Start Strong with Just ASK:
Practical Tools and Clinical Advice
April 29, 2022
• All participants are muted during the webinar

• Questions – including technical issues you may be experiencing – should be submitted through the question pane

• Questions will be answered as time permits; additional questions and answers will be posted on the website

• Please complete the post-webinar evaluation you will receive via email
Introducing Our Moderator

Jamie S. Ostroff, PhD
Chief, Behavioral Science Service
Director, Tobacco Treatment Program
Department of Psychiatry & Behavioral Sciences
Memorial Sloan Kettering Cancer Center
New York
Introducing Our Panelists

Rob Adsit, MEd
Director of Education and Outreach Programs,
University of Wisconsin Center for Tobacco Research and Intervention, Wisconsin

Elisa Tong, M.D. M.A.
Professor of Medicine
Division of General Internal Medicine
UC Davis Health, California

Jessica L. Burris, PhD
Associate Professor of Psychology
Member of Markey Cancer Center
University of Kentucky
Agenda

• Introduction - 2022 Tobacco Cessation Project & Clinical Study
• How to Build Your Team
• Finding, Documenting, and Reporting Smoking/Tobacco Use Status in the Electronic Health Record
• The “Who,” “Why,” “When” and “How” of Just ASK
2022 Tobacco Cessation Project & Clinical Study

Timothy Mullett, MD, MBA, FACS
Thoracic Surgery, University of Kentucky
Markey Cancer Center, Kentucky
Chair, Commission on Cancer
Kentucky
### Tobacco and Cancer Task Force Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
</tr>
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<tr>
<td>Graham Warren, MD, PhD</td>
<td>Medical University of South Carolina</td>
</tr>
<tr>
<td>James Harris, MD</td>
<td>Western Surgical Group</td>
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<td>CoC Accreditation Committee Chair</td>
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<tr>
<td>Daniel Boffa, MD</td>
<td>Yale School of Medicine</td>
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<td>CoC Quality Integration Committee Chair</td>
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<tr>
<td>Ellen Hahn, PhD</td>
<td>University of Kentucky College of Nursing</td>
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<tr>
<td>Audrey Darville, APRN, PhD</td>
<td>University of Kentucky College of Nursing</td>
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<tr>
<td>Laurie Kirstein, MD</td>
<td>Memorial Sloan Kettering</td>
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<tr>
<td>Jamie Ostroff, PhD</td>
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<tr>
<td>Jessica Burris, PhD</td>
<td>University of Kentucky College of Public Health</td>
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<tr>
<td>Sarah Shafir, MPH</td>
<td>American Cancer Society</td>
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<td>Tim Mullett, MD</td>
<td>University of Kentucky Thoracic Surgery</td>
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<tr>
<td>Elisa Tong, MD, MA</td>
<td>UC Davis Health</td>
</tr>
<tr>
<td>Rachel Shelton, ScD, MPH</td>
<td>Columbia University</td>
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</table>
Participant snapshot

2022 Just ASK - Baseline Overview: UNVALIDATED DATA
### Annual new patient volume (analytic cases from last complete year)

<table>
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<th>Total Count (N)</th>
<th>Missing*</th>
<th>Unique</th>
<th>Min</th>
<th>Max</th>
<th>Mean</th>
<th>StDev</th>
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**Lowest values:** 0, 0, 25, 29, 32

**Highest values:** 5508, 6737, 7875, 9345, 9711

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2022 Just ASK - Baseline Overview: UNVALIDATED DATA

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Document smoking cessation advice and tobacco treatment plan in electronic health record.

Participant snapshot

Almost Always

Usually

Sometimes

Occasionally

Rarely or Never

2022 Just ASK - Baseline Overview: UNVALIDATED DATA

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Participant snapshot

TOP IDENTIFIED BARRIERS (Agree/Somewhat Agree)

Blue/Red

Lack of Staff Training – 69.9%
Lack of Designated Champion – 63.2%
Competing Clinical Priorities – 52.8%

2022 Just ASK - Baseline Overview: UNVALIDATED DATA
2022 Just ASK - Baseline Overview: UNVALIDATED DATA
How to Build Your Team

Plan-Do-Study-Act

Elisa Tong, MD, MA
Step 1a: Assemble a team to discuss how to assess smoking

**CORE TEAM**

Project lead

Clinical champion(s)
- Physician
- Nursing
- Medical assistant supervisor

Evaluation
- IT analyst
- Cancer registrar
Step 1a: Assemble a team to discuss how to assess smoking

