




UNC Lineberger Cancer Network  
 CANCER PREVENTION IN NORTH CAROLINA  
**NORTH CAROLINA COMMUNITY COLLEGE**   
 ONCOLOGY LECTURES 


**February 17, 2021**

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 UNC Lineberger Cancer Network's  
 online event.**

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1

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**EVALUATION 2021 Gynecologic Cancers: A Team Approach to Women's Health Care (NCCC LIVE)**

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4


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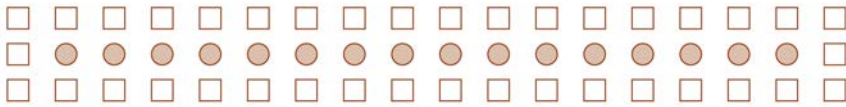
**Gynecologic Cancers:  
 A Team Approach to Women's Health Care**



**Daniel Clarke-Pearson, MD**



**Lyn Filip, RN, BSN, OCN**



5

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UNC LINEBERGER COMPREHENSIVE CANCER CENTER  
 UNC Lineberger Cancer Network

**Which one of the following is a form of gynecologic cancer?**

- Bone Marrow **A**
- Brain **B**
- Cervix **C**
- Lungs **D**

Answers to this poll are anonymous

6

## OUR PRESENTER



**Daniel  
Clarke-Pearson, MD**

Dr. Clarke-Pearson completed a residency in Obstetrics and Gynecology (Roy T. Parker, MD, Chair) and a fellowship in Gynecologic Oncology (William T. Creasman, MD, Director) at Duke University, Durham, NC. He joined the Duke faculty as an Assistant Professor in the Division of Gynecologic Oncology in 1981. Between 1985-87 he was the director of Gynecology and Gynecologic Oncology at the University of Illinois in Chicago. (William Spellacy, MD, Chair) He returned to Duke University Medical Center in 1987 as a tenured Professor and Director of the Division of Gynecologic Oncology (Charles B. Hammond, MD, Chair). He was named the James Ingram Professor of Gynecologic Oncology in 1993. Throughout his Duke tenure, he was the director of the fellowship in Gynecologic Oncology.

In 2005 Dr. Clarke-Pearson accepted the role of Chair of the Department of Obstetrics and Gynecology at the University of North Carolina, Chapel Hill, a role he filled until stepping down to rejoin the gynecologic oncology faculty in July 2019.

Dr. Clarke-Pearson's primary research interest has been in the prevention, treatment and diagnosis of venous thromboembolic events (VTE) with particular interest in gynecologic surgery. He has conducted numerous randomized clinical trials evaluating prophylactic methods that have set the standard of current clinical care. His research interests also include the entire field of clinical gynecologic oncology. He has published more than 250 scientific papers in peer-reviewed journals, more than 50 textbook chapters and three textbooks.

Currently, Dr. Clarke-Pearson is a member of the ACOG Grievance Committee, the SGO Ethics Committee and is the President of the Council of University Chairs of OB-GYN (CUCOG). He continues to have an active, full-scope practice of gynecologic oncology.

7

## OUR PRESENTER



**Lyn Filip, RN, BSN, OCN**

Lyn Filip, RN, BSN, OCN, is a Clinical Assistant Professor and Nurse Clinician in the Division of Gynecologic Oncology.

She directs patient care for patients and families and enjoys facilitating a team approach to comprehensive patient care. She also likes her role as an educator of nurses, residents, and Fellows. Lyn Filip also has a certified Pet Therapy Basset hound named Herbie, and they work at UNC and Ronald McDonald House.

8

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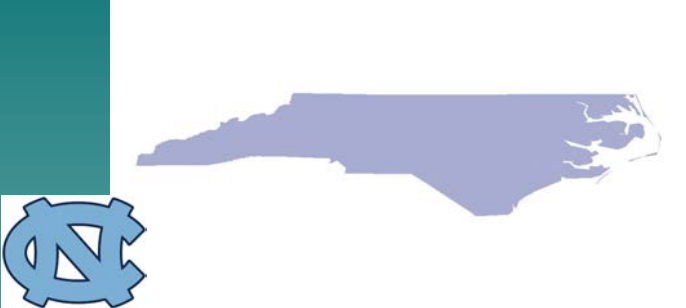
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## Gynecologic Oncology Team Approach to Patient Care



