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20th Multidisciplinary Management of Cancers: A Case-based Approach

June 19-21, 2020
A Virtual Event

Course Co-Directors

A. Dimitrios Colevas, MD
David Gandara, MD
Margaret Tempero, MD



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20th Multidisciplinary Management of Cancers: A CASE-BASED APPROACH

Educational Objectives

Upon completion of this program, attendees will be able to:

- Develop multidisciplinary treatment strategies based on national clinical practice guidelines in oncology in order to improve quality of care for cancer patients;
- Discuss relevant clinical trials with cancer patients and refer appropriately.

Accreditation

The University of California, San Francisco School of Medicine (UCSF) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

UCSF designates this live activity for a maximum of 10.50 *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This CME activity meets the requirements under California Assembly Bill 1195, Continuing Education and Cultural and Linguistic Competency.

NURSES:

For the purpose of recertification, the American Nurses Credentialing Center accepts *AMA PRA Category 1 Credit*[™] issued by organizations accredited by the ACCME.



PHYSICIAN ASSISTANTS:

AAPA accepts category 1 credit from AOACCME, Prescribed credit from AAFP, and *AMA PRA Category 1 Credit*[™] from organizations accredited by the ACCME.

PHARMACY:

The California Board of Pharmacy accepts as continuing professional education those courses that meet the standard of relevance to pharmacy practice and have been approved for *AMA PRA Category 1 Credit*[™].

General Information

Attendance Verification/Sign-In Sheet / CME Certificates

After the meeting, if you elected to claim credits, you will receive an email from Qualtrics@ucsf.edu with a link to complete your online *Course Evaluation/ Electronic CME Certificate*. Please make sure that you add this email to your safe senders list. The Qualtrics system will send you reminders to complete your CME Certificate Claiming until you complete it.

Upon completing the Electronic CME Certificate, your CME certificate will be automatically generated to print and/or email yourself a copy. For smartphone users, you may want to take a photo of your certificate as some settings prevent you from emailing the certificate.

The link will be available for 30 days after the last day of the course. However, after that date the link will expire and you will no longer be able to claim your credits online.

You must then contact the Office of CME at registration@ocme.ucsf.edu to receive your certificate and a \$15 administrative fee may be applied.

Speaker Survey

Your opinion is important to us – we do listen! The speaker survey will pop up onto your screen at the end of each session.

Exhibits

Industry exhibits will be available during the conference. See the Exhibit Hall button in the Educational Measures platform to access the exhibit booths.

Final Presentations

A link to PDF versions of the final presentations will be sent via e-mail approximately 3 – 4 weeks post course. Only presentations that have been authorized for inclusion by the presenter will be included

Federal and State Law Regarding Linguistic Access and Services for Limited English Proficient Persons

I. Purpose.

This document is intended to satisfy the requirements set forth in California Business and Professions code 2190.1. California law requires physicians to obtain training in cultural and linguistic competency as part of their continuing medical education programs. This document and the attachments are intended to provide physicians with an overview of federal and state laws regarding linguistic access and services for limited English proficient (“LEP”) persons. Other federal and state laws not reviewed below also may govern the manner in which physicians and healthcare providers render services for disabled, hearing impaired or other protected categories

II. Federal Law – Federal Civil Rights Act of 1964, Executive Order 13166, August 11, 2000, and Department of Health and Human Services (“HHS”) Regulations and LEP Guidance.

The Federal Civil Rights Act of 1964, as amended, and HHS regulations require recipients of federal financial assistance (“Recipients”) to take reasonable steps to ensure that LEP persons have meaningful access to federally funded programs and services. Failure to provide LEP individuals with access to federally funded programs and services may constitute national origin discrimination, which may be remedied by federal agency enforcement action. Recipients may include physicians, hospitals, universities and academic medical centers who receive grants, training, equipment, surplus property and other assistance from the federal government.

HHS recently issued revised guidance documents for Recipients to ensure that they understand their obligations to provide language assistance services to LEP persons. A copy of HHS’s summary document entitled “Guidance for Federal Financial Assistance Recipients Regarding Title VI and the Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons – Summary” is available at HHS’s website at: <http://www.hhs.gov/ocr/lep/>.