**INTERNAL STAKEHOLDERS**

Administrative staff
- Registration or scheduling

Multidisciplinary clinical team
- Pharmacy
- Social work

Clinical Leadership
- Cancer Committee
- Ambulatory or Hospital

Marketing or communications
Plan – Do – Study – Act

Step 1a: Assemble a team to discuss how to assess smoking

**EXTERNAL STAKEHOLDERS**
Patients who are current or former smokers
Community-based organizations
Local or state public health programs
Other cancer programs
ASK 52 Peers: NCI Cancer Center Cessation Initiative

Step 1b: Discuss specific and achievable goals for your cancer program. Share about the importance of addressing smoking in cancer care. Just ASK is a first step.

“Smoking increases the risk of death or cancer... and may result in poorer treatment response and increased treatment-related toxicity”

Step 1b: Discuss specific and achievable goals for your cancer program. Assess current workflow. Define how your cancer program will complete ASK reporting.

Where is smoking status assessed and documented? What data will be extracted?
Step 1c: Create a plan to improve ASKing for all new cancer patients. Select intervention strategies to improve ASKing about smoking.
What do your patients need?

Quit Smoking
Before Your Operation

Smoking Increases Your Risk of Heart and Breathing Problems

Smoking increases the risk of heart and lung diseases. It also increases the risk of pneumonia and other breathing problems. Here are some reasons why you should quit smoking:

1. **Increased risk of heart attack:** Smoking can increase the risk of heart attack by 2-2.2 times. Even 10% smokers have a 50% risk of death from heart disease.

2. **Increased risk of lung cancer:** Smoking is the main cause of lung cancer. Every year, 150,000 people die from lung cancer.

Smoking Increases Your Risk of Wound Complications

Smoking increases the risk of wound complications. Here are some reasons why you should quit smoking:

1. **Increased risk of wound infection:** Smoking can increase the risk of wound infection by 2-3 times.

Smoking Increases Your Risk of Cancer Recurrence

Smoking increases the risk of cancer recurrence. Here are some reasons why you should quit smoking:

1. **Increased risk of cancer recurrence:** Smoking can increase the risk of cancer recurrence by 2-3 times.

Smoking Cesation at the Time of Surgery May Be the Best Time to Quit

Smoking can be harmful to your health. Quitting smoking can help you live longer and healthier. Here are some reasons why you should quit smoking:

1. **Improved breathing:** Quitting smoking can improve your breathing and lower your risk of developing breathing problems.

2. **Reduced risk of heart disease:** Quitting smoking can reduce your risk of heart disease and lower your blood pressure.

Quit Smoking Help Line

1-800-QUIT-NOW

What do your providers need?

- TRAINING
- FEEDBACK
- NEW IDEAS
Smoking Status in the Electronic Health Record

Social History: Tobacco Use

- Current every day smoker
- Current some day smoker
- Former smoker
- Never smoker
- Smoker, current status unknown
- Unknown if ever smoked
- Heavy tobacco smoker
- Light tobacco smoker

Suggested script & definitions:

- “Have you ever smoked in your life?”
  - NO = Never smoker

- “When did you last smoke?”
  - ≥ 30 days = Former smoker

- “How much do you smoke?”
  - Daily = Current every day smoker
  - >10 cigarettes/day = Heavy smoker

- “Are you exposed to smoke at home/work?”

Passive smoke exposure – never smoker
• Attend educational webinars with team members and providers.

• Implement selected intervention strategies

• Complete follow-up assessments
• Monitor progress in ASKing about smoking status. Extract assessment data on a regular basis, preferably monthly from the electronic health record (EHR), to see if more patients are being ASKed about smoking.

• Meet with team members on a regular basis to discuss assessment data. Work to identify gaps, barriers, and systemic deficits related to ASKing (e.g., by patient characteristics, provider department, workflow, etc.).
- Reflect on the success and challenges of the project.
- Refine intervention strategies with stakeholders and sustain the quality improvement.
- Present final results to the cancer committee.
- Consider future interventions to ASSIST patients with smoking cessation. Any site that wants to provide assistance to patients can refer patients to free state quit lines (1-800-QUIT-NOW), identify existing local smoking cessation programs, or assist patients directly with counseling and medications in clinic.
Finding, Documenting, and Reporting Smoking/Tobacco Use Status in the Electronic Health Record

Rob Adsit, MEd, University of Wisconsin
Finding and Documenting Smoking/Tobacco Use Status in the EHR
- Epic
- Cerner
- eClinicalWorks

Extracting EHR Data for Reporting
Finding and Documenting Smoking/Tobacco Use Status in the EHR

- Epic
- Cerner
- eClinicalWorks

Extracting EHR Data for Reporting
Smoking/Tobacco Use Status in the EHR

- Promoting Interoperability (formerly Meaningful Use) has made “Smoking Status Documentation” nearly universal in every EHR software (Epic, Cerner, Allscripts, etc.)