**Daniel Clarke-Pearson, MD**  
Professor  
**Lyn Filip, RN, OSN**  
Assistant Professor  
UNC Division of Gynecologic Oncology

10

## Learning Objectives

- ◆ Develop an understanding of gynecologic cancers
- ◆ Identify risk factors for gynecologic cancers
- ◆ Identify screening and/or signs and symptoms that can lead to a diagnosis of gynecologic cancers
- ◆ Access a personal risk assessment tool
- ◆ Understand general treatment of endometrial, ovarian and cervical cancer

11

## *Teachable Moments*

*Seizing the opportunity, by making the time and effort to impart knowledge to our patients.*

*The goal being to increase awareness and provide education, in order to save lives.*

12

## Gynecologic Oncology Cancer Foundation Poll

- ◆ 800 women
- ◆ Nearly half (46%) were not aware of ANY risk factors for developing a gynecologic cancer
- ◆ 19% could not name any test for female reproductive cancers
- ◆ 54% believe they are at personal risk for developing a gynecologic cancer
- ◆ 58% are not aware of any factors that can lower their personal risk

13

## Team Approach to Gynecologic Cancers

### Winning Team:

- Gynecologic Oncologists
- Nurse Clinicians
- Advanced Practice Providers
- Genetics Counselors
- Pathologists
- Radiation Oncologists
- Pharmacists
- Social Services
- Palliative Care Specialists

14



15

### Estimated Number\* of New Cancer Cases and Deaths by Sex, US, 2020

	New Cases	Deaths
<b>Cervix</b>	<b>13,800</b>	<b>4,290</b>
<b>Uterine</b>	<b>65,620</b>	<b>12,590</b>
<b>Ovary</b>	<b>21,750</b>	<b>13,940</b>
<b>Vulva</b>	<b>6,120</b>	<b>1,350</b>
<b>Vagina &amp; other genital</b>	<b>6,230</b>	<b>1,1450</b>

16



## Origin, Stage and Grade

- ◆ **ORIGIN:**  
defines **where the cancer started**, determines treatment.
- ◆ **STAGE:**  
defines the extent or **spread** of the disease. Different treatment modalities for localized versus metastatic (spread) of disease.
- ◆ **GRADE:**  
defines how the cancer cells look under the microscopic. Grade 1,2,3 from the least aggressive to most aggressive (grade 3).

17

## What is Screening?

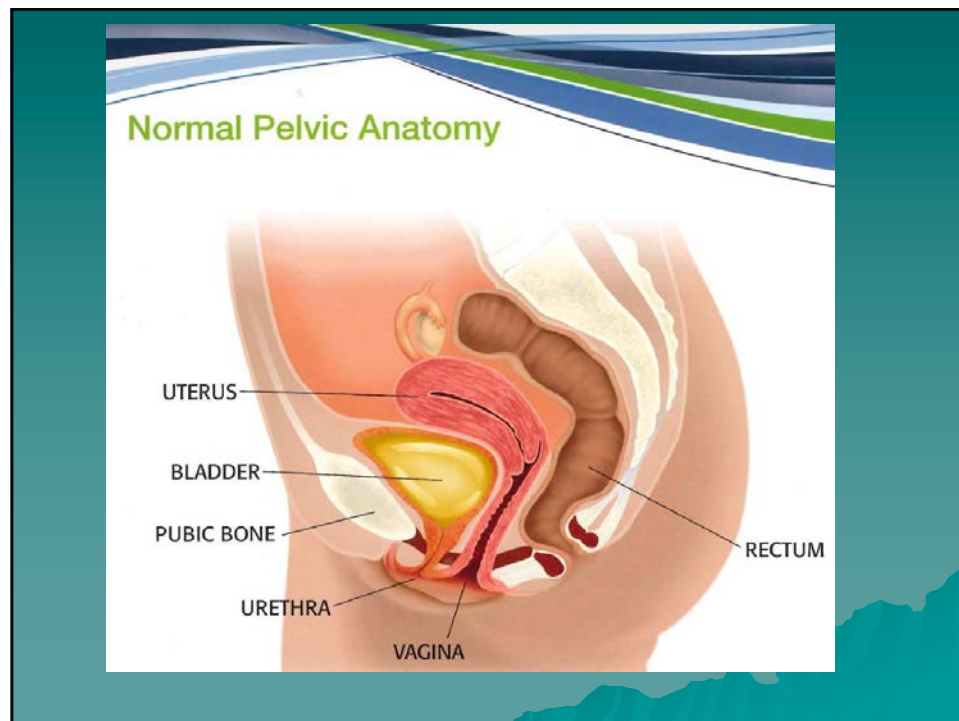
- ◆ Strategy used to detect a disease in individuals without signs or symptoms of that disease. Screening, tests are performed on those without any clinical indication of disease.
- ◆ The intention of screening is to identify disease in a community early, thus enabling earlier intervention and management in the hope to reduce mortality and suffering from a disease.
- ◆ Although screening may lead to an earlier diagnosis, not all screening tests have been shown to benefit the person being screened.
- ◆ Overdiagnosis, misdiagnosis, and creating a false sense of security are the hazards of inappropriate screening.