As noted above, Recipients generally must provide meaningful access to their programs and services for LEP persons. The rule, however, is a flexible one and HHS recognizes that “reasonable steps” may differ depending on the Recipient’s size and scope of services. HHS advised that Recipients, in designing an LEP program, should conduct an individualized assessment balancing four factors, including: (i) the number or proportion of LEP persons eligible to be served or likely to be encountered by the Recipient; (ii) the frequency with which LEP individuals come into contact with the Recipient’s program; (iii) the nature and importance of the program, activity or service provided by the Recipient to its beneficiaries; and (iv) the resources available to the Recipient and the costs of interpreting and translation services.

Based on the Recipient’s analysis, the Recipient should then design an LEP plan based on five recommended steps, including: (i) identifying LEP individuals who may need assistance; (ii) identifying language assistance measures; (iii) training staff; (iv) providing notice to LEP persons; and (v) monitoring and updating the LEP plan.

A Recipient’s LEP plan likely will include translating vital documents and providing either on-site interpreters or telephone interpreter services, or using shared interpreting services with other Recipients. Recipients may take other reasonable steps depending on the emergent or non-emergent needs of the LEP individual, such as hiring bilingual staff who are competent in the skills required for medical translation, hiring staff interpreters, or contracting with outside public or private agencies that provide interpreter services. HHS’s guidance provides detailed examples of the mix of services that a Recipient should consider and implement. HHS’s guidance also establishes a “safe harbor” that Recipients may elect to follow when determining whether vital documents must be translated into other languages. Compliance with the safe harbor will be strong evidence that the Recipient has satisfied its written translation obligations.

In addition to reviewing HHS guidance documents, Recipients may contact HHS’s Office for Civil Rights for technical assistance in establishing a reasonable LEP plan.

III. California Law – Dymally-Alatorre Bilingual Services Act.

The California legislature enacted the California’s Dymally-Alatorre Bilingual Services Act (Govt. Code 7290 *et seq.*) in order to ensure that California residents would appropriately receive services from public agencies regardless of the person’s English language skills. California Government Code section 7291 recites this legislative intent as follows:

“The Legislature hereby finds and declares that the effective maintenance and development of a free and democratic society depends on the right and ability of its citizens and residents to communicate with their government and the right and ability of the government to communicate with them.

The Legislature further finds and declares that substantial numbers of persons who live, work and pay taxes in this state are unable, either because they do not speak or write English at all, or because their primary language is other than English, effectively to communicate with their government. The Legislature further finds and declares that state and local agency employees frequently are unable to communicate with persons requiring their services because of this language barrier. As a consequence, substantial numbers of persons presently are being denied rights and benefits to which they would otherwise be entitled.

It is the intention of the Legislature in enacting this chapter to provide for effective communication between all levels of government in this state and the people of this state who are precluded from utilizing public services because of language barriers.”

The Act generally requires state and local public agencies to provide interpreter and written document translation services in a manner that will ensure that LEP individuals have access to important government services. Agencies may employ bilingual staff, and translate documents into additional languages representing the clientele served by the agency. Public agencies also must conduct a needs assessment survey every two years documenting the items listed in Government Code section 7299.4, and develop an implementation plan every year that documents compliance with the Act. You may access a copy of this law at the following url: <http://www.spb.ca.gov/bilingual/dymallyact.htm>

Faculty List

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Disclosures

The following faculty speakers, moderators, and planning committee members have disclosed they have no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation(s) or commercial support for this continuing medical education activity:

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Name	Company	Relationship
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Arta Monir Monjazebe, MD, PhD	Merck BMS Incyte Transgene Incyte Astra Zeneca Dynavax Genentech Zosano	Grant/Research Support Grant/Research Support Advisor or Reviewer Grant/Research Support Advisor or Reviewer Grant/Research Support Grant/Research Support Advisor or Reviewer Grant/Research Support Advisor or Reviewer Grant/Research Support Advisor or Reviewer
Brian A Jonas, MD, PhD	AbbVie Accelerated Medical Diagnostics AROG Celgene Daiichi Sankyo F. Hoffmann-La Roche Forma Genentech/Roche GlycoMimetics Hanmi Incyte Jazz Pharmacyclics Tolero Treadwell	Grant/Research Support Consultant Grant/Research Support Grant/Research Support Grant/Research Support Grant/Research Support Grant/Research Support Grant/Research Support Grant/Research Support Grant/Research Support Consultant Grant/Research Support Grant/Research Support Grant/Research Support Consultant Grant/Research Support Consultant Consultant
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Charalambos Andreadis, MD, MSCE	Genentech Gilead Jazz Pharma Novartis BMS Merck Amgen	Employee Consultant Consultant Grant/Research Support Grant/Research Support Grant/Research Support Grant/Research Support