- Smoking/Tobacco Use Status functionality in EHR base software
**Smoking/Tobacco Use EHR Standards**

**Standards Criteria**

§ 170.207(h) Smoking Status

Smoking status must be coded in one of the following SNOMED codes:

1. Current every day smoker. 449868002
2. Current some day smoker. 428041000124106
3. Former smoker. 8517006
4. Never smoker. 266919005
5. Smoker, current status unknown. 77176002
6. Unknown if ever smoked. 266927001
7. Heavy tobacco smoker. 428071000124103
8. Light tobacco smoker. 428061000124105

SNOMED-CT = Systemized Nomenclature of Medicine – Clinical Terms
Designated standards for medical terms, codes, and definitions for the documentation and exchange of clinical health information in the electronic health record

Smoking status and quit date documentation – Epic

- Smoking status: Heavy Tobacco Smoker
- Start date: 2/5/1990
- Quit date:
- Smokeless tobacco: Never Used

Types:
- Packs/day:
- Years:
- Types: Snuff, Chew

Comment:


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Smoking/Tobacco Use Status Documentation - Epic Example 3

Social History

Tobacco Use: Current Some Day Smoker

Quit Date:

Packs/day: 0.25 0.25 0.5 1 1.5 2

Years: 30.00 0.5 1 2 3 4 5

Ready to Quit: Yes No

Counseling Given: Yes No

Comments:

Smokeless Tobacco Frequency

Snuff: How many pouches a day?

Chew: How many pouches a day?

© 2019 Epic Systems Corporation. Used with permission.
Smoking Status drop-down menu from tobacco use documentation field - Epic

<table>
<thead>
<tr>
<th>Title</th>
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</thead>
<tbody>
<tr>
<td>Current Every Day Smoker</td>
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<tr>
<td>Current Some Day Smoker</td>
</tr>
<tr>
<td>Former Smoker</td>
</tr>
<tr>
<td>Heavy Tobacco Smoker</td>
</tr>
<tr>
<td>Light Tobacco Smoker</td>
</tr>
<tr>
<td>Never Assessed</td>
</tr>
<tr>
<td>Never Smoker</td>
</tr>
<tr>
<td>Passive Smoke Exposure - Never Smoker</td>
</tr>
<tr>
<td>Smoker, Current Status Unknown</td>
</tr>
<tr>
<td>Unknown If Ever Smoked</td>
</tr>
</tbody>
</table>

Smoking start/quit date from tobacco use documentation field - Epic

Smoking/Tobacco Use Status Documentation - Cerner Example 1

https://www.healthit.gov/sites/default/files/cerner_ehr_guide.pdf

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Click on ‘Use’ and select the appropriate answer. Then, select ‘Type.’

Click on ‘More’ to see more information to capture/document.

You may add or free-text any pertinent information inside this ‘Comment’ field.

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Smoking/Tobacco Use Status Documentation - Cerner Example 1 continued

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Smoking/Tobacco Use Status Documentation - Cerner Example 2

Tobacco Status

When was your last cigarette?

How many cigarettes have you smoked in the last week?

How many cigarettes have you smoked in the last 30 days?

Tobacco Status Notes

Other tobacco products used in the last 30 days

- None
- Bidis
- Cigars, cigarillos, or filtered cigars
- Clove cigarettes or kreteks
- Hookah
- Paan with tobacco, gutka, zarda, khaini
- Pipes
- Smokeless tobacco (i.e. dip, chew, or snuff)
- Snus
- Vape/E-Cigarette
- Other:
AGENDA

Finding and Documenting Smoking/Tobacco Use Status in the EHR

- Epic
- Cerner
- eClinicalWorks

Extracting EHR Data for Reporting

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Extracting and Reporting Your Patient Population Who Smokes/Uses Tobacco

Tool: EHR Registry
What is an EHR Registry?