18

## Screening in Gynecologic Oncology

- ◆ Cervix- Pap smear is 90% effective
- ◆ Endometrial- Pap smear can be effective
- ◆ Ovarian- No accurate screening tools

19



20

## Endometrial Cancer

- ◆ In the U.S., cancer of the endometrium is the most common gynecologic cancer
- ◆ 65,620 new cases in 2020.
- ◆ Lifetime risk is about 1/41.
- ◆ Average at diagnosis ~ 60 years
- ◆ Endometrial cancer is more common in Caucasians, but African American women are more likely to die from it.
- ◆ Most of these cancers are found early and have a 5-year survival rate of over 90%.
- ◆ Prognosis for any single woman depends on the stage of her cancer as well as several other factors.

21

## What is a Risk Factor ?

***A risk factor is anything that raises your chance of getting a disease.***

22

## Endometrial Cancer Risk factors

- ◆ Obesity greater than 50 lbs over ideal body weight (10x)
- ◆ Postmenopausal women
- ◆ Menopause after age 52 (2.4x)
- ◆ Lack of children (2x)
- ◆ Hypertension (2x)
- ◆ Diabetes (2.8x)
- ◆ Estrogen replacement without progesterone (7x)
- ◆ History of pelvic radiation therapy (8x)
- ◆ Women who do not ovulate
- ◆ Diet and Exercise

23

## Who is at Highest Risk to be Diagnosed with Endometrial Cancer



24

## Symptoms of Endometrial Cancer

- ◆ Abnormal spotting or bleeding
- ◆ Abnormal spotting or bleeding
- ◆ Abnormal spotting or bleeding

No screening test, Pap may be helpful

25

Poll: Which are risk factor(s) associated with endometrial cancer (cancer of the uterus)

- A. Age > 50 years
- B. Obesity
- C. Family history of uterine and/or colon cancer
- D. Use of estrogen medications
- E. All of the above

26

## POSTMENOPAUSAL BLEEDING ETIOLOGY

FACTOR	%
HRT	27
Atrophic endometrium	21
<b>Endometrial cancer</b>	<b>15</b>
Endometrial polyp	15
Atrophic vaginitis	10
Cervicitis	9
Cervical cancer	3

27

## Diagnostic Tests for Endometrial Cancer

- ◆ Pap Smear
- ◆ Endometrial biopsy
- ◆ D & C

28

## Pitfalls in Diagnosis

- ◆ “Change in life” bleeding
- ◆ Bleeding due to hormones
- ◆ Reliance on Pap smear
- ◆ Delay in endometrial sampling

29

## Treatment of Endometrial Cancer

- ◆ Surgical removal of Uterus, cervix, tubes and ovaries
- ◆ Assessment of lymph nodes in the pelvis and aorta
- ◆ Based on surgical findings
  - Surgery may be sufficient
  - High risk patients may receive postoperative radiation therapy and/or chemotherapy

30

## Ovarian Carcinoma

- ◆ Estimated 21,750 new cases in 2020
- ◆ Lifetime risk is about 1 in 71.
- ◆ To date there are no effective screening methods.
- ◆ 75% of ovarian cancers are diagnosed as stage III and IV.
- ◆ Most are 55 or older. It is slightly more common in white women than African-American women
- ◆ If ovarian cancer is found (and treated) before the cancer has spread outside the ovary, the 5-year survival rate is 93%. However, less than 20% of all ovarian cancer is found at this early stage.

