino [ ]  White [ ] More than One Race [ ] Other [ ]  |
| Non-Small Cell Lung Cancer (NSCLC) histology & stage  |
| Diagnosis | Histology | Stage |
| Initial Diagnosis [ ] Recurred and or Progressed [ ]  | Adenocarcinoma [ ] Squamous Cell [ ] Large Cell [ ]  | Click or tap here to enter text. |
| Biomarker testing  |
| Has biomarker testing been ordered for this patient (or will it be ordered)?  | If biomarker testing was not ordered, please elaborate on the factors that precluded it:  |
| Yes [ ] No [ ] Will be ordered [ ]  | Click or tap here to enter text. |
| The next section is ONLY for those patients who HAVE received or WILL receive biomarker testing |
| Which technique was used (or will be used) to obtain specimen for pathologic diagnosis? *(Choose One)*  |
| Bronchoscopic biopsy [ ] Endobronchial ultrasound-guided transbronchial lymph node aspiration (EBUS-TBNA) [ ] Image-guided percutaneous biopsy [ ] Liquid biopsy [ ]  | Mediastinoscopy [ ] Surgical specimen [ ]  Thoracentesis/pericardiocentesis [ ] Unsure [ ]  |
| 1. **Which platform was/will be used for lung biomarker testing? *(Choose One)***
 | 11. **If single-gene test or short-cluster panel, please identify which genes were tested:**  |
| Single-Gene Test [ ] Short-Cluster Panel [ ] Multi-Gene Panel (next generation sequencing (NGS) [ ]  | ALK [ ] BRAF [ ] EGFR [ ]  | HER2 [ ]  KRAS [ ]  NTRK [ ]  MET [ ]  | PD-L1 [ ]  ROS1 [ ] RET [ ]  |
| **ADDITIONAL INFORMATION** |
| 1. **Please include any other information you would like to share with the group:**

Click or tap here to enter text. |

# Section 4: Faculty Recommendations

*This section will be completed by the ACS ECHO Coordinator. Recommendations from our faculty will be documented below.*

Click or tap here to enter text.

**Assigned Case Presentation Number:** Will be assigned by ACS