

Welcome!

Before we begin...

**Today's session will be
recorded**

**Please add your name
and health system in
the chat**





March 1, 2024 | 1:00 PM ET • 12:00 PM CT • 11:00 AM MT • 10:00 AM PT

Tobacco Cessation for Cancer Care Teams

ECHO

Session 2: Why Tobacco Cessation Matters as Part of
Cancer Treatment

Housekeeping Items

Tobacco Cessation for Cancer Care Teams ECHO



Each ECHO session will be recorded and *may* be posted to a publicly-facing website. Chat content, attendance, and poll responses are also recorded.



Please update your Zoom Participant Name to First Last, Org (e.g. Kristen Sullivan, ACS).



Type your full name, the full name of your organization, and e-mail in the chat box.



You will be muted with your video turned off when you join the call. Use the buttons in the black menu bar to unmute your line and to turn on your video.



Today's materials will be made available on our [ACS ECHO website](#).



All ECHO sessions take place on the [iECHO](#) & Zoom platforms. [iECHO Terms of Use & Zoom Privacy Policy](#).



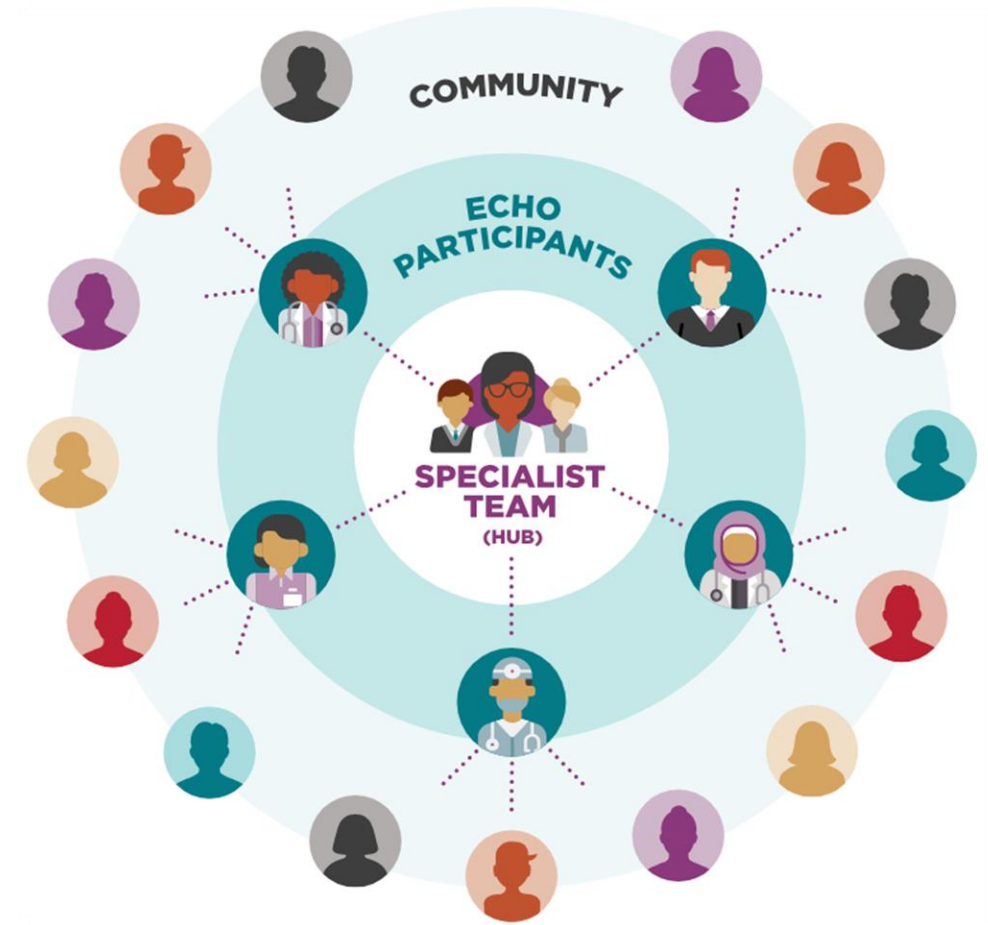
Questions about Zoom during the call? Find @Mindi Odom in the chat.



Have a question? Don't wait to ask! Feel free to enter in the **Chat** at any time.

Agenda

- Welcome & Housekeeping (10 min)
- Introductions (5 min)
- Didactic Presentation and Discussion (20min)
- Case Presentation and Discussion (20 min)
- Survey, Open Discussion & Wrap-Up (10 min)



“All teach, all learn” image captured from [Project ECHO website](https://www.projectecho.org/)



Goal: Increase cancer care clinicians' capacity to assess for and provide evidence-based tobacco cessation services to people diagnosed with cancer.

Objectives:

- Review trends and ongoing disparities in tobacco use in the U.S.
- Understand the importance of tobacco cessation as part of cancer treatment
- Increase confidence in supporting patients in cancer treatment with tobacco cessation

Your ACS ECHO Team



Kristen Sullivan, MS, MPH
Director, Prevention & Survivorship
Your ECHO Co-Lead



Mindi Odom
Director, Project ECHO
Your ECHO Co-Lead



Beth Graham, MPH, CHES
Program Mgr., Project ECHO
Your Program Support



Jennifer McBride, PhD
Senior Data & Evaluation
Manager

Introductions

Session 2 – Tobacco Cessation for Cancer Care Teams ECHO Subject Matter Experts (SMEs)



Laura Makaroff, DO

Senior Vice President, Cancer
Prevention

Facilitator



Timothy Mullett, MD, MBA, FACS

Medical Director,
Markey Cancer Center Network
Development



Jamie Ostroff, PhD

Chief, Behavioral Science
Services
Memorial Sloan Kettering
Cancer Center



Brenna Van Frank, MD, MSPH

Medical Director,
Office on Smoking and Health
Centers for Disease Control and
Prevention



Francis Vitale, MA

National Director, Pharmacy
Partnership for Tobacco Cessation
Clinical Assistant Professor, Purdue
College of Pharmacy



Session 2:

Why Tobacco Cessation Matters as Part of Cancer Treatment

Timothy Mullett, MD, MBA, FACS
Medical Director,
Markey Cancer Center Network
Development

Leveraging a National Accreditation Program To Achieve Sustainable Practice Change

The Commission on Cancer and Tobacco Treatment in Cancer Patients
The JustASK Project and Beyond...

Timothy Wm. Mullett, MD, MBA, FACS

Thoracic Surgeon, University of Kentucky Markey Cancer Center

Chair, American College of Surgeons Commission on Cancer

No relevant disclosures



Health Consequences of Smoking for Cancer Patients/Survivors

The Health Consequences of Smoking—50 Years of Progress

A Report of the Surgeon General
Executive Summary



U.S. Department of Health and Human Services

- Summarizes compelling evidence for adverse health outcomes of cigarette smoking in cancer patients and survivors
 - Cigarette smoking increases all-cause mortality
 - Cigarette smoking increases cancer-specific mortality
 - Cigarette smoking increases risk for second primary cancers.
 - Cigarette smoking increases risk for disease recurrence .
- Adverse health outcomes provide strong justification for the integration of evidence-based tobacco treatment in cancer care settings

Source: Surgeon General's Report, 2014

Why is Addressing Smoking Important for Cancer Treatment?