31

## Ovarian Cancer Signs and Symptoms

- ◆ Abdominal Bloating
- ◆ Pelvic or abdominal pain or pressure
- ◆ Difficulty eating or feeling full quickly
- ◆ Urinary symptoms – urgency, frequency
- ◆ Change in bowel habits

*If symptoms persist for more than a few weeks,  
see a gynecologist*

32



## CA-125 Tumor Marker

- ◆ Elevated in approximately 80% of advanced staged ovarian cancers
- ◆ Elevated in *less than 50%* of early stage ovarian cancers
- ◆ CA-125 is NOT useful for screening!
- ◆ Can be elevated in a number of benign conditions including endometriosis, fibroids, pregnancy, hepatitis, pelvic inflammatory disease, menses, peritonitis, recent abdominal surgery
- ◆ Can be elevated in other malignancies including breast, colon, pancreas, lung, endometrial

33

## Risk Factors for Ovarian Cancer

- ◆ Hereditary: BRCA1, BRCA2 gene mutation
- ◆ Age- most ovarian cancers develop after menopause
- ◆ Obesity- higher death rates with ovarian cancer
- ◆ Nulliparous women are at increased risk
- ◆ Family history of breast, ovarian or colon cancer
- ◆ Personal history of breast cancer

34

## Protective Effects Against Ovarian Cancer

- ◆ Oral contraceptive use for greater than five years
- ◆ Tubal ligation
- ◆ Multiparous women

35

## Screening?

- ◆ CA-125 is not a screening tool for ovarian cancer and should not be used as such
- ◆ 15% ovarian cancers are hereditary – family history of breast/ovarian should be evaluated for the need for genetic counseling
- ◆ Any patient diagnosed under the age of 50 should be offered genetic counseling

36

## Types of Ovarian Carcinomas

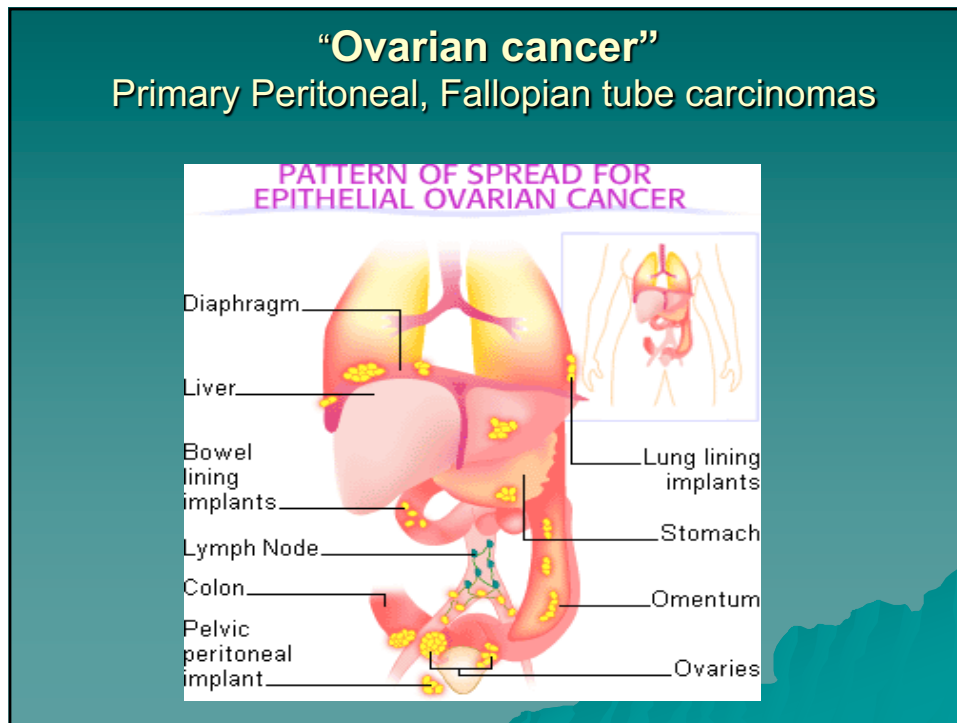
- ◆ **Epithelial tumors** start from the cells that cover the outer surface of the ovary.
- ◆ **Germ cell tumors** start from the cells that produce the ova (eggs).
- ◆ **Stromal tumors** start from connective tissue cells that hold the ovary together and produce the female hormones estrogen and progesterone.