Daniel T Chang, MD	Varian Medical Systems Inc. ViewRay Inc	Grant/Research Support Stock Shareholder (excluding mutual funds)
David Tom Cooke, MD, FACS	Intuitive Inc.	Grant/Research Support
David R Gandara, MD	Merck Amgen Roche-Genentech AstraZeneca	Grant/Research Support Consultant Grant/Research Support Consultant Grant/Research Support
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Gigi Chen, MD	Bayer Seattle Genetics	Honorarium Recipient Honorarium Recipient
Heather Wakelee, MD	Xcovery Janssen Mirati Daiichi Sankyo Acea Arrys AstraZeneca BMS Celgene Clovis Genentech/Roche Merck Novartis	Grant/Research Support Independent Contractor Independent Contractor Independent Contractor Independent Contractor Grant/Research Support Grant/Research Support Grant/Research Support Grant/Research Support Grant/Research Support Grant/Research Support Grant/Research Support Grant/Research Support Grant/Research Support Grant/Research Support Grant/Research Support
Helen K Chew, MD	Novartis	Advisor or Reviewer
Hope S. Rugo, MD	Pfizer Merck Novartis Genentech OBI Odon ate Daiichi Seattle Genetics Eisai Macrogenetics Immunomedics Samsung Puma	Grant/Research Support Grant/Research Support Grant/Research Support Grant/Research Support Grant/Research Support Grant/Research Support Grant/Research Support Grant/Research Support Grant/Research Support Grant/Research Support Grant/Research Support Advisor or Reviewer Advisor or Reviewer
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Joseph M Tuscano, MD	celgene Takada genentech pharmacyclics celgene Abbvie Seattle Genetics Company Name Company Name Acrotech Company Name Achrotech achrotech	Grant/Research Support Grant/Research Support Grant/Research Support Grant/Research Support Honarium Recipient Grant/Research Support Honarium Recipient Grant/Research Support
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Sumit Shah, MD/MPH	Genentech Janssen Natera Dendreon	Grant/Research Support Honorarium Recipient Consultant Advisor or Reviewer
Terence W Friedlander, MD	EMD Serono Pfizer Astra Zeneca Abbvie Janssen	Consultant Consultant Consultant Consultant Consultant

This UCSF CME educational activity was planned and developed to: uphold academic standards to ensure balance, independence, objectivity, and scientific rigor; adhere to requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and, include a mechanism to inform learners when unapproved or unlabeled uses of therapeutic products or agents are discussed or referenced.

This activity has been reviewed and approved by members of the UCSF CME Governing Board in accordance with UCSF CME accreditation policies. Office of CME staff, planners, reviewers, and all others in control of content have disclosed no relevant financial relationships.

COURSE PROGRAM

Friday, June 19, 2020

8:25	Welcome and Opening Remarks	Daniel P. Mirda, MD, <i>ANCO</i> A. Dimitrios Colevas
8:30	Breast Cancer Tumor Board Cases	Helen Chew, MD, UC Davis – CHAIR Michael Alvarado, MD, <i>UC San Francisco</i> Mili Arora, MD, <i>UC Davis</i> Richard J. Bold, MD, <i>UC Davis</i> Jennifer Lee Caswell-Jin, MD, <i>Stanford University</i> Jo Chien, MD, <i>UC San Francisco</i> Frederick M. Dirbas, MD, <i>Stanford University</i> Naseem Esteghamat, MD, <i>UC Davis</i> Joanna C. Yang, MD, <i>UC San Francisco</i> Hope Rugo, MD, <i>UC San Francisco</i> George Sledge, MD, <i>Stanford University</i>
10:30	<i>Commercial Break</i>	Supporters
11:00	Hematologic Malignancies Tumor Board Cases	Michaela Liedtke, MD, Stanford University– CHAIR Lloyd Damon, MD, <i>UC San Francisco</i> Bita Fakhri, MD, <i>UC San Francisco</i> David Iberri, MD, <i>Stanford University</i> Brian Jonas, MD, <i>UC Davis</i> Gabriel Mannis, MD, <i>Stanford University</i> Shahzad Siddique, MD, <i>Dignity Health</i> Jeffrey L. Wolf, MD, <i>UC San Francisco</i> Ilana Yurkiewicz, MD, <i>Stanford University</i>
12:30pm	<i>Adjourn</i>	