**2014 SGR: >400 studies,
500K patients 1990-2012**

| Effect | Associations | Median RR |
|---------------------------------|--------------|--------------------------------------|
| Overall Mortality (159 studies) | 87% | Current: 1.51 Former: 1.22 |
| Cancer Mortality (58 studies) | 79% | Current: 1.61 Former: 1.03 |

Overall Mortality Among 129 studies, 2013-17

- Smoking at diagnosis with 61% increased risk
- Smoking at follow-up with 113% increased risk

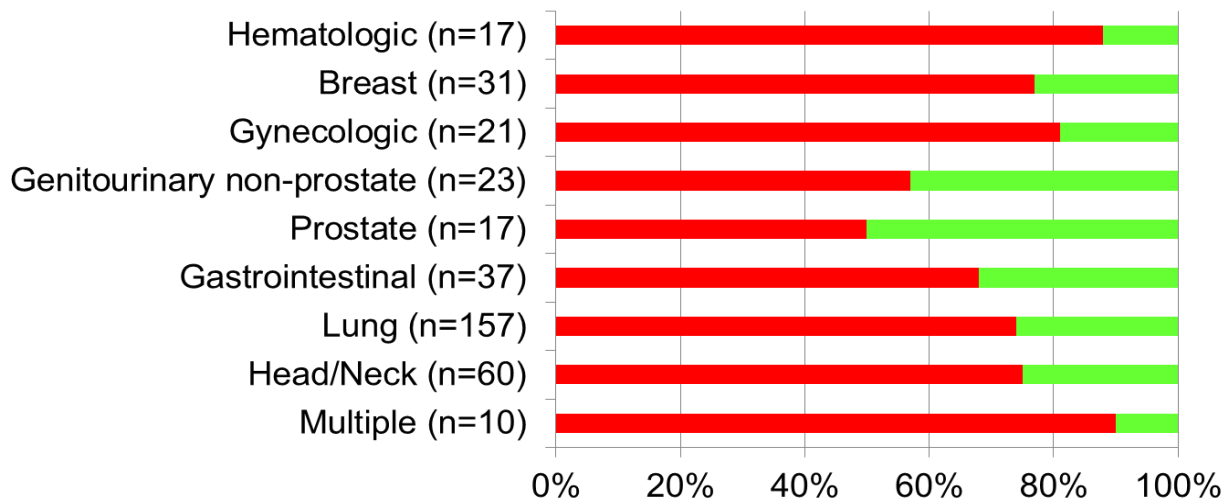
Financial Effects of Smoking at Diagnosis

- Smoking after diagnosis adds ~\$3.4 billion in cancer treatment costs annually (2019 estimates)

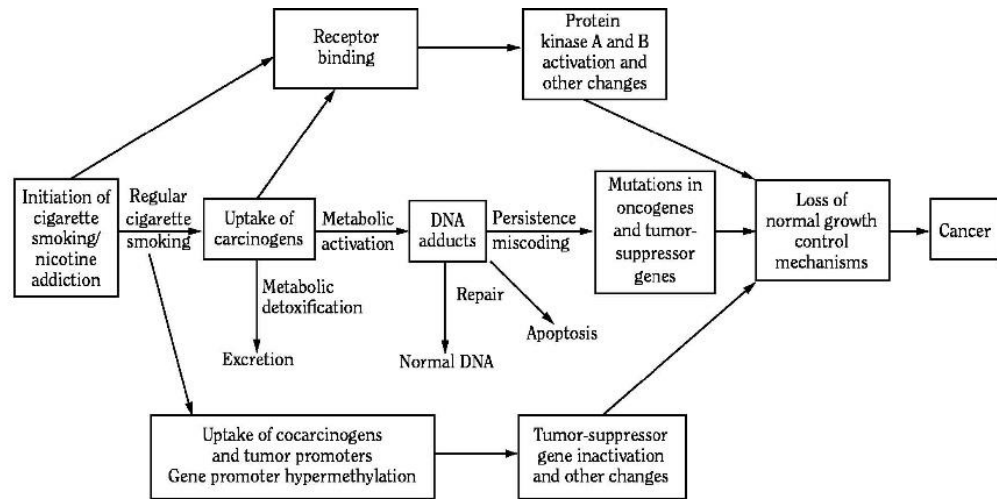
Benefits of Smoking Cessation

- **Smoking cessation AFTER diagnosis associated with 45% median reduction in mortality**
- Smoking cessation AT ANY TIME reduces non-cancer mortality (heart disease, pulmonary disease, etc.)