Tool to identify, manage, track, and report patients with a particular diagnosis or condition

Infinitely customizable – you define the inclusion criteria

Tobacco Registry built into Epic’s base software
The Tobacco Registry Example using Epic (Healthy Planet) system includes:

**Registry**
- Population of patients (registry members)
- Data elements (rules) relevant to the population registry metrics.

**Inclusion Rule**
- Patient is alive
- Patient is 18 years old or older
- Diagnosed with Nicotine Dependence (ICD-10 codes F17.200-F17.219)
  - Diagnosis is on Problem List;
  - Diagnosis used at least once in an Encounter Diagnosis or Invoice Diagnosis in last 365 days
- One Smoking Status in Social History in the last 1095 days (3 years):
  - Current Every Day Smoker
  - Current Some Day Smoker
  - Smoker, Current Status Unknown
  - Heavy Tobacco Smoker
  - Light Tobacco Smoker
- Had an order placed in the last 365 days for nicotine replacement therapy or Varenicline
Cerner EHR registry example – smoking cessation

https://www.healthit.gov/sites/default/files/cerner_ehr_guide.pdf
Extracting and Reporting Your Patient Population Who Smokes/Uses Tobacco

Tool: Data Extraction Report Writing (Epic)
Epic’s Database to store EHR data: Clarity
   (Sequel Server or Oracle)

To build a report to extract specific data, work with your health system’s Information Technology Report Writers.

Because of Promoting Interoperability (formerly Meaningful Use), your health system likely has a Report already built to report “Smoking/Tobacco Use Status.”
• Define date range (past month, past six months, etc.)

• Define patient denominator (All adult patients seen. All adolescent patients seen.)

• Define patient numerator (All adult patients seen who had their smoking/tobacco use status documented in the EHR.)

• Number/percentage of adult patients seen who currently smoke/use tobacco

• Future (next phase of “Just Ask”). Number/percentage of adult patients seen who currently smoke/use tobacco and who were provided cessation medication and cessation counseling or who were referred to cessation services.
Resources

Building Smoking Cessation Electronic Health Record Functionalities and Workflows for the Oncology Setting: A Build Guide for Project Leaders, Clinicians, and Information Technology Personnel (Epic Version)

Cancer Center Cessation Initiative (C3I) Coordinating Center
Fall 2019

University of Wisconsin Carbone Cancer Center

Building Smoking Cessation Electronic Health Record Functionalities and Workflows for the Oncology Setting: A Build Guide for Project Leaders, Clinicians, and Information Technology Personnel (Cerner Version)

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The “Who,” “Why,” “When” and “How” of Just ASK

Jessica L. Burris, PhD
Jamie S. Ostroff, PhD
Who is asking you to Just ASK?

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

Smoking Cessation

Version 1.2022 — April 4, 2022
Why should you ASK?

1. Population-based screening can reduce bias in care delivery

2. Create a culture where tobacco use is like any other drug/substance use
Why should you ASK?

Align with best practices and quality standards

Invited Commentary | Oncology

Effective Cessation Treatment for Patients With Cancer Who Smoke—The Fourth Pillar of Cancer Care

Michael C. Fiore, MD, MPH, MBA; Heather D’Angelo, MHS, PhD; Timothy Baker, PhD

Why should you ASK?

To provide effective tobacco cessation treatment, you must **ASK** about smoking status. **It’s the first step.**

1. **Ask** about smoking status
2. **Advise** patients who smoke to quit
3. **Refer** patients who smoke to a treatment program, or **Connect** patients who smoke with a treatment program
When do you ASK?

- At transitions of care
- Once a month

At 1st encounter
(not sensitive to behavior change)

At every encounter
(not sensitive to practical demands)
When do you ASK?

- At transitions of care
- Once a month
- Pair with distress screening

At 1st encounter (not sensitive to behavior change)

At every encounter (not sensitive to practical demands)

NCCN Guidelines Version 1.2022 Distress Management

Physical Concerns
- Pain
- Sleep
- Fatigue
- Tobacco use
- Substance use
- Memory or concentration
- Sexual health
- Changes in eating
- Loss or change of physical abilities
How do you ASK?

You’re not still smoking, are you?

Are you a smoker?

Do you smoke?

Words Matter!
Stigma and Smoking

Definition: *Experience and internalization of negative appraisal and devaluation*

- Common (reported by as many as 95% of lung cancer patients).
- Commonly experienced (48% of lung cancer patients) during interactions with health care providers.
- Perceived stigma (blame), internalized stigma (self-blame, guilt), constrained disclosure.
- Associated with negative psychosocial (depression) and cancer care delivery outcomes (avoidance, poor treatment adherence, misreporting of smoking and poor utilization of cessation support services).