Saturday, June 20, 2020

8:25	Welcome Back	Daniel P. Mirda, MD, <i>ANCO</i> David R. Gandara, MD, <i>UC Davis</i>
8:30	Thoracic Cancer Tumor Board Cases	Heather Wakelee, MD, Stanford University– CHAIR Gigi Chen, MD, <i>Diablo Valley Oncology & Hematology</i> David Cooke, MD, <i>UC Davis</i> Megan Daly, MD, <i>UC Davis</i> David Gandara, MD, <i>UC Davis</i> Matthew Gubens, MD, <i>UC San Francisco</i> Karen Kelly, MD, <i>UC Davis</i> Caroline McCoach, MD, <i>UC San Francisco</i> Sukhmani Kaur Padda, MD, <i>Stanford University</i> Meghan Ramsay, MD, <i>Stanford University</i> Jonathan Riess, MD, <i>UC Davis</i> Jennifer Marie Suga, MD, <i>The Permanente Medical Group</i> Maya White, MD, <i>Stanford University</i> Sue Yom, MD, <i>UC San Francisco</i>
10:30	<i>Commercial Break</i>	Supporters
11:00	Lymphoma Tumor Board Cases	Joseph Tuscano, MD, UC Davis – CHAIR Ranjana Advani, MD, <i>Stanford University</i> Weiyun Ai, MD, <i>UC San Francisco</i> Charalambos Andreadis, MD, <i>UC San Francisco</i> Neel Gupta, MD, <i>Stanford University</i> Richard Hoppe, MD, <i>Stanford University</i> Lawrence Kaplan, MD, <i>UC San Francisco</i> Vu Nguyen, MD, <i>The Permanente Medical Group</i> Christina Poh, MD, <i>UC Davis</i>
12:30 pm	<i>Adjourn</i>	

Sunday, June 21, 2020

8:25	Welcome and Opening Remarks	Daniel P. Mirda, MD, <i>ANCO</i> Margaret Tempero, MD, <i>UC San Francisco</i>
8:30	Gastrointestinal Cancers Tumor Board Cases	Andrew Ko, MD, <i>UC San Francisco</i>— CHAIR Daniel Chang, MD, <i>Stanford University</i> Carlos Corvera, MD, <i>UC San Francisco</i> Sepideh Gholami, MD, <i>UC Davis</i> John Gordan, MD, <i>UC San Francisco</i> Natalie Kirilcuk, MD, <i>Stanford University</i> Arta Monjazez, MD, <i>UC Davis</i> Thomas Semrad, MD, <i>Tahoe Forest Cancer Center</i> Alan Venook, MD, <i>UC San Francisco</i> Evan Walker, MD, <i>UC San Francisco</i>
10:30	<i>Commercial Break</i>	Supporters
11:00	Genitourinary Cancers Tumor Board Cases	Terence Friedlander MD, <i>UC San Francisco</i>— CHAIR Rahul Aggarwal, MD, <i>UC San Francisco</i> Hilary Bagshaw, MD, <i>Stanford University</i> Natalia Colocci, <i>Sutter Health</i> Won Kim, MD, <i>The Permanente Medical Group</i> Daniel Kwon, MD, <i>UC San Francisco</i> Maxwell V. Meng, MD, <i>UC San Francisco</i> Chong Pan, MD, <i>Harvard University</i> Mamta Parikh, MD, <i>UC Davis</i> Sima Porten, MD, <i>UC San Francisco</i> Jay Shah, MD, <i>Stanford University</i> Sumit Shah, MD, <i>Stanford University</i> Richard Valicenti, MD, <i>UC Davis</i> Anthony Wong, MD, <i>UC San Francisco</i>
12:30pm	<i>Adjourn</i>	