■ Significant ■ Non-significant



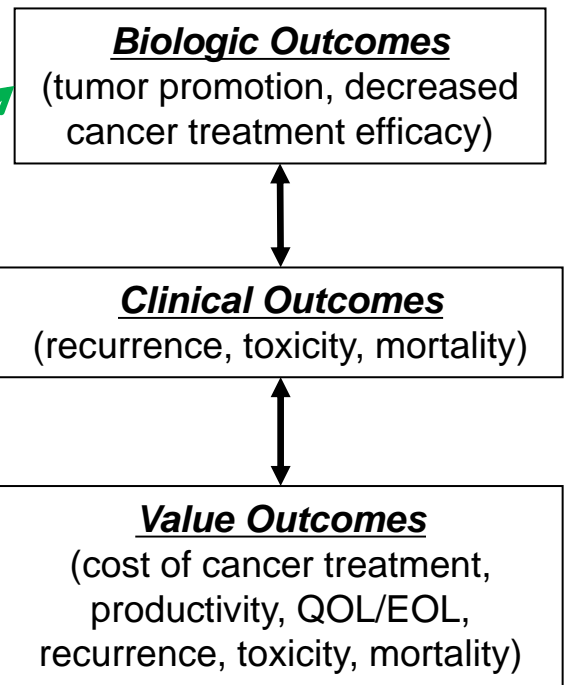
The Established Carcinogenesis Model



2010 Surgeon General's Report, Fig 5.1

~~The Historical Disconnect~~

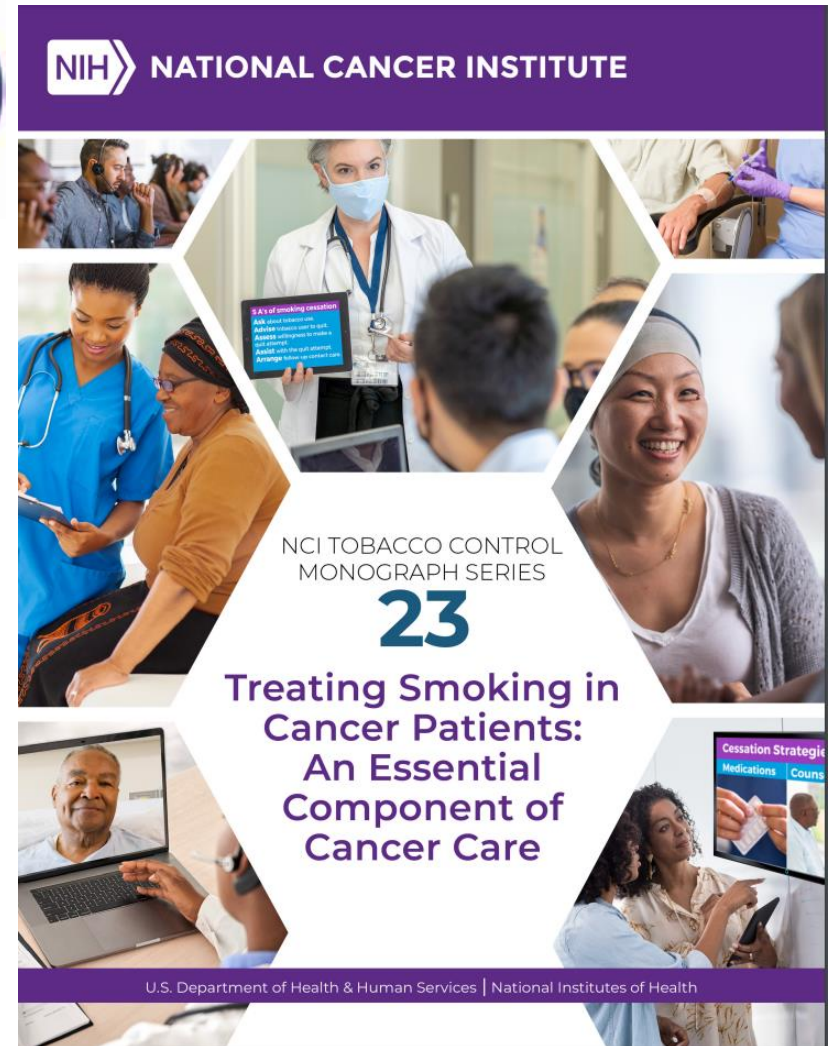
The Reality of Cancer



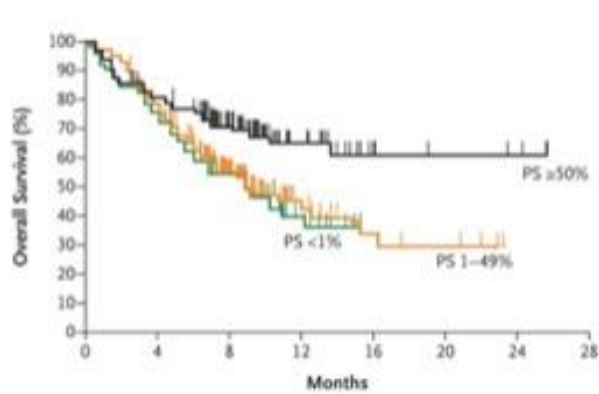
Addressing Tobacco Use by Cancer Patients



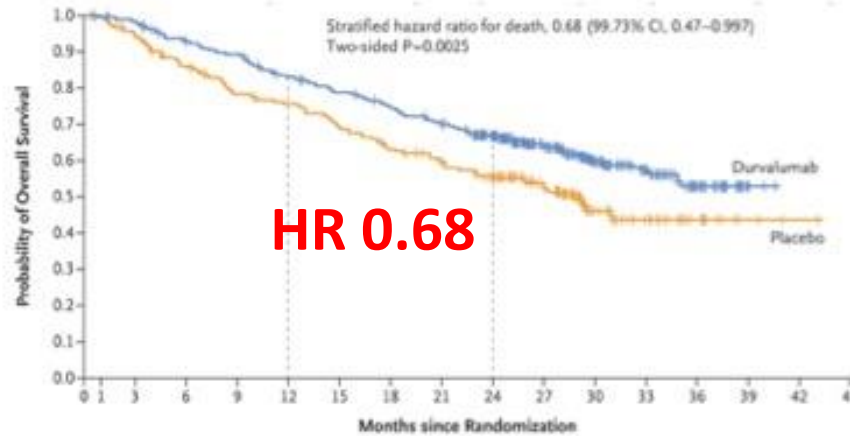
- Gaps in Care
- Most institutions don't incorporate smoking into cancer care
- Most oncologists don't assist patients
- Most patients don't receive help
- Most patients continue to smoke after diagnosis



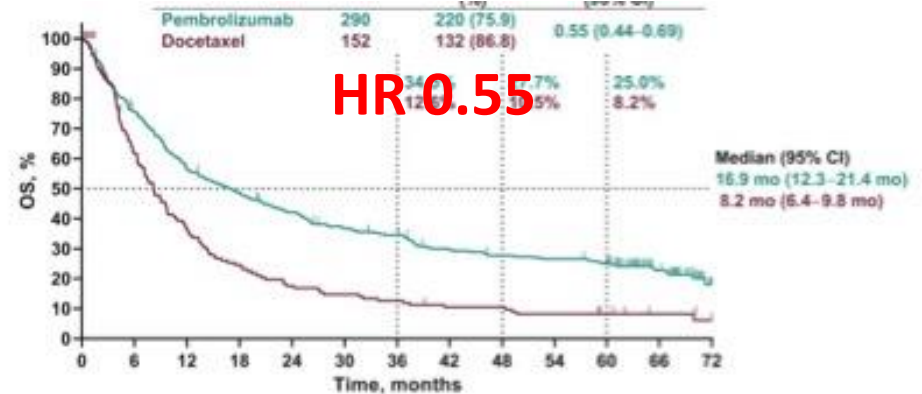
Impact of Tobacco Treatment Cannot be Underestimated



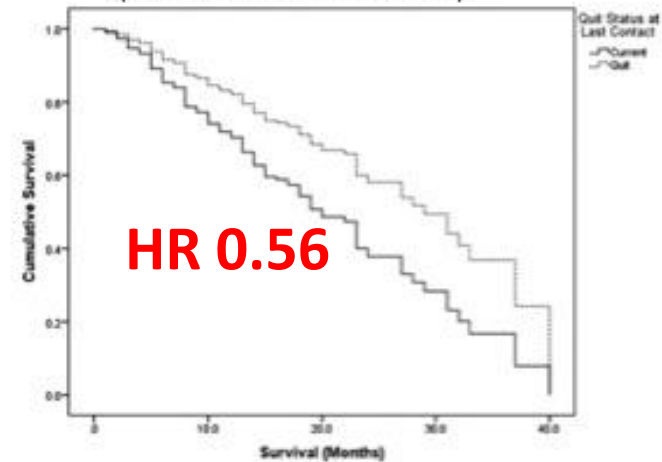
Overall Survival with Pembro by PD-L1 status, Keynote-001 (Garon et al. NEJM 2015)



Overall Survival with Duvalumab, Pacific Trial (Antonia et al. NEJM 2018)



Overall Survival with Pembro, PD-L1 > 50 Keynote-010 (Herbst et al. JTO 2021)

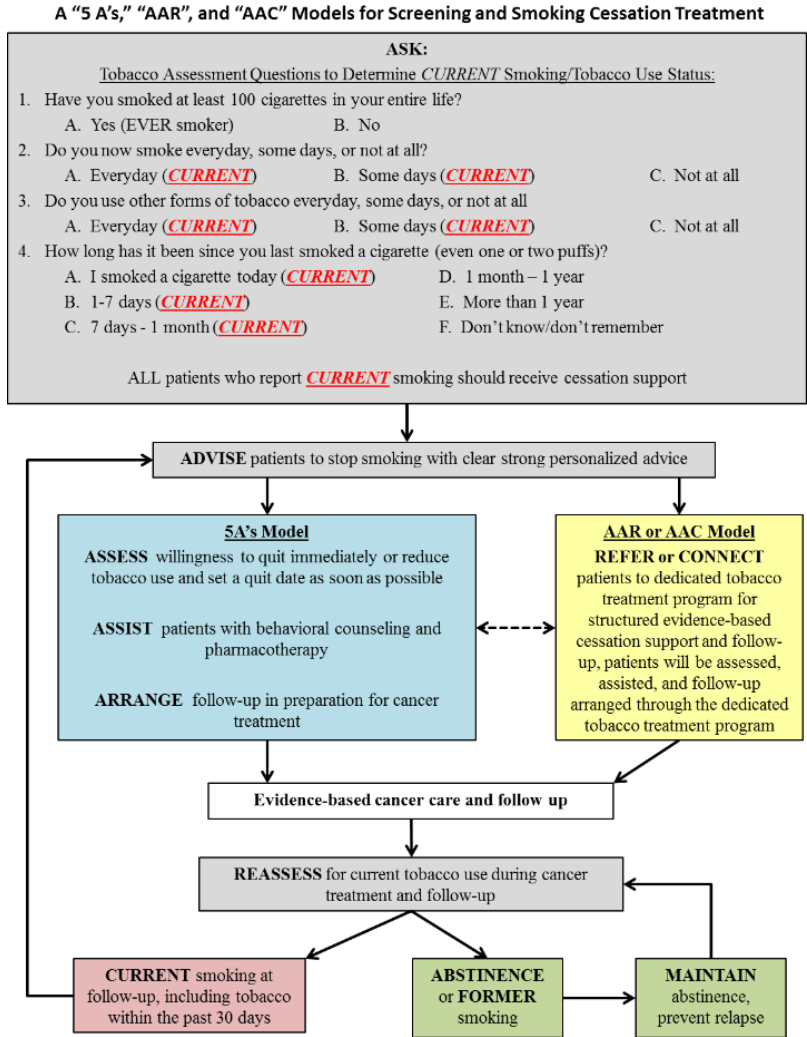


Smoking Cessation added to first line NSCLC treatment (Dobson-Amato et al. JTO 2015)

How Can We Begin to Address Smoking?

