Participant Demographics

- Years in practice or field:
  - □ 1-5
  - □ 6-10
  - □ 11-20
  - □ More than 20
- Is your practice principally patient care?
  - □ Yes
  - □ No

- What is your degree?
  - □ MD/DO
  - □ PhD
  - □ PA
  - □ Pharmacy
  - □ RN
  - □ LPN
  - □ NP
  - □ Other __________________________

- Approximate percentage of patients you manage for the disease(s) addressed by this activity:
  - □ 0-20%
  - □ 21-40%
  - □ 41-60%
  - □ 61-80%
  - □ 81-100%

- What is your specialty focus?
  - □ Medical Oncology
  - □ Surgical Oncology
  - □ Radiation Oncology
  - □ Primary Care
  - □ Hematology
  - □ Other __________________________

- Type of practice:
  - □ Private/Group
  - □ Academic/Research
  - □ Hospital
  - □ Cancer Center
  - □ Other __________________________

Participant History

- Number of credits earned last year:
  - □ 0-15
  - □ 16-30
  - □ 31-45
  - □ 46-60
  - □ >60
- Number of activities attended annually:
  - □ 0-5
  - □ 6-10
  - □ 11-15
  - □ 16-20
  - □ >20

How Well Did This Activity Meet the Stated Objectives?

Please use the following codes to evaluate: 1 = Strongly Disagree   2 = Disagree   3 = Neutral   4 = Agree   5 = Strongly Agree

<table>
<thead>
<tr>
<th>Educational Objectives</th>
<th>Teaching Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compare and contrast available therapies for your patients with HER2-overexpressing breast cancer.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Determine whether antiangiogenic therapy is appropriate for your patients with breast cancer.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

Commercial Support and Disclosure Evaluation

- True
- False
- Comments

1. Disclosures of faculty relationships or affiliations with commercial organizations were made available to me before this activity.
   - □ True
   - □ False

2. The commercial supporter was acknowledged.
   - □ True
   - □ False

3. If trade names were used, the companies associated with those products were identified.
   - □ True
   - □ False

If you answered "False" to any of the above, please provide details: _____________________________________________________________
___________________________________________________________________________________________________________________

7018444761
Teaching Effectiveness of Each Faculty

Please use the following codes to evaluate: 1 = Poor  2 = Fair  3 = Good  4 = Very Good  5 = Excellent

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Knowledge of Subject Matter</th>
<th>Appropriateness of Teaching Strategies</th>
<th>Fair and Balanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kathy Miller, MD</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Harold J. Burstein, MD, PhD</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Eric P. Winer, MD</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>☐ Yes ☐ No</td>
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</tbody>
</table>

Please share with us any comments about a particular faculty:

____________________________________________________________________________________________________________________

Overall Activity Evaluation

Use the following codes to evaluate: 1 = Needs Improvement  2 = Below Average  3 = Average  4 = Above Average  5 = Excellent

1. Compared with all other activities that I have reviewed over the past year, I would rate this activity as: 1 2 3 4 5
2. My knowledge level was increased as a result of this activity. 1 2 3 4 5
3. The scope, depth, and level of the activity were appropriate. 1 2 3 4 5
4. Content was current and up-to-date. 1 2 3 4 5
5. What percentage of the content of this activity was new to you?
   □ 0-20% □ 21-40% □ 41-60% □ 61-80% □ 81-100%
6. Major strengths of the activity were:
7. Major weaknesses of the activity were:
8. How long did this activity take to complete?

Future Educational Needs

1. Please list any other topics or delivery formats you would like to see addressed in future educational activities:
   ___________________________________________________________________________________________________________________

2. Do you have any suggestions for improving this or future activities?
   ___________________________________________________________________________________________________________________

Outcomes Measurement

Please use the following codes to evaluate: 1 = No Change  2 = Little Change  3 = May Change  4 = Some Change  5 = Will Change

Do you expect your management strategies in this clinical area to change within the next 6 months as a result of participating in this activity? 1 2 3 4 5
To what extent could this activity improve your patient care/outcomes? 1 2 3 4 5

State a change you are committed to making in your practice based on the objective of this activity:

_________________________________________________________________________________________________________________
# REQUEST FOR CREDIT FORM

If you wish to receive credit for this activity, please complete and submit this form to the CBCE.

- **CME:** I participated in the entire activity and claim 0.25 AMA PRA Category 1 Credit™.
- You have permission to contact me in approximately 6-8 weeks to determine if I was able to implement changes in my practice as a result of this activity. Contact me by:
  - E-mail
  - Fax
- I would like to receive information about future CBCE activities.

I certify that the above is true and correct.

<table>
<thead>
<tr>
<th>The following address is my:</th>
<th>□ Work</th>
<th>□ Home</th>
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**Educational Inquiries**
For further information, please contact the CBCE, 1707 Market Place Blvd., Suite 370, Irving, Texas 75063; Telephone: (214) 260-9024; Fax: (214) 260-0509; E-mail: info@thecbce.com.