

Expert Panel: Local Therapy of Rectal Cancer

- ❶ Speaker Evaluation—Please evaluate only those speakers you have heard according to the following scale:
(1 = poor; 2 = fair; 3 = good; 4 = excellent)

<i>Speaker/Topic</i>	<i>Met Objectives</i>	<i>Content</i>	<i>Effectiveness of Teaching/Learning Methods</i>	<i>Interest of Topic</i>	<i>Applicability to Your Practice</i>	<i>Quality of AV Material</i>	<i>Bias?</i>	<i>Invite Again?</i>	<i>For office use only</i>
Oncologic Outcomes: Local Excision.... Nancy Baxter, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	120
Will Better Staging Improve Douglas Wong, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	121
Will Surgical Technique Improve Gerhard Buess, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	122
Will Adjuvant Chemoradiotherapy Julio Garcia-Aguilar, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	123
Functional Outcomes: Local Excision... Peter Cataldo, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	124

- ❷ Overall Evaluation of Importance of Session (4 = very; 3 = moderate; 2 = little; 1 = not at all) _____
- ❸ Do you intend to make any changes in your practice or patient care as a result of this activity? Yes _____ No _____
- If Yes, how? Comment _____
- ❹ Did the speaker(s) make proper disclosure of potential conflict of interest, and clarification to audience of faculty relationship with industry and nature of that relationship? Yes _____ No _____
- ❺ Did you perceive industry bias for or against commercial product(s), services, or commercial supporter of this activity? Yes _____ No _____ If Yes, please comment; e.g., scientific balance, objectivity, etc.
- Comment _____
- ❻ Did the speaker(s) disclose with respect to FDA Off-Label use? Yes _____ No _____
- If NO, please comment _____
- ❼ What related topics should be addressed at future ASCRS meetings?
- ❽ Comments:

- ❾ Name (please print) optional: _____

Please complete and return this evaluation to the ASCRS along with your test results