Deficiencies in Care

- Most institutions don't incorporate smoking into cancer care
- Most oncologists don't assist patients
- Most patients don't receive help
- Most patients continue to smoke after diagnosis

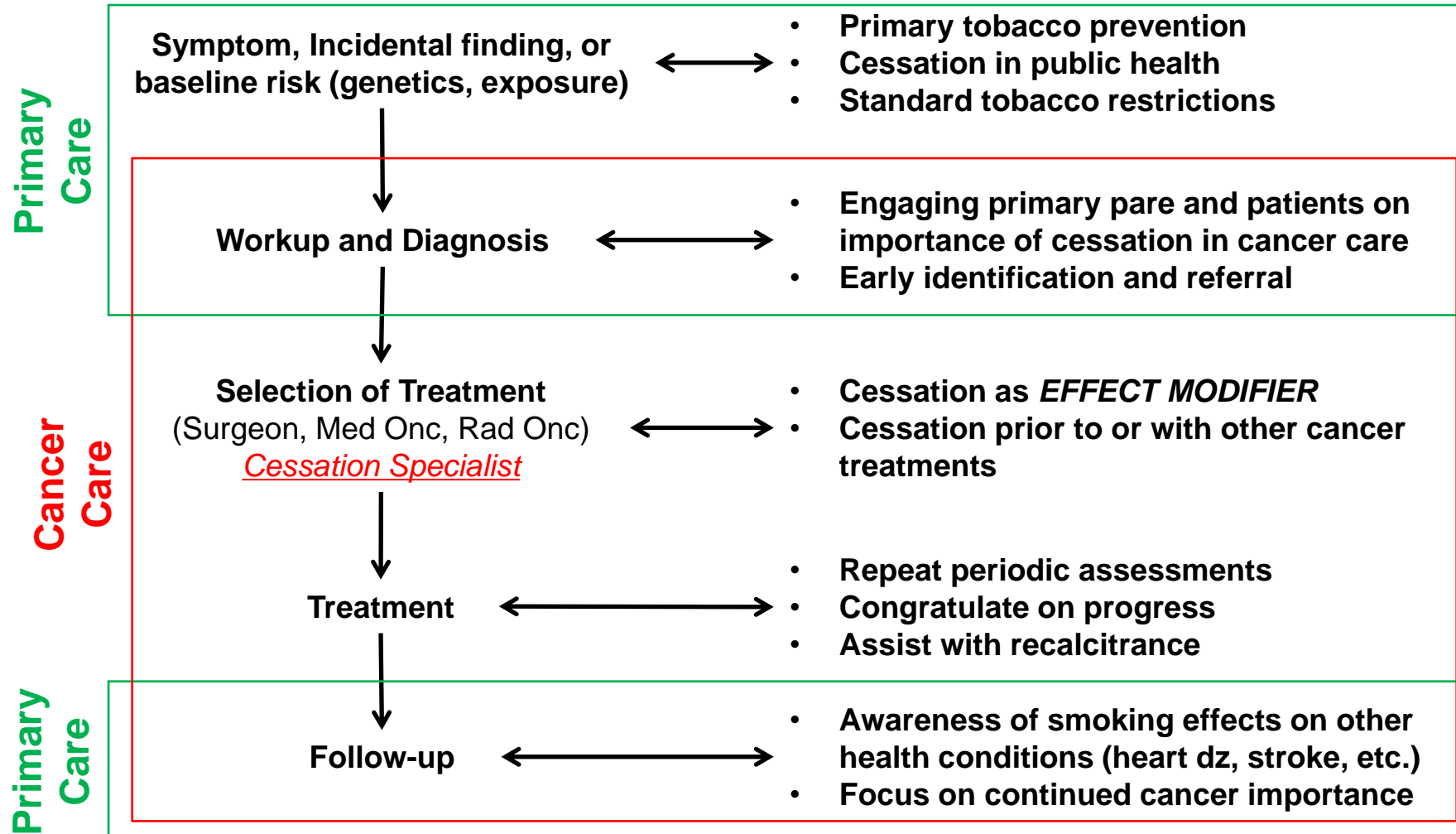


Evidence-Based Care

- The 5A's Model
 - Ask
 - Advise
 - Assess
 - Assist
 - Arrange
- The 3A's/AAR/AAC Model
 - Ask
 - Advise
 - Assist, Refer, or Connect
- Start by **JUST ASKING** all new patients about smoking

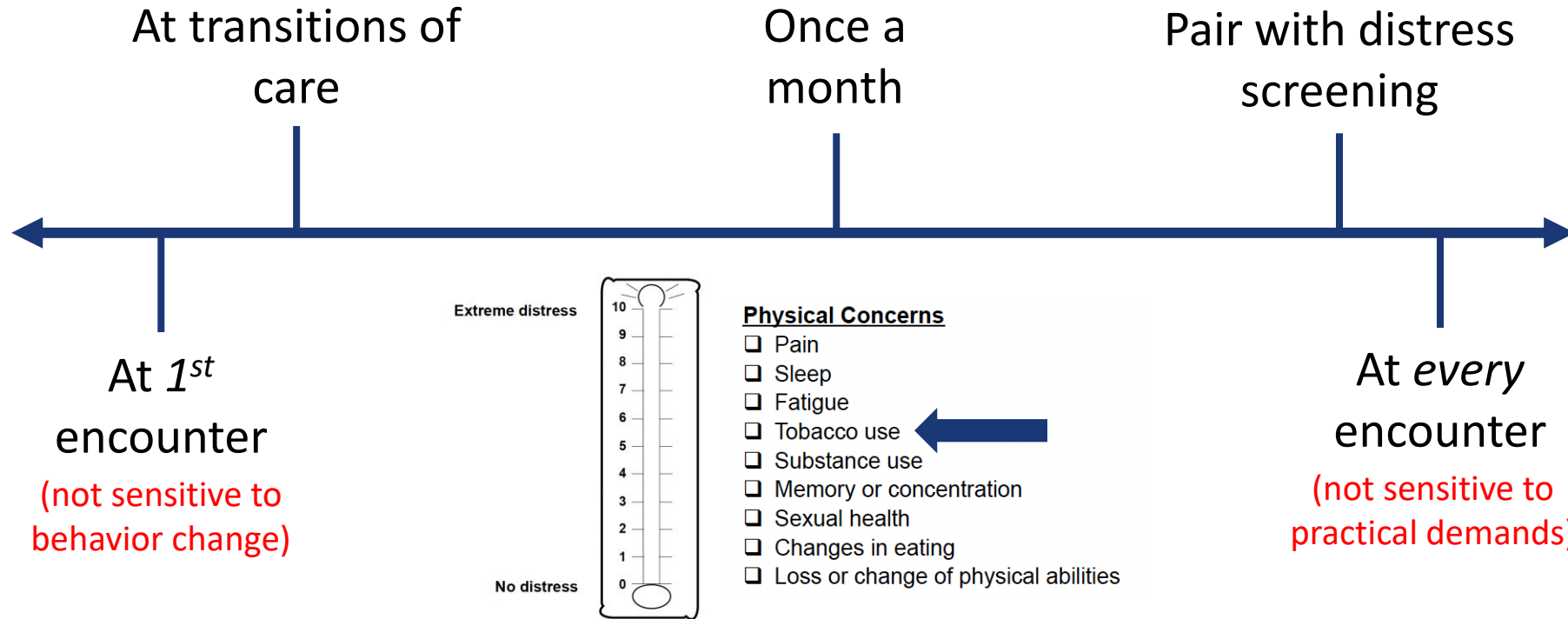
Warren and Simmons. Ch. 33
DeVita *Principles and Practice of Oncology* 11th ed. 2018

