most NSCLC experts find the diagnosis of cancer care and research. As a result, revolutionized the landscape for lung to make treatment decisions has to use tumor-specific characteristics is divided into histological and molecular seen as a heterogeneous condition that has demonstrated that advanced non-

In 2014, an estimated 159,000 deaths remain poor, with 5-year survival rates remaining below 20%.2

Since 2006, a steady stream of data individuals are expected to receive a diagnosis of advanced NSCLC. The lung biopsy specimen was sent for molecular marker studies, which takes 2 to 3 weeks.

A 63-year-old woman had smoked a pack of cigarettes every 3 days for 15 years but quit 30 years ago. She presented with very symptomatic with hemoptysis.

In total, 12 oncologists completed their individualized learning plans. Oncologists participating in the personalized learning saw an average of 13 patients with advanced NSCLC per month, with 125 seeing 1 to 5 new patients with advanced disease per month.

In this era of personalized medicine for advanced NSCLC, including:

• 27% of oncologists would still inappropriate prescribe a bevacizumab- and/or pemetrexed-containing regimen in a 75-year-old male smoker with advanced NSCLC, squamous cell carcinoma

• Almost 35% of oncologists will incorrectly identify a specific mutation and ALK translocations as being more prevalent than KRAS mutations. In an era where molecular profiling is still a work in progress, but cost effectiveness is a key issue, it is critical that oncologists are able to identify mutations and, therefore, which targets, are most relevant for their patients in order to maximize outcomes while minimizing costs15,16, and

• 30% of oncologists would still prescribe a cetuximab-based regimen in a baseline NSCLC, squamous cell carcinoma

Conclusions

With an overall effect size of 0.7, this study demonstrates the feasibility of a personalized, targeted educational intervention for improving practice patterns of oncologists treating patients with advanced NSCLC. However, there remain several post-education gaps in the management of advanced NSCLC, including:

• 27% of oncologists would still inappropriate prescribe a bevacizumab- and/or pemetrexed-containing regimen in a 75-year-old male smoker with advanced NSCLC, squamous cell carcinoma

• Almost 35% of oncologists will incorrectly identify a specific mutation and ALK translocations as being more prevalent than KRAS mutations. In an era where molecular profiling is still a work in progress, but cost effectiveness is a key issue, it is critical that oncologists are able to identify mutations and, therefore, which targets, are most relevant for their patients in order to maximize outcomes while minimizing costs15,16, and

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Additional rows, personalized educational programs need to be developed to continue to improve the physicians learning experience in this era of personalized medicine for advanced NSCLC.

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