Medical encounters with physicians and other health care providers

- Well-intended and justified assessments of smoking history may activate feelings of guilt, regret and stigma.
- Missed opportunities to respond empathically.

# How do you ASK?

## Suggested Blueprint for Getting Started

## Strategies

<table>
<thead>
<tr>
<th>1. Agenda setting</th>
<th>2. Questioning and history taking</th>
<th>3. Recognize or elicit a patient’s empathic opportunity</th>
<th>4. Work towards a shared understanding of the patient’s emotion/experience</th>
<th>5. Empathically respond to the emotion or experience</th>
<th>6. Facilitate coping and connect to social support</th>
<th>7. Close the conversation</th>
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</thead>
<tbody>
<tr>
<td>- Declare agenda</td>
<td>- Ask open questions</td>
<td>- Ask open questions (about smoking)</td>
<td>- Ask open questions</td>
<td>- Acknowledge</td>
<td>- Prepare patient for recurring smoking assessment</td>
<td>- Praise patient efforts</td>
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<tr>
<td>- Normalize</td>
<td>- Clarify</td>
<td>- Acknowledge</td>
<td>- Check patient understanding</td>
<td>- Validate</td>
<td>- Suggest counterarguments (will vary by smoking status)</td>
<td>- Endorse question asking</td>
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<tr>
<td>- Provide clinical rationale (for asking about smoking history)</td>
<td>- Restate</td>
<td>- Encourage expression of feelings</td>
<td>- Clarify</td>
<td>- Normalize</td>
<td>- Invite questions</td>
<td>- Review next steps</td>
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<tr>
<td>- Invite agenda</td>
<td>- Follow the list of questions for taking smoking history</td>
<td>- Notice patient’s nonverbal communication</td>
<td>- Restate</td>
<td>- Praise patient efforts</td>
<td>- Reinforce joint decision making</td>
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<tr>
<td>- Negotiate agenda, if appropriate</td>
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</tbody>
</table>

## Skills

- Greet patient appropriately
- Make introductions
- Ensure patient is clothed
- Sit at eye-level
- Follow the list of questions for taking smoking history
- Avoid leading questions/blaming statements
- Avoid giving premature reassurance
- Identify patient’s strengths and sources of support
- Provide clear physician recommendation for quitting
- Emphasize benefits of quitting
- Make referrals
- Express a willingness to help
- Make partnership statements

## Process Tasks

Taking a Smoking History Need NOT be a Painful Medical Procedure!
## How do you ASK?

### DON’T

<table>
<thead>
<tr>
<th>Activity</th>
<th>Link</th>
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<tr>
<td>Ask loaded questions</td>
<td><a href="https://youtu.be/787htp1XVdQ">https://youtu.be/787htp1XVdQ</a></td>
</tr>
<tr>
<td>Make blaming statements</td>
<td><a href="https://youtu.be/bmHf8b4HCWM">https://youtu.be/bmHf8b4HCWM</a></td>
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<tr>
<td>Make judgement/Ask loaded questions</td>
<td><a href="https://youtu.be/4kO8choMpXQ">https://youtu.be/4kO8choMpXQ</a></td>
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### DO

<table>
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<th>Link</th>
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<td>Provide rationale for asking questions about smoking</td>
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<td>Ask open-ended questions</td>
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</tr>
<tr>
<td>Normalize/validate concerns</td>
<td><a href="https://youtu.be/HHpUqzU_S3k">https://youtu.be/HHpUqzU_S3k</a></td>
</tr>
<tr>
<td>Express support and make partnership statements</td>
<td><a href="https://youtu.be/XSayMgvF_J4">https://youtu.be/XSayMgvF_J4</a></td>
</tr>
<tr>
<td>Praise patient efforts</td>
<td><a href="https://youtu.be/-xGh962r4uc">https://youtu.be/-xGh962r4uc</a></td>
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Upcoming Coming Conferences and Webinars

**Conferences:**
ACS Cancer Accreditation Programs: Continually Advancing Quality Cancer Care
VIRTUAL  
Content released on July 5, 2022

**Webinars:**
CAnswer Forum LIVE – May 2022  
Wednesday, May 11, 2022, at 12 PM CDT

[https://www.facs.org/quality-programs/cancer/events](https://www.facs.org/quality-programs/cancer/events)
Thank you for joining the webinar today!

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