Smoking: the Continuum of Cancer Care



Refresh:

NCCN Guidelines Version 1.2022
Distress Management



The Commission on Cancer

- A partner in the ACS Cancer Programs

To be the collaborative authority in cancer staging, standards, and quality



Set standards
Monitor quality
Accredit sites



Collect vital statistics
Support quality improvement
Create new knowledge
Develop operative standards
Develop staging standards



Cancer

PROGRAMS

AMERICAN COLLEGE OF SURGEONS

CANCER PROGRAMS

Just ASK Quality Improvement Project & Clinical Study

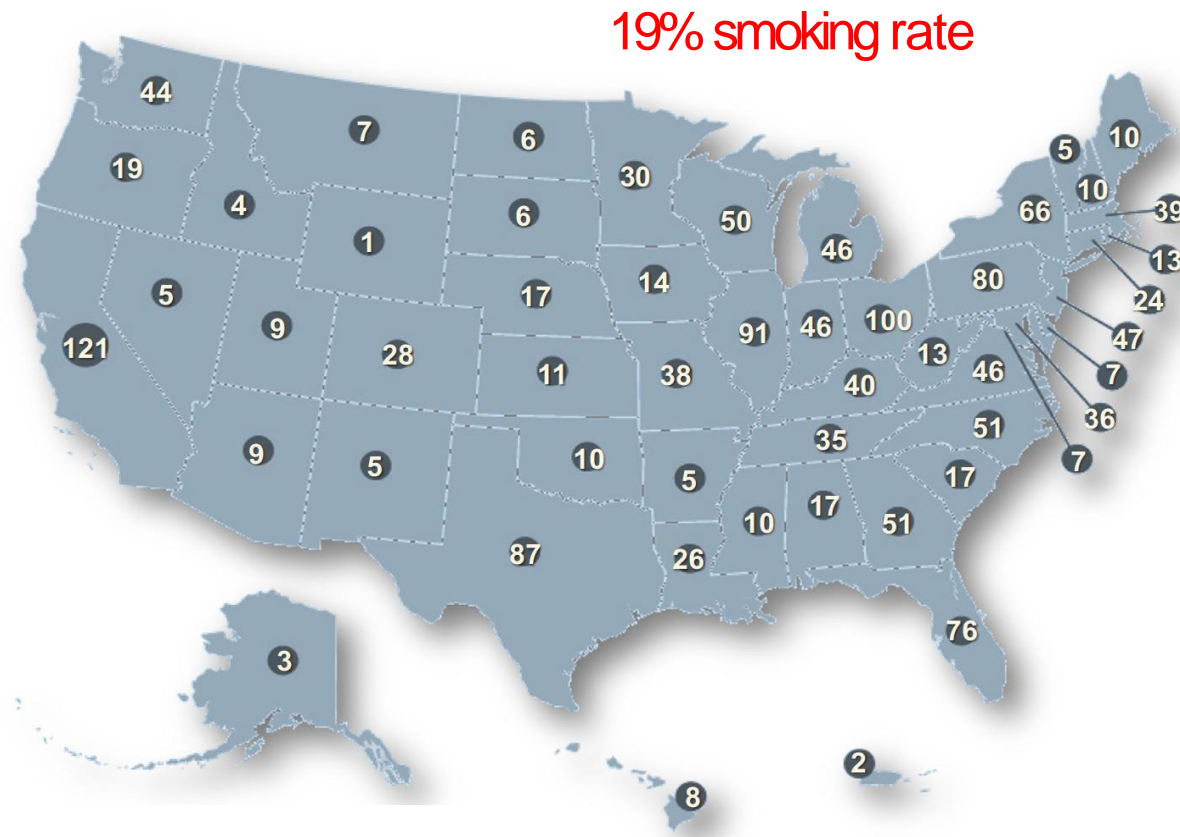
CANCER PROGRAMS

Beyond ASK Quality Improvement Project

Standardized Structure, Magnified Impact

Approximately 1500 CoC-accredited Cancer Programs

- 26% of U.S. Hospitals
- 75% of all cancer cases in the U.S.
- Common structure
- Common Standards



Purpose: JUST ASK All New Patients About Smoking

ASK

- Ask all new patients about smoking
- Identify current smoking



ADVISE

- Continued smoking negatively affects cancer treatment
- Smoking cessation can improve survival



ASSIST, REFER, or CONNECT

- Clinicians can assist patients with quitting: counseling and medication
- Refer/Connect: institutional, community, or quitlines (1-800-QUIT-NOW)

The purpose of Just ASK was to improve ASKing for all new cancer patients

Advising or Assisting is encouraged, but WILL NOT be measured

BeyondASK: Advising and Assisting

ASK

- Ask all new patients about smoking
- Identify current smoking



ADVISE

- Continued smoking negatively affects cancer treatment
- Smoking cessation can improve survival



ASSIST, REFER, or CONNECT

- Clinicians can assist patients with quitting: counseling and medication
- Refer/Connect: institutional, community, or quitlines (1-800-QUIT-NOW)

WHY is this important

WHAT to do

Leadership

- Tim Mullett, MD – Chair of the Commission on Cancer
- Eileen Reilly, MSW – Quality Improvement Manager
- Heidi Nelson, MD – Medical Director
- Task Force of content/technical/methodological experts and community stakeholders
Rob Adsit, MEd; Lisa Allison, BSN, RN, MS; Daniel Boffa, MD; Jessica Burris, PhD; Asa Carter, MBA, CTR; Audrey Darville, PhD, APRN; Michael Fiore, MD; Ellen Hahn, RN, PhD; James Harris, MD; Laurie Kirstein, MD; Danielle McCarthy, PhD; Timothy Mullett, MD; Heidi Nelson, MD; Jamie Ostroff, PhD; Eileen Reilly, MSW; Erin Reuter, JD; Sarah Shafir, MPH; Rachel Shelton, ScD, MPH; Elisa Tong, MD; Graham Warren MD, PhD

Grounded in Quality Improvement

- Accreditation standards
- Plan-Do-Study-Act methodology
- Multidisciplinary quality improvement teams
- Centralized, accessible, and curated resources
- Dynamic FAQ page and a “go-to” person for consultation
- Webinar series on the empirical evidence, best practices, and strategies for implementation locally
- Serial data collection via online survey

Aims of Each Initiative

Just ASK (2022)

- Increase the number of patients with their smoking status documented in the chart
- Achieve an ask/assess rate of 90% or higher

Beyond ASK (2023)

- Increase the number of patients who are offered assistance for smoking cessation
- Increase of 20% over baseline, or maintain at 90% or higher