37

## Diagnosis of Ovarian Carcinoma

- ◆ Suspected based on suspicious findings
  - Vague GI, abdominal, pelvic symptoms
  - Enlarged ovary, pelvic/abdominal mass, ascites
  - Ultrasound, CT scan characteristics
- ◆ Usually diagnosed at surgery

38



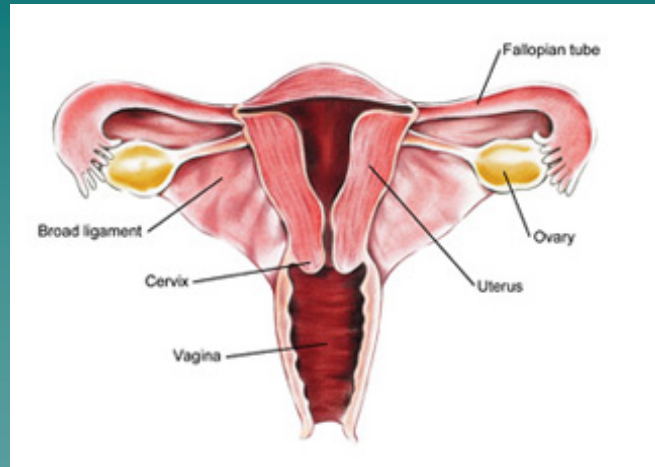
39

## Treatment of Ovarian Carcinoma

- ◆ Goals of surgery
  - Diagnosis (frozen section)
  - Staging: search for spread
  - “Debulking”: remove as much tumor as possible
- ◆ Postoperative chemotherapy
- ◆ Survival at 5 years
  - Stage I 90%
  - Stage III-IV 30-50%

40

## Cervical Cancer



41

## Cervical Carcinoma

- ◆ Third leading cause of cancer death for women in the world
- ◆ Five year survival rates by stage, range from 92% for women with local disease to 55% with regional spread and 14.5% with distant spread

42

## Cervical Cancers

- ◆ Human Papilloma Virus (HPV) causes cervical cancer
- ◆ HPV is sexually transmitted
- ◆ 80% start in the squamous cells that cover the surface of the exocervix.
  
- ◆ Cervical cancer could be nearly eliminated
  - IF women had appropriate Pap Smear screening
  - Were vaccinated for HPV

43

## Heroes

- ◆ Dr. George Papanicolau



Saving millions of lives of women  
around the world by  
early detection of cancer of the cervix

44

# Pap Smear

- ◆ Dr. Papanicolau founder of exfoliative cytology and microscopic examination of cells shed from the surface of the body
- ◆ Pap smear enabled detection of cellular abnormalities before cancer becomes invasive
- ◆ The cervical cancer death rate declined by 74% between 1955 and 1992, in large part due to the effectiveness of Pap smear screening.
- ◆ About 55 million Pap tests are performed each year in the United States. Of these, approximately 3.5 million (6 percent) are abnormal
- ◆ Between 60% and 80% of American women with newly diagnosed invasive cervical cancer have not had a Pap smear in the past 5 years

45

# Who Should Get a Pap Smear

## ACOG Guidelines (Highlights)

Test	Age <21	Age 21-24	Age 25-29	Age 30-65	Age >65
<b>Pap</b>	Not recommended for screening	Screen every 3 years	Screen every 3 years	Screen every 3 years	Screening should be discontinued if patient has had adequate negative prior screening results and no history of CIN2+. See ACOG Practice Bulletin No.168 for management of patient with history of CIN2+.
<b>HPV</b>	Not recommended for screening	Reflex to high-risk HPV when Pap is ASCUS is acceptable	Reflex to high-risk HPV is preferred when Pap is ASCUS	Screen every 5 years if both HPV and Pap are negative	
<b>HPV genotyping</b>	Not recommended for screening	Not recommended for screening	Not recommended for screening	If Pap is normal and HPV positive, reflex to HPV genotyping	If Pap is normal and HPV positive, reflex to HPV genotyping
<b>Ct/Ng</b>	If 24 years of age or younger and sexually active	If 24 years of age or younger and sexually active	If 25 years of age and older and have risk factors	If 25 years of age and older and have risk factors	Not recommended for screening

*Note:* ACOG guidelines address frequency at which cervical cancer and STD testing should be ordered based on test results. Clinicians should determine the appropriate frequency for their patients.

