

# New York Medical College Evaluation Form for Physicians

To receive **CME credit** photocopy and mail evaluation form to New York Medical College, Office of Continuing Medical Education, Vosburgh Pavilion, Room 229, Valhalla, NY 10595, prior to **June 15, 2008**.

**PLEASE PRINT**

Name (first name, middle initial, last name)		Degree(s)	
Street address			
City	State	ZIP code	
Telephone (with area code)		Fax (with area code)	
E-mail address			
Specialty: <input type="checkbox"/> Oncology <input type="checkbox"/> Other: _____			

**Activity Title:** *From Early to Metastatic Colorectal Cancer: Decision Points Along the Treatment Continuum*

**Target Audience:** Oncologists      **CME No.** 7542      **Designated Credit(s):** 2.0

**Learning Objectives:** • D

stages II and III colon cancer • Develop an individualized treatment plan for patients with newly diagnosed, potentially curable, liver-only metastatic colorectal cancer • Define a new paradigm of care for patients with metastatic colorectal cancer that involves individualized up-front planning • Identify effective characteristics, toxicity profiles of the available agents, and disease parameters needed to develop an optimal treatment plan • Evaluate specific patient characteristics, toxicity profiles of the available agents, and disease parameters needed to develop an optimal treatment plan • Formulate a treatment strategy for the adjuvant patient who develops metastatic disease

Please provide us with your candid evaluation. We thank you for your comments and appreciate your suggestions for future activities.

After participating in this activity, do you feel that:

- The content was free of commercial bias?  Yes  No  Somewhat
- The content was not affected by any faculty conflict of interest?  Yes  No  Somewhat
- The learning objectives were met?  Yes  No  Somewhat
- Your skills have been improved?  Yes  No  Somewhat
- The activity was effective in meeting identified needs?  Yes  No  Somewhat
- The information gained will assist in improving the health of your patients?  Yes  No  Somewhat
- Would you recommend this activity to a colleague?  Yes  No  Maybe

Please rank each of the formats below in order of preference from 1 (highest) to 8 (lowest).

- \_\_\_ Teleconferences
- \_\_\_ Home Study (printed)
- \_\_\_ Home Study (CD-ROM)
- \_\_\_ Internet-based
- \_\_\_ Grand Rounds
- \_\_\_ Symposia
- \_\_\_ Roundtables
- \_\_\_ Association Meetings

Comments/suggestions for future activities: \_\_\_\_\_

Based on the amount of time you spent on this activity, indicate the number of credits you are claiming up to a maximum of 2.0 credits. Credit claimed: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Answer Grid** Please circle one answer per question.

1. a b c d	6. a b c d	11. a b c d	16. a b c d
2. a b c d	7. a b c d	12. a b c d	17. a b c d
3. a b c d	8. a b c d	13. a b c d	18. a b c d
4. a b c d	9. a b c d	14. a b c d	19. a b c d
5. a b c d	10. a b c d	15. a b c d	20. a b c d

Please contact the Continuing Education Alliance at [inquiries@cealliance.org](mailto:inquiries@cealliance.org) for questions regarding this activity.

CPM36306