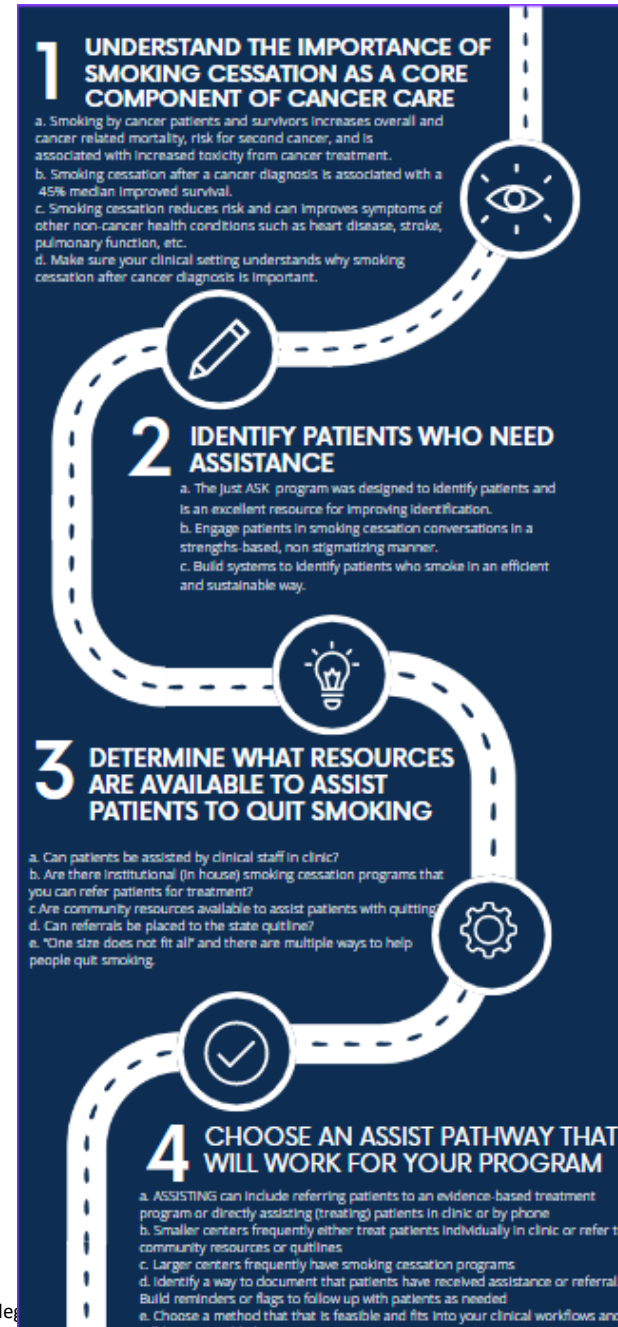
Just ASK Practice Change Package



| Intervention | Change tools |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Provide staff/clinician training | <ul style="list-style-type: none"> • <u>Smoking and Cancer Care: What Health Professionals Need to Know</u> -A 2-page flyer that summarizes key points about the importance of ASKing about smoking in cancer care. Page 2 focuses on cessation • <u>5 A's Tobacco Cessation Counseling Guidesheet</u> - The 5 A's is the comprehensive framework and Ask-Advise-Refer is the brief framework. • <u>Implementing Ask-Advise-Refer</u> Clinical Resources – Tools for Clinicians • <u>When Analyzing Meaningful Progress, We Can't Ignore the Obvious</u> IASLC Lectureship Award for Tobacco Control and Smoking Cessation, 2021 World Conference on Lung Cancer • <u>Tobacco Cessation Guide</u> for oncology providers to implement the 5A's of smoking cessation in cancer care, including resources for patient assessment and guidance on strategies to address smoking in cancer care • <u>Tobacco and Cancer Treatment Outcomes</u>- World Health Organization A resource discussing the clinical effects of smoking on cancer treatment outcomes • <u>Treating Smoking in Cancer Patients" An Essential Component of Cancer Care</u> From the National Cancer Institute, Monograph 23 synthesize evidence of the impact of smoking cessation treatment |

Roadmap

- Understand the Importance of Smoking Cessation as a Core Component of Cancer Care
- Identify Patients Who Need Assistance
- Determine What Resources Are Available to Assist Patients to Quit Smoking
- Choose an Assist Pathway that will work for your Program



UNDERSTAND THE IMPORTANCE OF SMOKING CESSATION AS A CORE COMPONENT OF CANCER CARE

- Using Champions and Opinion Leaders to Support Learning, Evidence-Based Practice, and Quality Improvement- Two page description of champions and leaders from AHRQ
- Quit Connect Health: A Specialty Staff Protocol to Improve Referrals to Tobacco Quit Lines (p.11-12)- UW Health, UW-Madison SMPH, and UW-CTRI
- 5 A's Tobacco Cessation Counseling Guide- Comprehensive framework and Ask-Advise-Refer is the brief framework
- UC Quits: The 5 A's of Tobacco Cessation- brief video for clinicians
- Implementing Ask-Advise-Refer Clinical Resources – Tools for Clinicians

IDENTIFY PATIENTS WHO NEED ASSISTANCE

- The Just ASK project support programs in identifying patients. See webinars for more information on the [Just ASK website](#)
- Smoking and Cancer Care: What Health Professionals Need to Know -A 2-page flyer that summarizes key points about the importance of ASKing about smoking in cancer care. Page 2 focuses on cessation
- Implementing Ask-Advise-Refer Clinical Resources – Tools for Patients
- Smoking can cause cancer almost anywhere in your body-1-page flyer that visually shows how



Shared Approach

Just ASK (2022)

- Choose an intervention, select associated resources, implement the intervention at the health system level, assess the outcomes, and repeat

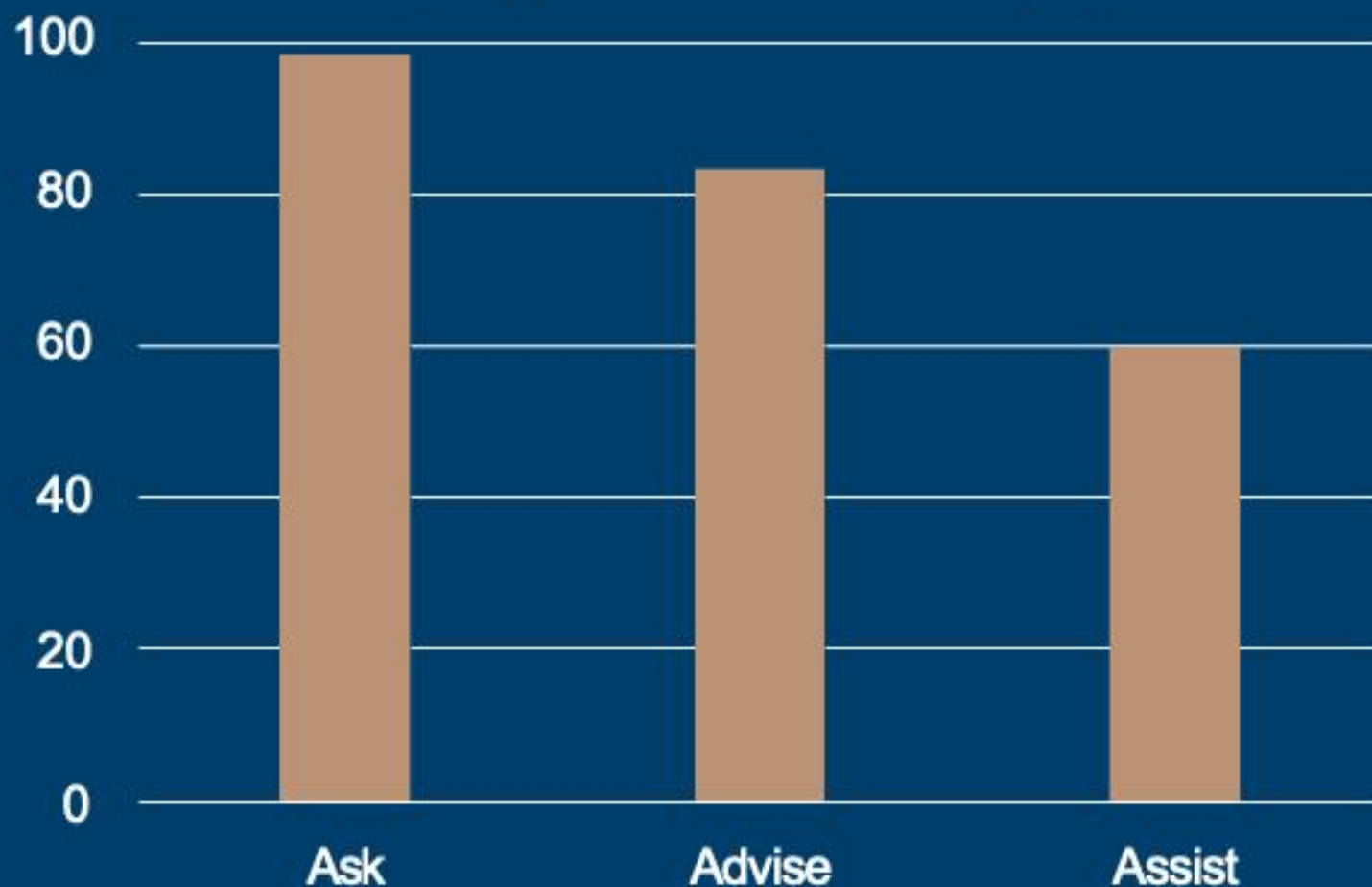
Beyond ASK (2023)