46

Poll: Which are **True** Statement(s) about  
Pap Smears:

- A. A screening test for ovarian cancer
- B. Abnormal Pap smears are caused by a virus
- C. Should be performed only in women who are having abnormal bleeding or pain
- D. Abnormal Pap smears are most often caused by use of birth control pills
- E. Should be performed beginning when a woman is over 15 years old

47

## Risk Factors for Cervical Carcinoma

- ◆ Women sexually active before age 16
- ◆ Women with multiple sexual partners
- ◆ Smoking
- ◆ Obesity
- ◆ African Americans
- ◆ Low socioeconomic status
- ◆ Certain strains of HPV
- ◆ HIV patients
- ◆ Hx DES exposure

48



## Human Papilloma Virus

What is HPV?      Should I get the HPV vaccine?

HPV is the most common sexually transmitted infection (STI). HPV is a different virus than HIV and HSV (herpes). There were about 43 million HPV infections in 2018, many among people in their late teens and early 20s. There are many different types of HPV. Some types can cause health problems including genital warts and cancers.

There are vaccines that can stop these health problems from happening.

49

## How is HPV Spread

HPV is spread by having vaginal, anal, or oral sex with someone who has the virus. It is most commonly spread during vaginal or anal sex. HPV can be passed even when an infected person has no signs or symptoms.

50

## HPV Transmission

Anyone who is sexually active can get HPV, even if you have had sex with only one person.

You also can develop symptoms years after you have sex with someone who is infected. This makes it hard to know when you first became infected

51

## HPV

Almost females and males will be infected with at least one type of HPV at some point in their lives

- Estimated 79 million Americans currently infected
- 14 million new infections/year in the US
- HPV infection is most common in people in their teens and early 20s

52

## HPV in USA

Nearly 50% of high school students have already engaged in sexual (vaginal-penile) intercourse

– 1/3 of 9th graders and 2/3 of 12th graders have engaged in sexual intercourse

– 24% of high school seniors have had sexual intercourse with 4 or more partners

53

## Cancer Prevention

HPV vaccination is **cancer prevention**.

**HPV** is estimated to cause nearly 36,000 cases of **cancer** in men and women every year in the United States.

**HPV vaccination can prevent** more than 32,000 of these **cancers** from ever developing by **preventing** the infections that cause those **cancers**

54

## HPV and Cervical Cancer

- ◆ Cervical cancer is the most common HPV-associated cancer among women
- ◆ 500,000+ new cases and 275,000 attributable deaths world-wide in 2008
- ◆ 25.9% cervical cancers occur in women who are between the ages of 35 and 44
- ◆ 14% between 20 and 34
- ◆ 23.9% between 45 and 54

55

## Human Papillomavirus Vaccine

- ◆ Efficacy
  - High efficacy among females without evidence of infection with vaccine HPV types (>95%)
  - No evidence of efficacy against disease caused by vaccine types participants were infected with at the time of vaccination
  - Prior infection with one HPV type did not diminish efficacy of the vaccine against other vaccine HPV types

56

## HPV

- ◆ For most women HPV clears on its own, but for some it can develop to cancer
- ◆ There are 9 types of HPV that cause the most diseases
- ◆ HPV can cause genital warts
- ◆ In a study of female college students, 60% were infected with HPV during their first four years of college
- ◆ Many women with HPV were probably became infected in their teens and 20's

57

## Cervical Cancer Screening

- Revised in 2018
- Screening should begin at age 21 years
- Screen women 21 to 29 years of age with Pap test every 3 years
- Screen women 30 to 65 years of age with Pap test every 3 years; HPV test every 5 years; or Co-testing (Pap and HPV testing) every 5 years

58

## When to be Vaccinated for HPV

### Routinely vaccinate boys and girls at 11–12 years of age\*

- ◆ Catch-up those previously unvaccinated or are missing doses
- ◆ including:
  - ◆ • Females age 13 through 26 years
  - ◆ • Males age 13 through 21 years
  - ◆ • High-risk males age 22 through 26 years
- ◆ Men who have sex with men and immunocompromised men (including HIV-infected men)
- ◆ Males aged 22 through 26 years of age may be vaccinated