- Determine your entry point, select associated resources, implement the intervention at the health system level, assess the outcomes, and repeat



Ask, Advise, and Assist (or Refer) Model

Cancer Programs Providing Tobacco Treatment to Newly Diagnosed Cancer Patients (%)



Just ASK (2022) Final Survey Data



Improved Care for Nearly 1 Million Patients

Just ASK (2022)

- Roughly 700 cancer programs
- About 650,000 cancer patients

Beyond ASK (2023)






- Roughly 300 cancer programs
- About 250,000 cancer patients



How can we improve cancer care even more?

Original Reports | Care Delivery

Current Practices, Perceived Barriers, and Promising Implementation Strategies for Improving Quality of Smoking Cessation Support in Accredited Cancer Programs of the American College of Surgeons






Jamie S. Ostroff, PhD¹ ; Eileen M. Reilly, MSW² ; Jessica L. Burris, PhD³ ; Graham W. Warren, MD, PhD⁴ ; Rachel C. Shelton, ScD, MPH⁵ ; and Timothy W. Mullett, MD⁶ ; the Just ASK Quality Improvement Task Force

DOI <https://doi.org/10.1200/OP.23.00393>



How can we improve cancer care even more?

TABLE 2. Perceived Barriers to Delivery of Smoking Cessation Treatment

| Perceived Barriers | Level of Agreement/Disagreement, No. (%) | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------|----------------------------|-------------------|------------|----------|
| | Agree | Somewhat Agree | Neither Agree nor Disagree | Somewhat Disagree | Disagree | Missing |
|  Lack of designated TTS | 291 (38.2) | 181 (23.8) | 113 (14.8) | 53 (7.0) | 107 (14.0) | 17 (2.2) |
|  Lack of staff training | 261 (34.3) | 263 (34.5) | 103 (13.5) | 43 (5.6) | 76 (10.0) | 16 (2.1) |
| Competing priorities | 191 (25.1) | 197 (25.9) | 147 (19.3) | 78 (10.2) | 132 (17.3) | 17 (2.2) |
| Patient resistance to smoking cessation | 185 (24.3) | 259 (34.0) | 225 (29.5) | 55 (7.2) | 21 (2.8) | 17 (2.2) |
|  Lack of available resources | 183 (24.0) | 223 (29.3) | 121 (15.9) | 98 (12.9) | 121 (15.9) | 16 (2.1) |
|  Inadequate funding to support smoking cessation | 150 (19.7) | 159 (20.9) | 244 (32.0) | 56 (7.3) | 121 (15.9) | 32 (4.2) |
| Lack of time to address smoking cessation | 119 (15.6) | 204 (26.8) | 124 (16.3) | 108 (14.2) | 184 (24.1) | 23 (3.0) |
|  Inadequate reimbursement for smoking cessation treatment | 113 (14.8) | 123 (16.1) | 338 (44.4) | 42 (5.5) | 129 (16.9) | 17 (2.2) |
| Asking about smoking is not aligned with clinic workflow | 64 (8.4) | 100 (13.1) | 161 (21.1) | 155 (20.3) | 264 (34.6) | 18 (2.4) |
| Lack of leadership support | 62 (8.1) | 107 (14.0) | 229 (30.1) | 103 (13.5) | 243 (31.9) | 18 (2.4) |
| Unable to identify within the electronic health record | 62 (8.1) | 74 (9.7) | 100 (13.1) | 137 (18.0) | 371 (48.7) | 18 (2.4) |

How can we improve cancer care even more?

| Barrier | Solution |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Lack of designated TTS, Lack of staff training | <p>State tobacco control programs could offer and make more freely available TTS training courses</p> <ul style="list-style-type: none"> • online, self-paced • intensive, but short duration • on-site practice facilitation |
| | Quitlines could have TTS specially trained to help cancer patients |
| | Continuing education units (CEUs) could be developed and disseminated |
| | Capitalize on NCI Cancer Center Support Grant (CCSG) infrastructure and partner with Community Outreach and Engagement staff (e.g., community health workers, patient navigators, cancer screening programs) |

How can we improve cancer care even more?

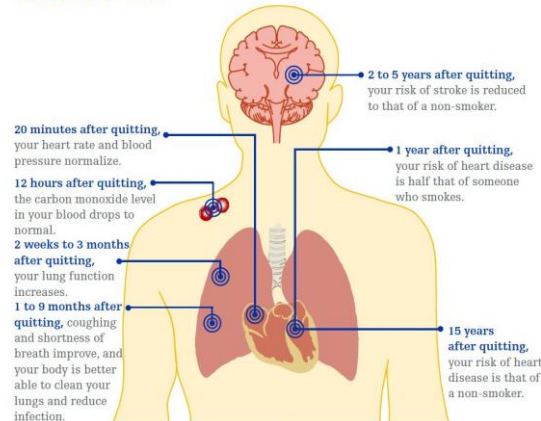
| Barrier | Solution |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Lack of available resources | <p>State tobacco control programs could help QI specialists, oncology social workers, survivorship care nurses, etc. identify local resources</p> <p>State-level champions could develop and disseminate patient education materials that are scientifically-rooted <u>and</u> acceptable to patients</p> |



MARKEY CARES TOBACCO TREATMENT PROGRAM



BENEFITS YOU WILL NOTICE AFTER QUITTING TOBACCO USE



CAN'T I JUST QUIT ON MY OWN?

Many people who use tobacco want to quit on their own, without help from health care providers or medicines. In reality, the opposite approach works best.

Your best chance for success involves the combination of:

- 1 Regular support from a tobacco treatment specialist.
- 2 Using an FDA-approved tobacco cessation medicine. Research shows that you can **DOUBLE** or **TRIPLE** your chances of quitting and staying quit if you use treatment compared to not using any treatment at all.