59

## Adverse Events Following Any Dose of HPV Vaccination

<b>Adverse Event</b>	<b>9vHPV</b>
Pain	89%
Swelling	40%
Erythema	34%
Fever	5%
Nausea	4%
Headache	11%

60

## Diagnosis of Cervical Cancer

- ◆ Pap smear is a screening tool, *not* a diagnostic tool
- ◆ Diagnosis is made by biopsy

61

## Symptoms of Cervical Cancer

- ◆ None
- ◆ Unusual vaginal discharge
- ◆ Postcoital bleeding
- ◆ Painful intercourse

62

## Treatment for Cervical Cancers

### ◆ EARLY

Radical hysterectomy, performed by a gynecologic oncologist vs. pelvic radiation therapy.

### ◆ ADVANCED

Radiation therapy  
Chemotherapy

63

Poll: Which of the following are true about the HPV (human papilloma virus) vaccine

- A. Could eliminate nearly 90% of cervical cancers
- B. A woman should get the vaccine even if they have had an abnormal pap smear
- C. Approved by the FDA for both girls/women and boys/men
- D. Could eliminate up to nine (9) HPV types
- E. All of the above

64



## Teachable moments

Evaluate family history

Positive spin for treatments

Teach the patient and her family about the nature of the disease

65

## Hey, how about you?

- ◆ Caring for ourselves
- ◆ Risk assessment tool

Women's Cancer Network

[http://www.wcn.org/risk\\_assessment/](http://www.wcn.org/risk_assessment/)

101 *brief* questions assessing your personal risk for a variety of cancers

66

## Challenges

We still have a *long* way to go on behalf of our gynecologic oncology patients



With knowledge and understanding we can help them in their journey

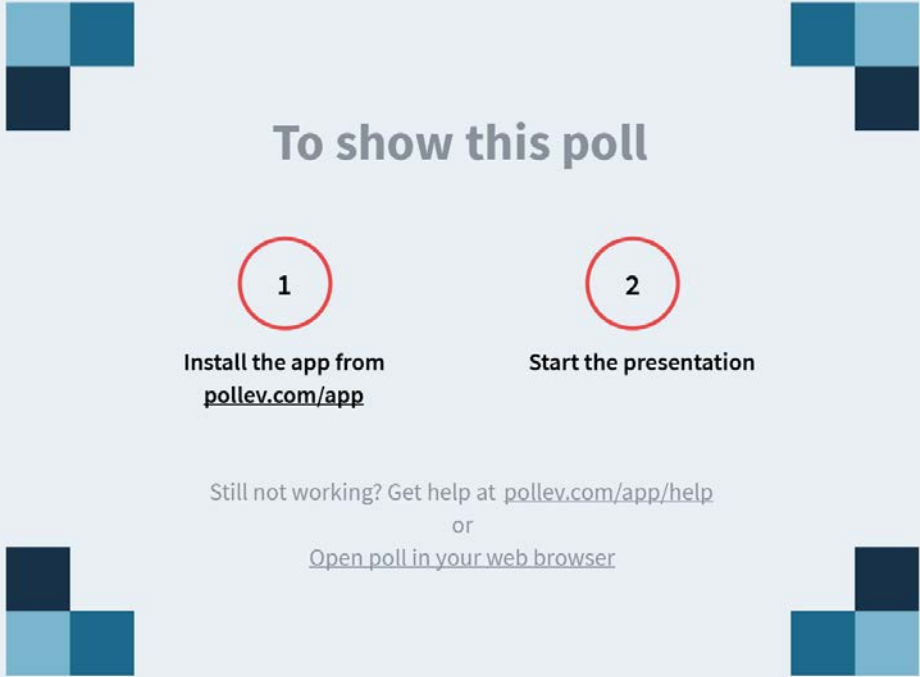
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## UNC: always looking to celebrate a win



Thank you for being part of the team!