How can we improve cancer care even more?

| Barrier | Solution |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Inadequate funding to support smoking cessation | Continue to advocate for state funding and policy that supports cancer prevention and control (including greater reimbursement for TT) |
| | Offer community-based pilot grant awards to support local initiatives |

“Quit for Good” Community Grants

Seeking Creative Ideas to Reduce & Prevent Tobacco Use in Gallatin County

We are offering community members \$250 - \$500 to experiment with creative ideas that reduce and prevent tobacco usage in Gallatin County. Do you have a creative idea to help others quit smoking? **We want to support you!**

Contact Dianne Coleman at The Three Rivers District Health Department at (859) 567-2844 or DianneM.Coleman@ky.gov
For more information or to apply, visit <https://tinyurl.com/GCsmokefree>

HELP GALLATIN COUNTY QUIT FOR GOOD!

The strategies used include: free two-week supply of nicotine replacement vouchers offered throughout Gallatin County redeemed at the local pharmacy; data sharing agreement with St. Elizabeth Healthcare to obtain agreed upon tobacco-related ICD-10 codes; heat maps providing street-level data for disease codes; voucher redemption; and domestic violence calls. Gallatin County community residents are offered the chance to apply and receive mini-grants for designing and implementing creative ways to reduce and prevent tobacco usage throughout Gallatin County (the same is offered in Covington).

How can we improve *public health*?



Improved Care for Nearly 1 Million Patients

Just ASK (2022)

- Roughly 700 cancer programs
- About 650,000 cancer patients

Beyond ASK (2023)

- Roughly 300 cancer programs
- About 250,000 cancer patients



Thank you.

Tim Mullett

Email: timothy.mullett@uky.edu

Open Discussion: Questions & Answers



Andria Caton

Assistant Nurse Manager, Oncology Services
Northeast Georgia Medical Center

Session 2: Case Presentation

Patient Hx

- Single, 64, male, rural, unhoused, lives in his car in a Walmart parking lot for 2 years, Caucasian, Medicaid/Medicare
- Lung cancer screening participant for 3 years found growing nodule measuring 7 x 7 x 8 mm (AP x TRV x CC) in the right upper lobe in 2021. Biopsy revealed adenocarcinoma, QNS for biomarker testing, and was treated with stereotactic body radiotherapy (SBRT) due to multiple co-morbidities

Co-Morbidities

- COPD - Gold stage 3, emphysema, diabetes; Factor V Leiden deficiency; O2 dependent, A-fib, CHF, stroke, peripheral neuropathy, chronic kidney disease, stasis wound ulcers, depression

Meds

acetaminophen (TYLENOL)
albuterol (ACCUNEB) albuterol HFA (PROAIR/PROVENTIL/VENTOLIN HFA)
aspirin
atorvastatin (LIPITOR)
budesonide-glycopyr-formoterol (Breztri Aerosphere)
escitalopram (LEXAPRO)
fluticasone propionate (FLONASE)
furosemide (LASIX)
ipratropium (ATROVENT)
losartan (Cozaar)
metFORMIN (GLUCOPHAGE)
nicotine (NICODERM CQ) 7 mg/24 hr
pantoprazole (PROTONIX)
potassium chloride (KLOR-CON M20)
predniSONE (DELTASONE)
pregabalin (Lyrica)

Meds (cont)

PT/INR test meter misc 1 each every 30 (thirty) days.
sotalol (BETAPACE)
traMADoL (ULTRAM)
traZODone (DESYREL)
warfarin (COUMADIN,JANTOVEN) 5 mg tablet Take warfarin 5 mg p.o. 4 times weekly on Tuesday, Thursday, Saturday and Sunday.
warfarin (COUMADIN,JANTOVEN) 7.5 mg tablet

Tobacco Use/Cessation History

Started smoking at 18 - 1.5 packs/day for 40 years = 60 pack years; Vapes at times also

Tobacco cessation medications/counseling:

Nicotine patch; face-to-face counseling, referral to quitline

Additional info: Our patient has not tried to quit tobacco until the last six months. He has had once a month admissions to the hospital for pneumonia for the last six months and ED visits in between those admissions. He reports using nicotine patches and vaping to not use combustible tobacco products. He finds this very difficult with his social situation. Many of the unhoused population use combustible tobacco in areas he is located. During hospitalizations, he is able to be away from tobacco and vaping and is successful with patches, but quickly returns to tobacco once exposed to others.

Other Relevant Information:

His partner died of colon cancer 2 years ago and became homeless when he could not afford half of the rent/utilities that he had previously been sharing with her. He is still grieving the loss of his partner. He is on the sex offender registry and is unable to be housed in many public shelters in our region. He has an elderly mother who lives in assisted living that is unable to help him with housing or finances. He has been attending the monthly lung cancer support group and we are assisting him with gas, clothes, and food. A care manager and nurse navigator are on his care team.

Discussion & Questions

- With his chronic renal failure and mental health issues, varenicline would not be recommended. Would you recommend trying bupropion for long-acting therapy? He is on Lexapro currently for depression. How would you transition the change to bupropion?



Open Discussion: Questions & Answers

Survey Time!

Post-Session 2 Survey



How to Use a QR Code




1. **Turn on** your phone camera
2. **Aim** the camera at the code
3. A link will show up
4. **Tap** the link to go to the survey

Session Schedule



| Session Date | Session Topic | Didactic Presenter |
|-------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------|
| March 22, 2024 1:00 PM ET • 12:00 PM CT • 11:00 AM MT • 10:00 AM PT | Tobacco Cessation Treatment Review | Frank Vitale, MA <i>Case Presenter Needed</i> |
| April 29, 2024 2:00 PM ET • 1:00 PM CT • 12:00 PM MT • 11:00 AM PT | Motivating Patients to Quit | Jamie Ostroff PhD <i>Case Presenter Needed</i> |


 Kristen Sullivan will confirm your case presentation date and work with you to ensure your experience is easy AND valuable.

Scan QR code



[Case Presentation Form](#)

Process for Submitting Your Case Presentation



- Please submit *Case Presentation Form* **at least 2 weeks** prior to session.
- To **submit** your *Case Presentation Form*, click [here](#) or scan QR Code.
- Please include a **high-resolution headshot** photo for the slide deck along with a **brief bio** for your introduction.

Scan QR code



Tobacco Cessation for Cancer Care Teams ECHO Case Presentation Form

The case presentation can be patient or systems-related and will be reviewed by the Hub team to provide expert recommendations and best practice-sharing.

This form includes 3 sections:

Section 1: Presenter Information

Section 2: Case Presentation Information

Section 3: Discussion Questions for Subject Matter Experts

We approximate each case presentation will be 5 minutes.

Please be sure NOT to include patient identifiers on this form or use any

Presenter first and last name:*

Presenter professional title:*

Presenter organization:*

Please no abbreviations

Please select your preferred session(s) for presenting a case. We will do our best to accommodate.

Please look for an email from Kristen Sullivan to confirm your presentation date. A 15-minute session prep will be offered, and slides will be created on your behalf.

Reminders

Session 2 Slides, Recordings, & Resources will be made available within one week on the [ACS ECHO Website](#).



Is **Session 3** in your calendar?

Friday, March 22, 2024

1:00 PM ET • 12:00 PM CT • 11:00 AM MT • 10:00 AM PT

Topic: *Tobacco Cessation Treatment Review*

Didactic Presenter: **Francis Vitale, MA**

National Director, Pharmacy Partnership for Tobacco Cessation, Clinical Assistant Professor, Purdue College of Pharmacy

Thank You!

See you again

Friday, March 22nd at
1:00 PM ET · 12:00 PM CT · 11:00 AM MT · 11:00 AM PT
in iECHO Zoom