68

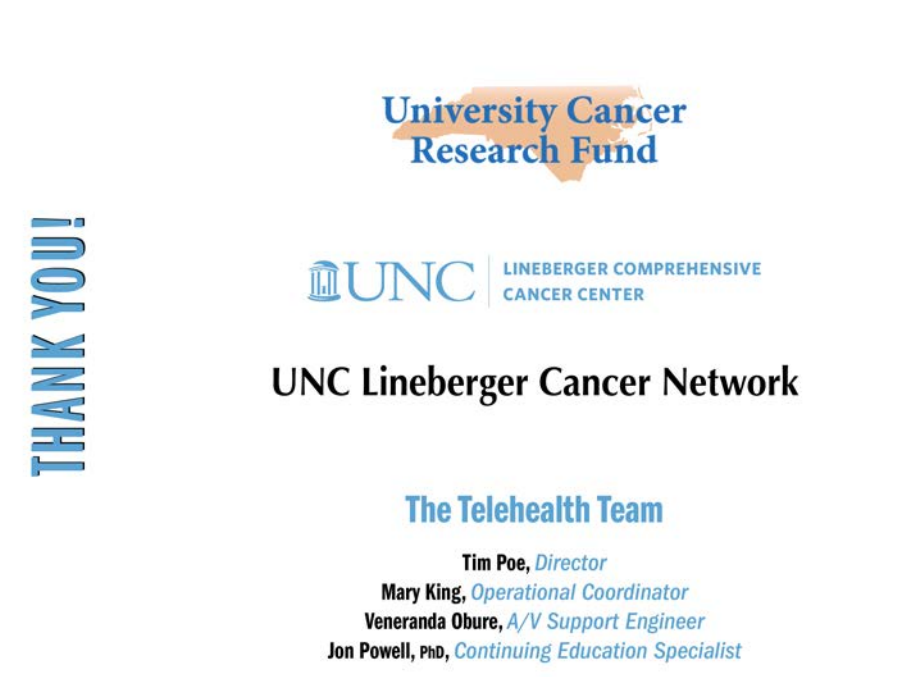


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**UNC Lineberger Cancer Network**

**The Telehealth Team**

**Tim Poe, Director**  
**Mary King, Operational Coordinator**  
**Veneranda Obure, A/V Support Engineer**  
**Jon Powell, PhD, Continuing Education Specialist**

70

**UPCOMING LIVE LECTURES**

UNC Lineberger Cancer Network  
 CANCER TREATMENT IN NORTH CAROLINA  
**NORTH CAROLINA COMMUNITY COLLEGE**  
 ONCOLOGY LECTURES

Live Lecture

**March 17**  
**12:00 PM**

**Caring for the Patient with Hematologic Cancers:  
 Leukemia, Lymphoma, and Multiple Myeloma Cancer**  
**Natalie Grover, MD**

For a complete listing and details on coming events visit:  
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71

**SELF-PACED, ONLINE COURSES**

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Self-Paced, Online Course

**Caring for Patients with Genitourinary Cancers**  
**Tracy Rose, MD, MPH**  
**Katherine P. Morgan,**  
 PharmD, BCOP, CPP

**Palliative Care and Hospice for the Cancer Patient**  
**Gary Winzelberg, MD, MPH**  
**Jenny Hanspal,**  
 RN, BSN, MS, OCN

Today's lecture will be available in March 2021 as a **FREE**, Self-Paced, Online Course

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72

**EVALUATION SURVEY**

**EVALUATION: 2021 Gynecologic Cancers: A Team Approach to Women's Health Care (NCCN LIVE)**

At which community college or university did you watch this lecture?  
 Alamance Community College

If you selected "Other" above, where did you watch this lecture?  
 \_\_\_\_\_

What Health Sciences Program are you in?  
 \_\_\_\_\_

Please consider the following statements and check the box that best applies: I found this program to be helpful.

Strongly Agree  
 Agree  
 Disagree  
 Strongly Disagree

Please consider the following statements and check the box that best applies: The content was easy for my students to understand.

Strongly Agree  
 Agree  
 Disagree  
 Strongly Disagree

Please consider the following statements and check the box that best applies: The time and location worked well for me.

Strongly Agree  
 Agree  
 Disagree  
 Strongly Disagree

**Your feedback is greatly appreciated!**

**Please visit:**

[unccn.org/eval](https://unccn.org/eval)

73

**THANK YOU FOR PARTICIPATING!**

**UNC Lineberger Cancer Network**

Email: [unccn@unc.edu](mailto:unccn@unc.edu)  
 Call: (919) 445-1000

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74